BEHAVIORAL HEALTH

Table of Experts

The community's approach to mental-health treatment and services has been fragmented. But a new collaborative is taking shape that its participants hope will unite mental-health service organizations and stakeholders around goals of getting help for those suffering from mental-health issues, reducing the strain on providers and improving Wichita's quality of life.

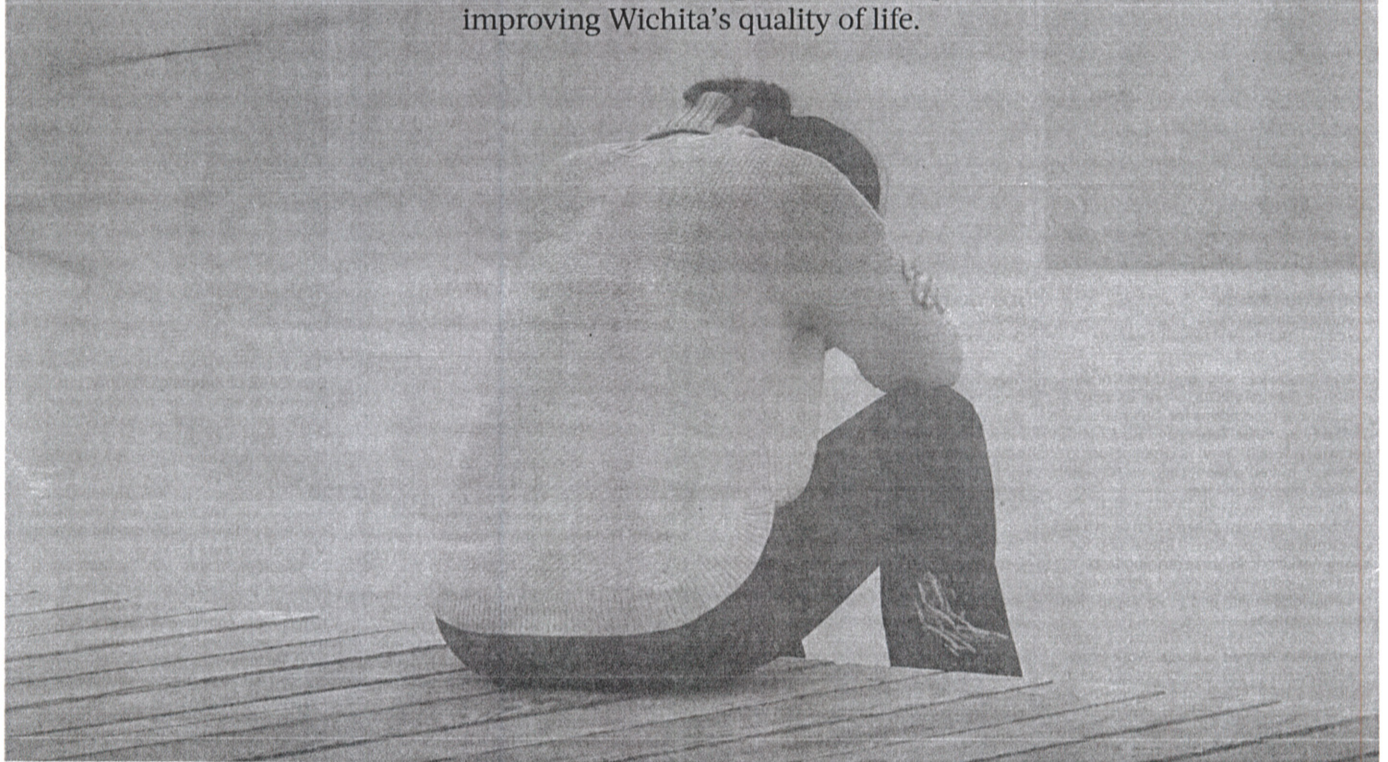

TABLE OF EXPERTS

MESSAGE FROM THE EDITOR-IN-CHIEF

Kansas has been struggling to find a solution to providing sorely needed mental-health services to those who are suffering, and the struggle has been felt most intensely in the state's largest city.

Sedgwick County Sheriff Jeff Easter's jail is overcrowded with those suffering from mental-health issues and drug addiction.

Area hospitals are overwhelmed with people seeking treatment and the effort to try to help them.

And providers like ComCare are trying to keep up with the demand for the services they offer.

The challenge becomes evident to the rest of us when we see homeless people on our streets and increases in crime statistics.

Listen in on this Table of Experts discussion and you will hear just how serious the challenge is for Wichita, Sedgwick County and the state of Kansas. But they're working on a solution.

Bill Roy

These stakeholders and others are putting together a collaborative to address the need for greater mental-health and drug-addiction treatment in south central Kansas. Those two issues go hand in hand.

They have hired a mental-health coordinator and a substance-abuse coordinator to carry out the efforts of the collaborative.

The organizations are trying to come together to pool their resources and create a unified voice that speaks loudly to lawmakers in Topeka.

Providing these needed resources, they say, can make a drastic improvement in Wichita's quality of life.

THE PANELISTS

ROBYN CHADWICK
Executive director
Via Christi Behavioral Health Services

Robyn Chadwick, who joined Via Christi Health in February 2013, serves as vice president of Operations for Ascension's Via Christi Hospital St. Teresa and Via Christi's Behavioral Health Service Line, including inpatient and outpatient services for adults, adolescents and children.

During her five years at Via Christi, Chadwick has been called upon to provide executive and operational leadership for care innovations in areas ranging from case management to patient placement to behavioral health and other population health initiatives.

A native of Coldwater, Chadwick earned her master's degree in Social Work from the University of Kansas School of Social Welfare in 1989. She began her health-care career as a medical social worker, then moved into administrative roles, including director of Care Coordination at HCA Wesley Medical Center and vice president of Quality for Hutchinson Regional Medical Center.

JEFF EASTER
Sheriff
Sedgwick County

Sheriff Jeff Easter is a Kansas native who began his law-enforcement career in 1989 with the Wichita Police Department. During his 23 years with the WPD, he worked as an officer, detective, sergeant and lieutenant in the Gang/Felony Assault division. He was serving as the captain of Patrol North when he retired from the force in 2012.

That same year, he was elected as Sedgwick County sheriff and took office on Dec. 17, 2012. In that role, he supervises 537 employees in Sheriff Operations, Sheriff Investigations, Court Services and the Sedgwick County Detention Facility.

Easter received his bachelor's degree in Management from Friends University. In 2006, he was a Wichita Business Journal 40 under 40. Easter also is a graduate of Leadership Wichita and serves on various community boards.

DR. MONEESHINDRA MITTAL
Medical director
Via Christi Behavioral Health Services

Board-certified psychiatrist Moneeshindra Mittal, serves as medical director for Behavioral Health at Ascension's Via Christi, as well as a physician leader for Ascension's national Behavioral Health service line. In addition to his clinical practice as a Via Christi Clinic physician, Mittal serves as chair of the Drug Utilization Review Board, Kansas Department of Health and Environment; president of the Kansas Psychiatric Society; and psychiatry chair for Via Christi Clinic.

Mittal earned his bachelor of Medicine and Bachelor of Surgery from the Government Medical College in Aurangabad, Maharashtra, India. He then completed his residency in Psychiatry and Behavioral Sciences at the University of Kansas School of Medicine-Wichita, where he serves as an adjunct clinical professor. He completed a fellowship in Electroconvulsive Therapy at Duke University Medical Center. He also is a certified physician executive and earlier this year earned his Master's degree in Medical Management from the University of Southern California.

Mittal is a member of the American Association for Physician Leadership, American Psychiatric Association, Kansas Medical Society, the American Association of Physicians of Indian Origin and the Suicide Prevention Coalition in Sedgwick County. Between 2015 and 2017, he served as a volunteer psychiatrist at the Mayflower Clinic.

JOAN TAMMANY
Executive director
ComCare

Joan Tammany is executive director of COMCARE of Sedgwick County, the county's licensed community mental health center. In addition to serving on the Sedgwick County Criminal Justice Coordinating Council, she is a member of the Association of Community Mental Health Centers of Kansas, Health Care Compliance Association and an affiliate member of the Kansas Association of the Medical Uninsured.

Tammany, a licensed master-level psychologist, has been a clinician in a correctional setting as well as with behavioral health organizations. She has more than 30 years of experience in the field, including 25 years in management, and is a fellow of the Kansas Public Health Leadership Institute.

