



Together We Can:
Community Partnerships
Changing Lives

2015 COMCARE Annual Report



Sedgwick County...
working for you

Crisis Center

635