She received her Bachelor's degree in Psychology from Phillips University in Enid, Oklahoma, and her Master's degree in Clinical Psychology from Washburn University in Topeka. She also earned a Mini MPA from Wichita State University's Hugo Wall School of Urban and Public Affairs.

THE DISCUSSION

PHOTOS BY SHAWN HOUSTON / WBJ

MODERATOR: Thank you all for being here, we appreciate it. This is a big issue for our community, behavioral health, and how the community deals with it. It's a challenge that we've been facing for a while. Maybe there's some momentum moving forward that we can make a difference here pretty soon, and you folks are on the front lines of that.

We just did a big story about behavioral health issues, services in the community, the Sheriff was part of that. You all have firsthand experience with unique perspectives on the impacts of behavioral health issues. Let me ask you, first of all, what are you seeing is the impact, and then I'll ask you what role your organizations are playing in addressing those needs. So what are you seeing, first of all, out in the community, the impact of maybe a lack of services?

SHERIFF EASTER: One of the things that we see most of all is the cyclical movement of folks that have mental health-care issues through the jail or through the system. And so we keep track of what we think is folks that actually have diagnosed mental illness and folks that we believe have mental illness, along with substance-abuse issues, and so those fluctuate.

Last week when we took the census, we had about 34 percent of the population, which our population was a little over 1,400, had diagnosed mental-health issues. We suspected a lot more do have mental-health issues, but they're not necessarily on medications for it.

About 72 percent of our population has a chemical dependency, and then part of the chemical dependency issues are also mental-health issues, because a lot of the mental-health folks that we have in the jail deal with their mental illness through chemical dependency.

We have several folks in there that don't necessarily belong in there; however, there's really no resources at the state level to take them for an extended period of time. What it comes down to is to keep them – some of these folks are a little bit more violent, those type of things – to keep them out of ComCare, to keep them absolutely out of the hospitals, they're charged with certain type of crimes. Unfortunately, for a lot of those folks they can't make bond, so they stay with us for quite some time.

We have a mental-health pod that can house 46 individuals. It's full every day. When we put the mental-health pod into effect a couple years ago, the idea was to stabilize them, get them to a point where they're able to be back in general population. That's the part we're not seeing.

And so we're treating a lot of folks, I don't know the exact term I should use here, but the folks that aren't as affected by mental illness, they're still not in general population. Yes, they're medicated, but are there still issues there? Yes, there are because they do not function very well in general population.

And so that's what we're seeing from the standpoint of law enforcement. It's just cyclical, it is just nonstop.

And some of them are the same people over and over again. You get them the services that ComCare and Via Christi can give them. We sent them up to Osawatomie, they're there usually less than 10 days, and reintroduced back into our population here, and it starts all over again.

MODERATOR: I want to make sure that people realize that number, one out of every three persons who is housed at the Sedgwick County jail is diagnosed with a mental illness?

SHERIFF EASTER: Yes, that would be correct.

MODERATOR: That's amazing.

SHERIFF EASTER: And it fluctuates.

MODERATOR: Right.

SHERIFF EASTER: We never really get below 30 percent.

MODERATOR: Has that fluctuated in the last few years since you've been sheriff?

SHERIFF EASTER: Oh, yes, yes. Well, not the last two years, the last five.

MODERATOR: Right.

SHERIFF EASTER: That's why we finally were able to convince the county commissioners it was worth the $750,000 a year to fund a mental-health pod. But, you know, did we see some positives out of it? Yes, absolutely. It got us closer to working with ComCare, Via Christi, it absolutely kind of pulled us all together because we're all facing the same issues.

The other thing is we've seen ... a huge reduction in assaults and use-of-forces that deputies are having to use. And so it was a benefit to us as well, not just the inmate.

MODERATOR: How about the rest of you, what are you seeing?

MS. TAMMANY: As ComCare, the biggest trend we've seen is we've just gotten a larger and larger population. More people are recognizing that there are supports in the community, more families are struggling with youth issues and mental health.

But it used to be, I think five years ago, we worked really hard to try to engage with the sheriff's office and WPD to bring people in rather than taking them to jail.

And we used to be excited when we'd get to about 30, we used to call those "cop-ins" a month, and now we don't even track it because it's just a routine occurrence that we're working collaboratively with the law-enforcement folks in our community to get the people where they need to be.

But like Sheriff Easter said, there's a lot of cyclical behavior where you get people the services and then they get to feeling better and they're back out on the streets

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or doing what they were doing before. Substance abuse is significant.

DR. MITTAL: Yeah, the thing on the hospital aspect as well at our ER, the volumes of patients with mental-health issues have increased significantly the last several years, and there are other patients as well.

MS. CHADWICK: It's not uncommon to have a patient in the ER three or four times a month, same patient, and they've been through this cycle, they may have been in jail, they may have been at ComCare, they end up in our ER, they may be admitted for three or four, five days and then they're back out on the streets.

I think ComCare does a great job of providing services in the community, but the need and the volume of people who need those services is overwhelming. And there are other organizations in town, Mental Health Association, lot of good groups.

I think one of the reasons that we are here today and that we have come together, I think, as a really strong team over the last year and a half is to try to bring those services all together so that we are identifying the gaps and then working to fill the gaps.

MODERATOR: Talk about that, how you all have obviously identified an issue in the community and then you've kind of come together. How did that happen?

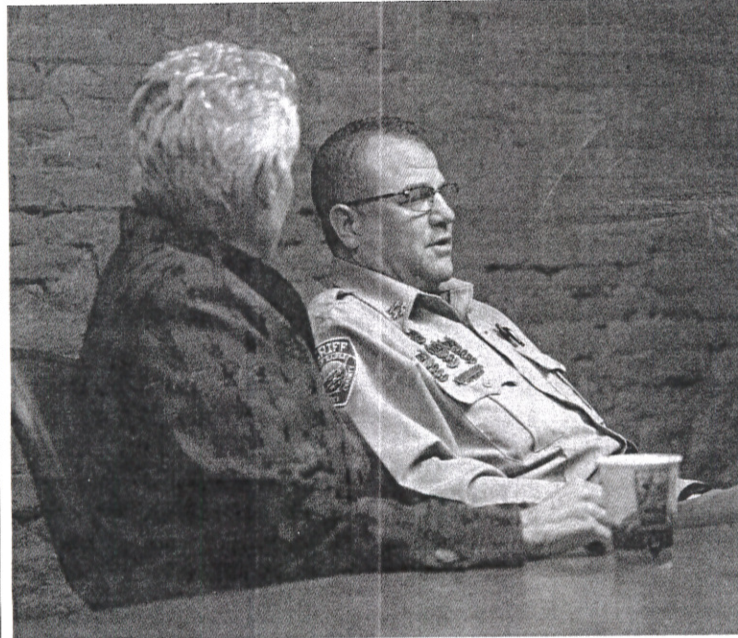
DR. MITTAL: I would say necessity is the mother of invention. We've all had a collaborative relationship for a long time, but I think the current needs of the demand to work together really closely and we have been able to identify those things.

And the needs are not unique to our community; they're everywhere in the nation. But I think what is unique to our community is the collaboration that was already in place, and we have been able to build upon that.

MS. CHADWICK: I remember the day that I think we started this, we had had a nurse in the emergency department assaulted by a patient who had been brought to us by law enforcement. Patient ended up being very violent.

And then on the heels of that, two days later we had another patient who was brought to us who was also very violent, and it was kind of out of frustration that we called ComCare and we called Jeff's office and said we have got to get together and start talking about a better way to do this because we're bringing that violence into the emergency department, and all the other people who are in the emergency department now aren't safe.

And so we had, I think, three or four months of meetings in a row that it was pretty contentious, there was a lot of yelling and finger-pointing and "this is your fault" and a lot of that, but really quickly, over the lifetime of the group it was quick, we all realized we're all seeing the same thing, we are all on the same side in this fight for resources, fight for better services for people with mental-health issues, and the way we're going to solve it is to come together, not to try to fight each other.



MS. TAMMANY: It has changed the conversation –

MS. CHADWICK: It has.

MS. TAMMANY: – because before it was always about what was going wrong and now it's like, OK, we know there's a population that needs a more specialized approach to care, how can we collectively manage that –

MS. CHADWICK: Right.

MS. TAMMANY: – and get that in our community? So it is, the conversations are more pleasant because we're working towards the same end.

DR. MITTAL: So I think our conversations have changed from defining our position to recognizing a problem, we all agree on a problem, and now we are talking a solution. So I think there is a significant change over the last several months that we've seen and that I would say it's been more than a year now that –

SHERIFF EASTER: October of 2016 was our very first meeting.

MS. CHADWICK: Yeah.

SHERIFF EASTER: So it's been two years.

MS. CHADWICK: Two years.

SHERIFF EASTER: Everything that everybody here has discussed was absolutely accurate. We've had collaboration for years. When I was with the police department, 15 years ago, I was on a board that did the same thing where we tried to work together and those type of things.

Over time, it kind of eroded where we weren't meeting as much, and then we were overwhelmed. And so when you're overwhelmed, it's easy to point fingers at somebody else saying, you're the problem.

To be real honest with you, what we've been able to determine through this group actually meeting and going forth with legislative ideas, with local fixes and those type of things, without necessarily pointing a finger, our state system is broke –

MS. TAMMANY: Yes.

SHERIFF EASTER: – plain and simple, and we're not getting a lot of assistance out of the state at this point.

That's where our focus has been, to try to either do what we can locally here to fix the problem for ourselves because there's not a lot of funding, and I'm not saying that the state is – it's all their fault, there's not a lot of funding, and so we have to start looking and speaking to our legislators about what's a priority.

For us here, we believe a huge priority should be the mental-health issues and the substance-abuse issues, plain and simple, because that's driving most of our crime here.

And when you start looking at the expense of incarceration, when you look at the judicial system itself, with judges and – everybody's overwhelmed, the DA's office is overwhelmed, we're overwhelmed on the streets, they're overwhelmed at ComCare, they're overwhelmed in the hospitals, when you start looking at all those expenses, isn't it smarter to start taking a look at that from the state level to look at how we can regionalize hospitalization of folks that have mental health-care issues or substance-abuse issues? And that's where this conversation has turned to.

We proposed some legislative items last year with the fact of termination of Medicaid instead of – or we want suspension instead of termination, so that was a key aspect that came out of this group. So this group has really come together, and it's expanded to involve a ton of stakeholders because we're all facing the same issues.

And then going forward from a legislative level because everything that determines mental health care is state statute, everything that determines how I can do things inside the jail is by state statute. And so we have to really visit those state statutes and say what's more practical.

MODERATOR: Ignoring the issue isn't an option.

SHERIFF EASTER: No.

MS. TAMMANY: No.

MODERATOR: If there's not that funding from the state, locals have to do something or then you've really got problems.

SHERIFF EASTER: Well, one of the things that we've all recognized as well, this is not unique to Wichita. It's all across the state of Kansas. We are fortunate here compared to other parts of the state that we have some services here to provide. In western Kansas, there's really none, and they are having really big issues out there. Southeast Kansas is the same way. And so from a state legislative standpoint, they have to realize this is a state problem; it has to be addressed, in conjunction with the locals, at a state level.

MODERATOR: You're hearing from your counterparts in western Kansas and other parts of the state, they're dealing with the same thing you are?

SHERIFF EASTER: All of us are.

MS. TAMMANY: And it's actually national. It's a national issue.

DR. MITTAL: It's a national issue.

MS. CHADWICK: One of the things that – specifically to the state hospital – we see patients, we'll send the patient to the state hospital out of Via Christi, and within four or five days, maybe six, they're released and they're back. You can't get a patient

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started and stabilized on a new medication in that time, it takes weeks. There used to be – years ago it used to be long-term care.

MS. TAMMANY: Long-term care.

MS. CHADWICK: There are no long-term care mental-health beds. There is a – I think it's a small percentage, but there is a percentage of patients who have mental-health issues who need long-term care.

DR. MITTAL: Absolutely.

MS. CHADWICK: We had a patient at Via Christi for over a year, taking up a medical intensive-care bed because he is so mentally ill. Even stable on medications, he cannot function in the world, but the state was of no help in that situation.

There is a population who needs that level of care, and it is nonexistent here.

DR. MITTAL: There are some patients who are not able to function in the community based on their level of intellect or their developmental delays, so when we see they have failed going back into the community a couple of times, Via Christi has taken it upon themselves to start the process of them getting Medicare, them getting, I think, disability. And that process, sometimes the patient stays in the hospital for two, three, four months, and this is not uncommon. And so it's a statewide problem that has been pushed onto other entities.

MS. CHADWICK: Many of those patients who can't function for themselves don't have a decision maker. They may have burned bridges with family, burned bridges with friends, and so that's another thing that we do through Via Christi is we work with a local law firm and we'll pay for that. It just increases the expense –

MS. TAMMANY: Yes.

MS. CHADWICK: – but because the state hasn't met the need for those people in our population, our organizations are picking up the slack. And it's expensive –

MODERATOR: Right.

MS. CHADWICK: – to support.

MS. TAMMANY: And we can't underscore the increased violence. Our staff are experiencing the impact of the population that we're serving. It's just a more violent population, and it takes different leadership skills to maintain the comfort for our staff because you're teaching them how to defend themselves when somebody gets out of control and nobody's going to be there to help in a moment.

It's just, it's a different population we're working with, and I do think the substance abuse is impacting that. The mental-health issue is there, but the substance abuse is increasing the impulsivity and the aggressiveness of the folks we're serving.

MS. CHADWICK: You know, 10 years ago, we taught our mental-health population, the staff that worked with the mental-health population, skills of de-escalation of behavior, how to manage an aggressive patient, that was really a skill set that was kind of specific to behavioral health. In the last year, we have trained – at Via Christi, we have trained 100 percent of our staff in every unit –

MS. TAMMANY: Oh, that's interesting.

MS. CHADWICK: – to know how to de-escalate aggressive behavior and manage aggressive behavior because it's everywhere. It's not just confined to the mental-health population, but also because the mental-health population is so large and even though we have 101 beds, that's not enough, so sometimes those patients end up in medical units.

SHERIFF EASTER: Bill, I think it's twofold. In the '90s, there was this thing called mental-health reform. We're now paying for that because it was all shoved down to the local level and then the funding didn't come.

MS. TAMMANY: Well, it came temporarily, very briefly.

SHERIFF EASTER: And so when you have those type of things and they shut down state hospitals across the state, as Robyn touched on, I'm sorry to say this, but there is a certain amount of the population that cannot function in society, plain and simple, and there is no place for them.

Second point is the introduction of methamphetamine here. Not only through the state, it is the No. 1 drug, most-abused drug in the state of Kansas but absolutely is here in Wichita. When you're talking about methamphetamine, you're talking about a man-made drug, which is always worse than anything that's grown naturally, and with the folks that abuse methamphetamine, there's a reason why they're always itching and they have the open sores, they got sores inside of them too that's also eating at their brain.

What we see a lot of is folks that weren't born or developed a mental illness through time naturally, they now have a mental illness because part of their brain has been eaten away. And so those folks that we're seeing are extremely violent. If we had (District Attorney) Mark Bennett in the room, he'd give you statistical information of what they're seeing just simply from a methamphetamine standpoint.

And so it is intertwined with substance abuse and with mental-health care, and so that's part of the reason that we're seeing such an increase in mental-health care and we're overwhelmed. And so if we can ever hopefully get to kind of start stemming the tide of the mental healthcare issues with the state, we also have to stem the tide when it comes to the substance-abuse issues because this is going to keep going on and growing 'cause there's new things being introduced that does the same thing now, such as fentanyl. And so it's a huge issue that we're facing here.

MS. TAMMANY: And then we haven't even touched on the increase of prevalence of mental illness and substance abuse in youth. That tide is swinging upward, too. You not only have the child or the adolescent that you're working with, then you have the family as well. So, yeah, it does get to be overwhelming at times.

I guess that's the benefit of a collective group like this that is invested in trying to find some creative solutions, be it how do we work differently with these folks that jump from one of our systems of care to another, or how do we create new ways of intervening in our community, how do we be creative, and I think we're really working strongly toward that. And we're not there, but we're talking.

DR. MITTAL: One of the things I think we have not talked about is the workforce shortage –

MS. TAMMANY: Yes.

DR. MITTAL: – and look at the psychiatrists. The growth of medicine care, they did a study on that, they found out that this community is short of 40-plus psychiatrists. So this community needs 40 more psychiatrists. And the average age of a psychiatrist in this community is 52. A lot of psychiatrists are on the verge of retiring, so this situation is going to get worse.

Also it's hard to hire in Kansas, and this is where finding another solution, using maybe telepsychiatry would be an option. But all of these are expensive options, and working together as a collaboration we can maybe find some funding locally or from the state level to do these things.

MODERATOR: You might talk a little bit more about just the strain on your organizations as you try to deal with this issue that appears to be growing. How do you handle the strain on what you're doing? And it has to have an impact on how you treat other people, how you treat people who don't present with mental health issues.

MS. CHADWICK: Our St. Joe ER is a good example of that. It's a 34-bed emergency department, and at any given moment, at least 17 of the patients in that ER are behavioral-health patients. As I mentioned before, we have about 100 beds, and we keep those beds full all the time.

We never have open beds, and even with 100 beds filled, we've generally got anywhere from 12 to 20 patients waiting in the ER to be admitted into an inpatient bed. And I hate to say this, but the average wait is over 24 hours. And if it is a weekend, sometimes it is 48 or 72 hours waiting in the emergency department to get into a

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bed. You know, years ago, there were over 600 inpatient beds in Wichita, and now we're down to 100.

Most organizations got out of it because it's not a money-making business. So the for-profit organizations left.

I'm proud of Via Christi for seeing that this is a need in our community and for hanging in there in this service line.

We're in the process, about halfway through Project Renewal, which is nearly a $60 million capital project at St. Joe to privatize 100 beds on the sixth and seventh floors at St. Joe campus. So right now we're kind of split between the two. We've got two of the 25-bed units open, and the other two will open in March of '19. But it's not enough. I mean, we already recognize 101 beds isn't enough.

MS. TAMMANY: And then you asked about the impact on organizations. Then staff and employees from both organizations, from Via Christi and ComCare, are spending time on the phone trying to locate a bed or secure a bed rather than treating people who are presenting into our facilities. So it stretches the resources in a different way than we were used to seven, eight, nine years ago.

MS. CHADWICK: We've added so many resources over the last two or three years. One of the things we added about three years ago was 24/7 coverage in our St. Joe ER for licensed specialist clinical social workers. That's an expensive add. We did that because that is the level of care we need to help assess and manage that patient population. $60 million on inpatient beds, it's not enough.

Dr. Mittal mentioned telepsych, we're looking at some telepsychiatry options. One of those is about $1.8 million a year.

Another one that we're looking at is about half a million a year to increase the telepsychiatry coverage, and that's not reimbursed because in our state at this point, the reimbursement, if you're the site receiving the telepsychiatry services, there's just not good reimbursement for that. So that is just pure additional cost.

SHERIFF EASTER: From a law enforcement standpoint, it's absolutely overstretching resources, those type of things, but it's also a couple of different perspectives as well. The emphasis has been on to get department-wide CIT training, which is to assist with folks that we come in contact with that have mental illness.

For some people in the community, they think that's the magic bullet. It's not.

And so all that does is equip us with some other mechanisms to quickly try to diagnose whether they have a mental illness or they're in a substance-abuse issue and they're high at that point, some other de-escalating tools and educate the deputies and the officers a little bit more on how to do that.

But when you have someone that is mentally ill that points a gun at a law-enforcement officer or comes at you with a knife, and the unfortunate circumstances we've had to defend ourselves and take action, we have certain segments of the community that really come down hard on us – "Well, you've been CIT trained." That doesn't stop that individual's actions.

And so from that standpoint, we deal with a lot of officer involved-type situations, either use of force or shooting situations, involving the mentally ill.

And that takes a toll, that takes a toll on that person, that person's family, and the people that they forget about is the officer that had to take the action.

That's not something anybody wants to do.

And so the second piece of that is the Criminal Justice Coordinating Council, been around for years, trained to look at jail population, how to reduce the jail population but also keep the community safe. That can be a struggle at times.

And so we've plateaued. So the drug courts, the mental-health courts looking at different bonding schedules, such as own recognizance bonds, those type of things, really did reduce the population to a point where we weren't at 1,600 or 1,700, but we're plateauing at 1,400 and we cannot seem to get that population lowered.

And it's a culmination of a lot of these different issues. Well, what we've identified is the mental-health aspect and then also the substance-abuse aspect is what we can't get reduced.

MODERATOR: This is really an issue for the community that goes beyond just issues at the jail or issues at local facilities. This is a broader quality of life-type of an issue, isn't it? Can you talk about that a little bit and how this has changed or can change the quality of life in Wichita?

MS. CHADWICK: I think one of the biggest and most obvious areas is the homeless population. So many people who live on the street are dealing with untreated mental-health issues, and that's one area that we really need to focus on and to solve. Can we start talking about some of the things that we're looking at in San Antonio?

MS. TAMMANY: Can I, just before we go there, though ... so the other piece of the mix in the community in terms of quality of life is that you have a large number of people who have depression and anxiety who are working, but they're not able to go to work every day.

So the impact is economical to employers, it's quality of life for the person who feels guilty about not going to work because they're depressed and unable to get out of bed, but when you think of the numbers that 1 in 4 or 1 in 5 people have serious mental illness at any given time, I mean, that's a huge impact on a community in many ways. That parent isn't able to parent when they're deep in the throes of their depression; so you've got children who are taking care of siblings and trying to get to school or not going to school because there's no parent available at that time.

So I think the impact is much more significant. We see it in the news in terms of the legal issues or the crowding at the hospitals and such like that, but the rest of the population that's just struggling to survive day to day when they have a mental-health issue isn't really seen.

MS. CHADWICK: And the issue in our schools.

MS. TAMMANY: In our schools, yes.

MS. CHADWICK: The issues in the schools are unbelievable and I think like nothing we've seen – 10 years ago, we didn't see the kinds of issues we're seeing in the schools. But now there are so many kids who are growing up with drug-addicted parents, they may be impacted themselves, they may have substance-abuse issues, and the behaviors we're seeing because of the environment they've come out of and the genetics and the biological environment they've come out of, we're seeing all kinds of things in the school. We get requests more and more often for dealing with children who are under the age – we will hospitalize kids 11 and older, but we're seeing more and more need for services for younger kids.

MS. TAMMANY: And that's one place I will say I'm proud of the Legislature for stepping up to some degree last year in using some of the education dollars to support having pilot programs in six communities for having case managers and clinicians embedded within their school districts, because what we've come to discover is these aren't the kids we anticipated seeing who are coming from foster care.

These are kids that would otherwise not have been identified and probably just would have been shifted to an alternate school and gone under the radar, but these are children who are struggling, like you mentioned, with a parent who maybe has a mental illness or a substance-abuse disorder or who had a sibling that attempted or engaged in a suicide effort, but these are kids that we're intervening with in a different way than we would have a year ago because there was a bit of funding put toward that. We need more of it because the schools are overwhelmed.

MODERATOR: If you don't catch it at that point, there may be more of a likely track over to now it's –

DR. MITTAL: Criminal.

MODERATOR: – in your hands.

MS. TAMMANY: Yeah.

DR. MITTAL: Two points: I think there is an unemployment aspect, right, if you have addiction issue and if you have mental-health issue; there's also the aspect of underemployment, which you touched upon. The other second point I will raise is the completed suicides. Over the last several years we have seen an increased number of completed suicides in our community and that's unfortunate.

MS. CHADWICK: Completed suicides and suicide attempts.

DR. MITTAL: And attempts.

MS. CHADWICK: In the last year –

MS. TAMMANY: And we're not even track-

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ing that.

MS. CHADWICK: Yeah. In the last year we've seen a higher number of teenagers who attempted suicide than we've ever seen, and that goes to quality of life in our community –

DR. MITTAL: Absolutely.

MS. CHADWICK: – because if our children are attempting suicide at higher rates than ever before, that's a huge red flag that we are not meeting the needs.

SHERIFF EASTER: Well, one thing that I think contributes to this is, in the '90s we had a huge crack cocaine problem, we had all the crack babies that were born, those type of things. And I think that's when we first saw issues starting in the schools and then starting to come into the systems that we hadn't seen before.

If we do not get a handle on this, the methamphetamine babies and the heroin babies are going to overwhelm all of us in the future. There's just no doubt about it. And if we don't learn our lessons from before, where we really didn't know what to do, then that's our fault.

MODERATOR: I can see where, as you folks are on the front lines dealing with this on a daily basis, where it would get frustrating and you're looking for answers.

You might talk about how you've looked to other communities for help in figuring out, OK, what's a plan of attack for us as we challenge this issue before the community?

MS. CHADWICK: I think that is one of the most exciting things our mental-health collaborative has embarked upon.

About two years ago, we invited Leon Evans here from San Antonio, I think it was the second time he had been in Wichita in the last five years or so.

San Antonio has had a model in place, now they're in their 18th year. So kind of briefly the story is Leon Evans was in the state of Texas government, Health and Human Services, and Texas was getting ready to build a second 1,000-bed prison in the San Antonio area, and he said if you will hold off on that and let's divert some of that $400 million that you're going to spend to instead focus on, I call it treating mental health at the grass roots; rather than waiting and let it get escalated, let's treat it at the lowest level we can when we first see it.

So you fast-forward 18 years, they never built the second prison, the 1,000-bed prison they had runs at about 60-percent occupancy, and they have decreased homelessness in San Antonio by 80 percent. And that has been sustained over these years.

MS. TAMMANY: And what was amazing about that is while they diverted some state funds, private-sector people stepped up to make significant donations to make that occur. And that was pretty remarkable. We're not hopeful of securing $20 million like they did, but it would be nice at some point to secure some funding to help us grow our local solution.

MS. CHADWICK: If you don't know anything about the model, I'm just going to kind of describe it briefly.

A team of us went down last spring and spent a day down there. We took about 15 people, Kansas Health Foundation provided grant funding to make that trip happen. We had county commissioners, City Council, law enforcement, district attorneys, ComCare, Via Christi, I think there were a few others that attended as well.

MS. TAMMANY: And a couple legislators –

MS. CHADWICK: Yes.

MS. TAMMANY: – were tentatively scheduled from the state.

MODERATOR: I was going to ask about that, were the state guys involved, too?

MS. TAMMANY: I don't think they were able to make the trip on that date, but they've been invested in our solutions, our community solutions.

MS. CHADWICK: Secretary (Tim) Keck (Kansas Department for Aging and Disability Services) was there.

MS. TAMMANY: Secretary Keck was there.

SHERIFF EASTER: There were several legislators that have absolutely been a part of the local group here and have been very engaged.

MS. CHADWICK: Lynn Rogers has been involved, Elizabeth Bishop, Gene Suellentrop, I think there were a couple of others.

SHERIFF EASTER: Jim Ward.

MS. CHADWICK: Yes, Jim Ward has been very active. But in the San Antonio model, if you think of a college campus, it's like a college campus near the middle of their city that has all the resources come together in one area.

So there is an area where there is safe housing. So you come in through a gate to make sure you're not bringing drugs or a weapon in, and then once you come in, there are three different levels of housing. So if it is someone who doesn't feel safe to go inside, there is covered secure housing so they can sleep outside; but it's covered so they're protected from the sun and the rain. There's another level of care where they can live in more of a dormitory style.

And then as they progress through working the program, there is apartment living.

And through this program, they have brought all the services to this campus, so there is inpatient drug treatment, there's outpatient drug treatment, there's outpatient mental health, a contract with local hospitals for inpatient behavioral health beds. There's job services, job training there, so all of these services....

MS. TAMMANY: Dental, physical health, shelter for pets, you name it, there are clothing outlet stores for folks.

It's, what, 100 something nonprofits in one region?

MS. CHADWICK: About 140 not-for-profits that lease space in one of the buildings. So coming from the health-care role, I think of it as a medical office building. There's a building there, they have 140 agencies that have space there, and as Joan said, they run these clinics there so people can get their health care taken care of, job training comes to them, and then as they deal with their mental-health issues and get stabilized, they can enter into the job-training programs.

One of the things I was impressed with, equivalent would be like the Lord's Diner, their food service is provided there and they employ some of the clients of the program to help in preparing the food and serving the food and cleaning up so they can learn a skill, so they can eventually go get a job in the food service industry.

DR. MITTAL: So the normal treatment with rehabilitation, they're treating the entire person, not just one aspect, not only addiction, not only mental illness, they're treating the whole person.

MS. TAMMANY: And I thought one of the most impressive things that we saw is how much community involvement there was because they have over 4,000 volunteers that come in and assist in different ways, be it social interaction or skill building through different activities. 4,000 volunteers, that's pretty impressive.

MS. CHADWICK: The day we were there, there was a team with Wells Fargo polo shirts on, and so I just went over and asked what they were doing. And there was about 10 or 12 of them, and they said once a month their team goes to Center for Hope, is what it's called, and they do Bingo for a couple of hours. But that is a business investing in the services in their community by giving their employees time during the day to go do that and participate in the treatment and rehabilitation of other members of their community.

MS. TAMMANY: And the other impressive thing is we were there only a few hours because we had flight issues, but we didn't see a single outburst by anybody the whole time we were there, and that is pretty darn impressive to think that the environment is supportive enough that people aren't restless or aggressive toward the workforce or volunteers, that was pretty cool.

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DR. MITTAL: What is impressive to me is that it did not happen in a liberal state, it happened in Texas. And it's impressive that they were able to do all of these things in Texas. And I think the conversation we had is that we can do it, as well, and that's where I think we have invested a lot, and we don't just want to replicate the San Antonio model but make it our own.

MS. TAMMANY: Our own, uh-huh.

MS. CHADWICK: I want to use their model to learn –

DR. MITTAL: That's true.

MS. CHADWICK: – so we don't recreate the wheel because they have some things that worked and some things that didn't work. But I agree with you completely, we need to kind of take the basis of what they've done and then make it work.

DR. MITTAL: Make it our own, yes.

SHERIFF EASTER: Robyn talked about how it took them several years to get there. We have things in place here that they didn't have in the beginning, so we're equipped to start this process.

One of the things here in Wichita that I'll tell you is we're very fragmented when it comes to a lot of these different services. Yeah, they're all kind of located in a core area here, but they're not all together. And so that's what I thought was extremely impressive about down there, it looked like a small community, is exactly what it looked like, had a post office, had you name it inside this community. And all the services were together, 140 nonprofits. That's pretty impressive. And we have that capability here, it's just we're fragmented; we need to get all of us together and start really looking at this as a solution.

MS. TAMMANY: But on a positive note, Leon, who led that initiative in Texas, has said that Sedgwick County is further ahead than they were at this point in their development, and the Community Crisis Center is one of those trying to address some of those needs.

MS. CHADWICK: One of the things that I remember he said, too, is he consults with communities all across the United States, and when he was here in November, and then I think he said it again when we were in Texas, Sedgwick County is further along than any other place that he's consulted with across the United States, so that makes me – there is no question in my mind we can make this happen here.

MS. TAMMANY: And we've done that with very little seed money.

MS. CHADWICK: We have.

MODERATOR: So what has to happen next to move that process forward?

MS. CHADWICK: Well, one of the big steps that we just took a couple weeks ago was to hire a person who will be the project lead for this mental-health collaborative to begin the work on this.

That was accomplished through some money put forward by the Sedgwick County Commission, commissioners approved some money for that, am I correct?

MS. TAMMANY: No, actually it was the Sunflower Foundation –

MS. CHADWICK: Oh, that's right.

MS. TAMMANY: – that is funding the behavioral health community collaborator position. But in looking at that position, the County, along with the Crime Commission, also funded a substance abuse coordinator through the sheriff's office, so those two positions will work closely together.

And their role is to help facilitate conversations and look and assess where our gaps are and potentially help us identify where we could apply for grants and other funding options to keep this moving forward. I say these two positions are going to be really challenged because it's a very vague end zone that we're looking at, and they have to help us get it there.

MS. CHADWICK: The position is a good example of collaboration because Via Christi Philanthropy has a fabulous grant writer, and she has worked with Joan, with Jeff, with our various organizations to gather information and then write the grant to help fund that position. So it's been a – it's a great example of the collaboration, I think, between our organizations.

SHERIFF EASTER: What you have with the group that's been meeting for two years is the leaders in those particular organizations. Well, we all have our day jobs, and so to make this our No. 1 priority to try to move forward, that's why at two years we're still here. And so that's what's so important about those two positions.

And if you only hired one, because it started off with just the mental-health coordinator, the substance abuse stuff is intertwined and it is a whole separate issue. There is no way you could move forward with both with just one person, plain and simple.

And so both of those positions we've hired for. At the beginning of the year is when we'll start sitting down. And what's unique about it with both those positions, or at least the substance-abuse coordinator, they're going to be a part of writing what their job description is going to be and meeting with each of us to say what is it that this position should be doing. We have an idea but I'm not hard and fast on, well, this is what you're going to be doing because it's so dynamic and things could change.

But what's key to it is that they're also both working together because it is so intertwined and we're going to be dealing with the same type of people. But we're also going to be dealing with the same type of funding issues for both. And I don't want those positions competing against each other for funding.

MS. TAMMANY: I was at a meeting the other day with the district attorney and we were talking about the Child Advocacy Center. And the Child Advocacy Center was an idea 10 years before it actually came to fruition, so I think the fact that we just keep pushing forward is a real testament to our commitment to our community and these mental health and substance abuse issues because look what that is doing now. I mean, it took a long time to get that funding.

SHERIFF EASTER: Ten years.

MS. TAMMANY: Ten years. So I see us in that – I mean, we're two years in and we've got some stuff in place.

MS. CHADWICK: One of the things we did last year, our group, our collaborative went to Topeka and had the opportunity to take Leon Evans with us and had him testify in front of several of the different committees, and then that evening we hosted a dinner event and invited nearly every legislator –

MS. TAMMANY: All the legislators.

MS. CHADWICK: – people from the various offices in Topeka to come listen.

And I was impressed because we were hoping for about 70. It turned out to be a really, really bitterly cold, snowy January evening, and I thought, oh, I hope we get 50, and I think we ended up with 111.

MS. TAMMANY: And I think the most impactful piece of that, Robyn, is Topeka for some reason thinks Wichita doesn't play nice together. And we keep telling them, come and see who we are, we really are a collaborative community, and I think for the first time we started changing the preconceived perceptions of our community in that we are collaborative and we all share in trying to find solutions. And I haven't heard, for the first time in 10 years, you guys don't play nice.

MS. CHADWICK: Good, I'm glad that we made that impression.

MS. TAMMANY: Yes.

SHERIFF EASTER: I think what was important about that as well, though, is we brought a state flavor to it. It wasn't just hey, this is the issues we have in Wichi-

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ta, this is how we're going to try to solve them. We had different entities speak. Yes, we spoke from a Wichita standpoint, but I also spoke from a Kansas Sheriffs' Association standpoint for the entire sheriffs' association. We had the mental health –

MS. CHADWICK: Kansas Hospital Association –

SHERIFF EASTER: Kansas Hospital Association.

MS. CHADWICK: – spoke about how it impacts all hospitals across Kansas.

SHERIFF EASTER: And then the Kansas Mental Health Association as well. So I think that that was a very important piece because you can have the legislators in Concordia, Kan., which doesn't affect me ... well, it is affecting them because we brought it from the state level. So that's where we really started talking about regionalization of mental-health care, and I think it comes down to a funding issue, but we've turned the corner with legislators understanding Osawatomie (State Hospital) is not the fix for this, we got to do something else.

MODERATOR: Do you feel like you had a good receptive audience there who –

MS. TAMMANY: Absolutely.

MODERATOR: – not only appeared but listened?

MS. TAMMANY: Absolutely. There were no commitments made but they are hearing and at least they're part of the conversation. I will say Douglas County in the meantime moved forward with a sales tax increase to fund some of their development in their community, so communities are starting to hear that this is a community issue.

MS. CHADWICK: What we've really proposed to the Legislature is to help us start this model in Wichita to serve south-central Kansas.

MS. TAMMANY: Right.

MS. CHADWICK: And if it works, then we can have regional sites just like it, maybe Salina, maybe Hays, Douglas County is already working on something very similar, maybe Garden City or Dodge, so that we can take this kind of approach across our state, because as we said in the beginning, we're not the only community dealing with this, there are other communities dealing with it, it's just a matter of magnitude.

MS. TAMMANY: And in light of that, we as a community, we've invested in some cost avoidance studies with WSU to see what the impact and the savings are, and we know the state is funding, what, the Community Crisis Center at $1.3 million, and we know that it's saving locally and statewide conservatively $9 to 12 million a year. So I think we're trying to use data to help drive our decision making as well.

MODERATOR: So you've laid the groundwork and made some progress in the Legislature last year. More activity in the Legislature this year as we wind down 2018 and get ready for the 2019 session?

MS. TAMMANY: Yep.

SHERIFF EASTER: We have. We've got to put together another meeting. We briefly talked about it in our last meeting, and here in December we'll need to really solidify what it is that we're going to go up and speak about this year. Still a big piece of this from a standpoint when individuals get jailed is the termination of their Medicaid, which can take quite awhile to reinstate. At that point they're left in limbo and they're right back with us. So the suspension part is something that has been worked on and went to a committee this summer and from what I'm hearing is is that that's probably going to move forward now. It will be a suspension instead of termination, that was a big key piece –

MS. TAMMANY: Yep.

SHERIFF EASTER: – for this collaborative.

MS. CHADWICK: How that plays out in real life: If you have a person who has Medicaid and they end up in jail and their Medicaid is terminated, and then let's say they end up in the hospital because they are violent or they need meds, we can't get them into a treatment facility because there's no funding. And it takes our resources or sheriff's office resources or ComCare resources.

MS. TAMMANY: Or if they are discharged to the community, then they can't get their meds continued because –

MS. CHADWICK: They can't get help, they can't get their medications, they can't –

DR. MITTAL: – see a physician, yeah.

SHERIFF EASTER: It's a continuum of care. And to repeat kind of what Dr. Mittal said, the state of Texas is suspending Medicaid. It's an extremely conservative state, but they've also realized some of the benefits to their community members by doing some of this stuff, and that's why I don't think it's as big an issue for us. If this was California that was doing it, there was no way that it would have probably ever happened here, but there's some very conservative states that have taken that approach and it's worked for them.

MS. TAMMANY: And legislatively, they indicated this would be a policy decision, not a statutory change or anything like that, so I'm a little surprised we haven't seen the outcome of that at this point; we're almost a year out and that decision hasn't been made yet.

MODERATOR: We just went through an election. The makeup of the Legislature really hasn't changed that much, still have GOP control of the house and senate in Kansas, different governor, does that make a difference in your efforts moving forward?

MS. TAMMANY: We have yet to see that, but I know Governor-Elect Kelly and Lynn Rogers locally are supportive of mental-health issues and have consistently demonstrated that on their committees.

MS. CHADWICK: Lynn has been a participant in several of the local mental-health collaborative meetings, so I feel like *he has* a very good handle on not *only how* Sedgwick County and Wichita are impacted, but has heard the same information across the state. I'm very optimistic that change in leadership will help us move this forward this year.

MODERATOR: So you've been able to go to San Antonio and look at that model, and one of their leaders has been here to provide some advice. What is your vision for the system here in south-central Kansas? Does it look just like San Antonio? You'll have to modify it?

MS. TAMMANY: I don't see it looking exactly like San Antonio. One, we don't have the population and we don't have the warm weather for outdoor sleeping, just as a basic point, but I think we're going to have a local solution that takes the best of what they have that would meet our need and then has other things that we define as gaps locally. I don't see it looking identical, but I see them as a foundation for us.

MS. CHADWICK: I agree, I don't know that we'll end up with a small campus, but as Jeff said earlier, so many of our resources are already focused in the downtown area; but we just don't all work collaboratively, and that really is the goal, that we pull

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every organization into this work.

And there are some who we have not pulled in yet, and that has not been intentional at all. We have not intended to slight any agency. It goes back to as Jeff said a little while ago, the three or four of us leading this have other full-time day jobs. So that will be part of the work for the two new project managers to begin to identify who are 100 percent of the players and get everyone at the table to tackle this work.

SHERIFF EASTER: There's always politics involved in something that you try to do. One of the things that I was impressed with there at San Antonio was all their core services weren't in downtown San Antonio. It was kind of off away from the downtown area.

That's going to be a challenge for us here because all of our core services are down here, and then you have the city of Wichita trying to do a lot of economic development. It's not trying to hide the homeless, but they're going to want, I would think, they're going to want to see the reduction of homelessness in downtown Wichita so that they can do some of the economic development that they're wanting to do.

And so I think that's going to be a challenge for us as far as if we can try to do some type of campus thing like they have down there, I don't see it being downtown Wichita. We have to make sure that the city of Wichita is an engaged partner in this because 90 percent of my population inside the jail comes from the city of Wichita, and so they absolutely have to be engaged in this process.

And I think that's going to be one of the challenges that we face if we're looking at funding from the city or those type of things is: Where we do this at?

MS. CHADWICK: And I think to that point, to reduce the homelessness in the downtown area, that was one of the drivers for all the private businesses and private donors who stepped up to say this is a solution, this is a really solid, viable solution, I'm going to put my business or my personal finances behind that to help make this happen because it is going to improve quality of life and it's going to help my business if there's not homeless people sleeping in my doorway. So I think both –

MS. TAMMANY: Which raises a really interesting – I mean, we didn't talk about that with regard to the two collaborator or coordinator roles is really getting a sense of what the community is expecting, too, because we don't know what we're measuring yet in terms of outcomes when we get there. So that's a piece of what they'll be doing, as well.

MS. CHADWICK: One of the grants that

we've written that I don't believe we've heard back whether we got the grant or not was to fund a community needs analysis.

MS. TAMMANY: That's right.

MS. CHADWICK: Via Christi Philanthropy, our grant writer, has written that grant, and when we know if we get that money, we'll hire a local firm, we've been in conversation with them –

MS. TAMMANY: Oh, great.

MS. CHADWICK: – to do that community needs analysis so we really can get a pulse on what exactly we're ready to tackle.

MS. TAMMANY: Because then we have a story to tell.

MS. CHADWICK: Yes.

DR. MITTAL: In one of our meetings we discussed that we want to focus on the needs and not building a fancy campus; it's not investing in the brick and mortar, but focusing on meeting the needs of community. So I really like that approach of our group that we are focusing on the problem and not building some fancy campus.

MODERATOR: Does that go to the high utilizers clinic or the data that you might want to speak to?

MS. CHADWICK: That's a part of it because the high utilizer is to identify those – that we probably all could identify 75 percent of them, at least, but the top 100, 125 people in our community that repeatedly utilize jail services, ComCare services, in and out of the ER, they're in the hospital, they are interacting with some local entity, and then to figure out how can we develop either a new model of service, a new location for that service, or modify an existing service so that we can better intervene with those high utilizers to stop that cycle of recidivism for them.

And that's a study that Joan mentioned a few minutes ago, that we're working with Wichita State to collect the data from all of our organizations to identify and help us get more down to the details on what those services are.

MS. TAMMANY: And I don't want to underscore how that sounds so simple on paper, but sharing data across different systems and different regulatory bodies and such like that, this is huge that we're to a point that we're going to start exchanging data and analyzing data.

MODERATOR: And that's what's coming out of the grant?

MS. CHADWICK: That is funded by Kansas Health Foundation –

MODERATOR: OK.

MS. CHADWICK: – that we did receive about a year ago. But it's been an arduous task, as Joan mentioned, to work with three or four different organizations, attorneys, dealing with HIPAA laws –

MODERATOR: Right.

MS. CHADWICK: – right to privacy and working with all of our compliance officers to make sure that we're protecting people's human dignity and rights but also getting enough information that we can work for a better solution to that problem.

SHERIFF EASTER: Well, it goes towards prevention and education, as well. I saw a program that was introduced up in Lake County, which is outside of Chicago, Ill., the way they are able to track information is by ZIP code because then it takes the HIPAA stuff out of it, it takes some of the privileged information that we have in law enforcement out of it, and it's simply looking at ZIP code.

Now, if there's a person that's a high utilizer, they're going to show up in that ZIP code, but the medical folks are going to know exactly who they are to be able to do treatment, I'm going to know who they are from a jail standpoint. But from a prevention and education piece, there are certain ZIP codes that we're seeing a lot more activity out of than other ZIP codes, that's where we need to concentrate our services to.

MODERATOR: Can you talk about the coordinators that you've hired and what their backgrounds are?

MS. TAMMANY: I can speak to the mental-health coordinator. It actually is a ComCare employee who has been involved at different levels of the organization through multiple programs. She's in an administrative role now, involved with homeless services, and so has a good awareness of what we have in our community, has relationships with most of those organizations and has the enthusiasm to take this vague job description with this grand outcome that we're expecting to start those conversations and help move us along.

So her name is Jennifer Wilson, and I think she'll do an awesome job. And I think the nice part about that is we chose to interview collectively for that to make sure that the collaborative nature of our efforts is there.

SHERIFF EASTER: We had 16 people apply, which I was enthused about. We interviewed five people, and we offered the job to Wendy Hummell, who is a 20-year veteran of the Wichita Police Department. She is currently the person that is with the Crime Commission. Now, remember that part of this position is funded by the Crime Commission, and she does all the collaborative work for Crime Stoppers. And so she has a lot of connections in the community, both in the business world and the treatment world and those type of things.

And so we weren't looking for somebody that is going to be treating folks, that's not what this position is going to be about. It's about the collaborative efforts, the writing skills and the connections that they have in the commu-

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nity to drive this forward. She's also – again, you're dealing with department heads; that's what she deals with on a daily basis, and so hopefully, understanding that world and how to get people moving forward diplomatically, she absolutely understands that. So we're very excited about having Wendy come on board.

MODERATOR: And she's the drug abuse coordinator or drug prevention coordinator?

SHERIFF EASTER: Yes.

MODERATOR: You talked, Sheriff, it's still fragmented, a bit of a fragmented organization style in Wichita, there are lots of different organizations that are trying to do treatment and to help out. How do you move toward a less-fragmented system? Sounds like you got a start with the collaboration but –

SHERIFF EASTER: That's what we're going to find out. That's an ongoing effort, a weekly effort to try to get that done. We weren't able to spend that kind of time to get that done. When we – we did the same thing from a mental-health aspect, we did the same thing with the substance-abuse aspect.

We were so successful in the mental-health aspect of it. And what we found out was there is a lot of different treatment facilities, most of which you have to have insurance. That's generally not the population we are addressing here. And so those are some of the major issues.

And we don't want to isolate folks that can give treatment, but you have to have insurance. We had a drug summit put on by the Crime Commission that was very successful, we had a lot of people in attendance, a lot of the same people that's involved with mental health because it is so intertwined, and that was a start, to start that conversation from a community standpoint and then hiring this coordinator to really start driving that forward.

And so is there any set plan? No, that's what we're going to have to come up with. The Crime Commission is hiring a couple outside folks to take a look at and develop a strategic plan in coordination with other people at the table and to set those goals.

And that's what will start happening in January, and then that's what will drive this particular item forward.

MODERATOR: Are there other stakeholders who you're trying to get on board?

SHERIFF EASTER: We'd really love to have the state on board. I'm being real honest with you. That's a stakeholder that we talked with, but it's not somebody who meets with us on a regular occasion.

MS. CHADWICK: I think one of the big groups of organizations that we need to pull in is the various organizations that provide shelter and services for the homeless. We've tapped into that a little bit but not extensively. To start this, it's been more the mental health, law enforcement, judicial system that deal with the issues kind of in crisis mode, I guess, and that's kind of the next level of expansion, I would say.

SHERIFF EASTER: We've done a good job of bringing in USD 259.

MS. CHADWICK: Right.

SHERIFF EASTER: Which, you know, I don't deal with a lot of juveniles like both of the other entities here do. I had no idea the scope of issue was taking place at the school age. So they've been able to come on board. The VA, we have a lot of veterans that have mental-health issues, and so they're on board now.

And so as we move forward, there's other things that we identify that we're like, oh, we didn't think of them, or we need to get them involved.

MS. TAMMANY: And I think we need to be strategic about which legislators we bring in, too, because we have a lot of very committed legislators on our committees but they're not on the funding committees that can designate money to a community collaboration.

So we have to be mindful of who's getting onto the important committees in the senate and the Legislature this year and really target those groups because they're going to have the ability to propose recommendations, and if we don't provide testimony, there is no opportunity for that money.

DR. MITTAL: One of the things that we can get involved, one entity which we can work with is the Chamber of Commerce because they represent the business community and they have a stake in this. And it will be good to have them on board.

MODERATOR: So you have an audience who is reading this roundtable, what's your message for those business owners and leaders who are reading this and what's the point you want to get across to them?

DR. MITTAL: That mental health is affecting you more than you know and this is an investment in your own business if you invest in mental health.

MS. TAMMANY: I agree.

MS. CHADWICK: I was going to say almost exactly the same thing, that business owners and business leaders in this community may not ever think about the impact that mental health has on their bottom line, on their company's reputation, on how efficient and productive they can be, but it matters.

And I hope somebody reading this says, "I can help with this, I can put resources to help build it, ultimately I can put human resources to help participate and volunteer and keep this movement going." But it will take all of us. It doesn't matter if you're in mental-health services, law enforcement, or you sell a service or a product on Douglas, you're a part of it.

MS. TAMMANY: And I think the other piece is mental health and substance abuse doesn't know a demographic. I mean, it is across every age spectrum, every economic class, every race, I mean, it touches every segment of our society.

SHERIFF EASTER: I talk to a lot of business owners and mental health in the '90s had a huge stigma. You're not going to talk about it ... those type of things. When you talk to business owners about mental-health issues and substance-abuse issues, almost all of them know somebody that has one of those issues, either in the family or that works for them.

And so I think that from a business world, they're really starting to understand that, you know, this person is a very productive person when they're here or when they're not in crisis or because of some type of substance-abuse problem.

And the day and age of we just fire people that have those issues is – I don't see that as often now. There's treatment options, there's other types of options that employers try to exercise before they go to that. The problem is is where is that at, and it's sometimes very hard to identify.

And that's what I'm hoping that we're able to accomplish here, is that it's kind of a one-stop shop, which is something that's tried to be worked on for quite awhile in this community, but here are all the services and so that the business world can come in and say, OK, we need some services here with our particular company.

MS. CHADWICK: You know, two numbers that stick out in my head, Joan mentioned this earlier, 1 in 4 to 5, the numbers kind of vary, but 1 in 4 to 5 Americans have a diagnosable mental-health issue at some point in their life.

And then the other statistic that I think is astounding is when you look at insurance company claims data, the biggest expense – in pharmaceuticals expenses, the biggest expense is antidepressants. That hits bottom line for every employer that has a health insurance plan. Better services, access to services, and as you mentioned, thank God, the stigma is starting to lessen to deal with mental-health issues.

MS. TAMMANY: And I think the other message is we need to invest in our future with the kids because it's rocking youth heavily right now.

MS. CHADWICK: It is. You know, you think about the number of suicides of kids, there's probably not many kids in school today in this city who don't know someone who's committed or attempted suicide in high school and middle school.

MS. TAMMANY: And where are they getting their treatment? They're getting it from peers online.

MS. CHADWICK: Right. It impacts everyone.

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MODERATOR: There's been a sense of urgency around this issue for a long time, not just now but for a long time. You've been talking about, Sheriff, this issue for a long time. If we get together again toward the end of 2019, where do you hope you'll be at that point, whether it's changes at Ascension or the organization moving forward, the community moving forward, where do you hope you are toward the end of 2019?

MS. TAMMANY: I would hope with two coordinators that we at least have a community plan, something that we're able to define where we're moving toward. I mean, it takes time.

MS. CHADWICK: It does take time. A year from now, I hope we have pulled in all of the –

MS. TAMMANY: The right resources.

MS. CHADWICK: – all of the resources that exist in our community currently and have at least begun to develop the sense of collaboration that our organizations have developed, that takes time. I said in the beginning we started out kind of contentious and those relationships take time to build, but a year from now, I hope we've pulled everyone in and begun to share the vision.

DR. MITTAL: I would hope that we would have done the needs assessment so that we have a story to tell and we have defined the problem really well.

SHERIFF EASTER: Four things that I hope we have accomplished by the end of the year, first of which is a needs assessment, second of which is a very good baseline statistically. We're going to need to determine exactly statistically where we're at when we go to apply for grants or we try to go into the community asking for funding for these things because we can measure statistically what we're doing, if it worked. Plus ... bringing in remaining stakeholders that we have not contacted and then a good plan going forward starting in 2020.

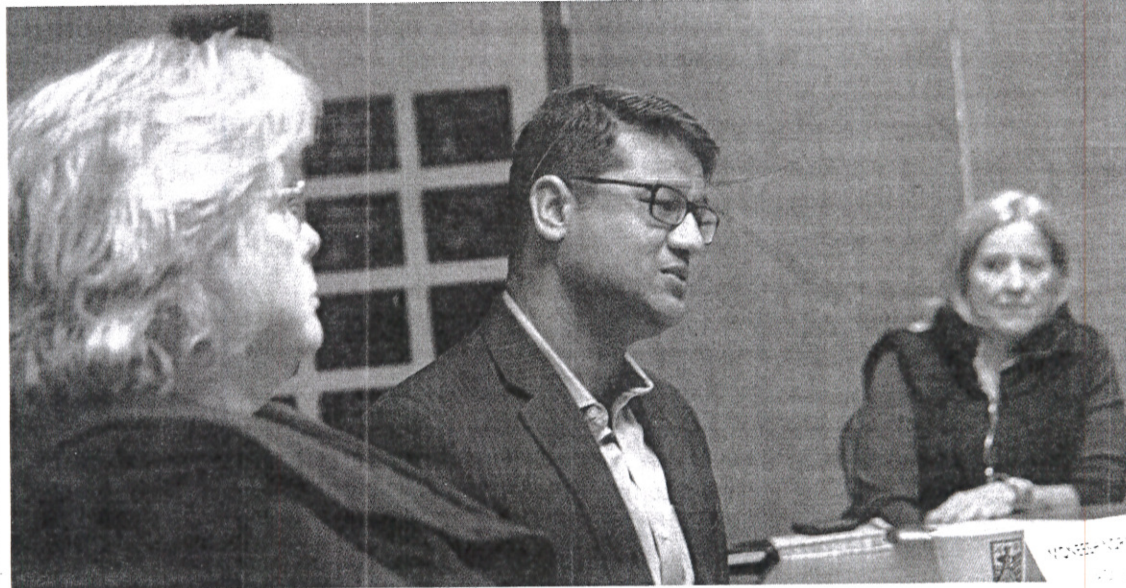
MS. TAMMANY: I think we can all agree on that.

DR. MITTAL: Agreed.

MODERATOR: And you had talked about some of the things you're changing at Ascension, some of those facilities things, will those be complete next year?

MS. CHADWICK: Yes, the Project Renewal, which is the remodeling of the sixth and seventh floors, that will be completed end of February and we will move into those new facilities early March.

And we'll close the Good Shepherd campus, which is located on the far east side of Wichita. A year ago in the summertime, we opened – phase one of that project was to remodel the third floor of the Clifton clinic, which is across the street from St. Joe campus, and co-locate our outpatient services there so we have a partial day program for both adults and adolescents, we have the Via Christi psychiatric clinic, which is a partnership between Via Christi and the KU psychiatric residency, and then we have Via Christi clinic department of psychiatry there.



SHERIFF EASTER: Another key partner in this is the Health Department. And I know that from the medical world, they work with the Health Department quite often. I never have until now. And so they have some resources there to actually take all of our statistical data and really break it down for us to a point where we know exactly where we are, and so they're a big key piece for me from an analytical standpoint.

MODERATOR: And that'll speak louder when you have the data, when you have the analytics to be able to speak louder when you're going to the state for funding as well.

SHERIFF EASTER: Absolutely.

MODERATOR: If I'm hearing you right, it's so important to have early intervention, early treatment, and it sounds like Via Christi Ascension is moving that way with some of your services and some of the changes you're making?

DR. MITTAL: Yes, absolutely. Of all the things we talked about as a symptom of the disease, we do not have enough community resources to help the patients early in their illness process that we can prevent from things getting worse. And this is where Ascension Via Christi has invested heavily in building the continuum of services, including inpatient services, outpatient services, but also the post and the pre-acute services.

And I can break it down a little bit. The outpatient services are the traditional go and see your therapist or a physician, and inpatient is the hospital services.

And what is new that we have done, we have always had those services, but they were very small; we've expanded those services significantly in the pre-acute and the post-acute services.

So patients who are in a hospital and we are able to cut down their length of stay by then going to the state programs or the patients who are in our ERs who would have gone to a hospital and we are able to divert them into the day programs by avoiding those hospitalizations.

So it is giving the care at the right time and right place in the least restrictive environment, that has been our focus.

MODERATOR: So as you are moving into the end of '18 and into 2019, are you optimistic, are you optimistic that this community can –

MS. TAMMANY: Absolutely.

MODERATOR: – and organizations cannot be as fragmented and move forward and really make a difference.

MS. CHADWICK: I'm 100-percent optimistic that we can do this.

MS. TAMMANY: Me, too.

MS. CHADWICK: I believe in Wichita and I believe in our organizations, and I think that the will to make it better and the desire to make it better exists, and ... things like this, telling our story so that more people understand the scope and the magnitude of the problem and how far reaching it is and that really it impacts every one of us and then bringing all those resources together, I have no doubt that we can make it work.

DR. MITTAL: As long as we're talking there is a sincerity in every partner we have engaged, and that gives me optimism.

MS. TAMMANY: Well said.

SHERIFF EASTER: I'm very optimistic, I've been optimistic since we got past the finger-pointing aspect of our meetings. You have to remember that everybody that's a stakeholder in this that we're trying to get involved are already wanting to do the right thing; it's just we've all been kind of spinning our wheels on how to do it. And so by getting everybody together for one common goal, I'm very optimistic that we will accomplish those goals.

MODERATOR: You all have a big challenge, you've been dealing with a big challenge in the past, you're continuing to deal with a big challenge and trying to come up with a system that works for the community so we wish you luck.

SHERIFF EASTER: Thank you.

DR. MITTAL: Thank you.

MS. TAMMANY: Thank you.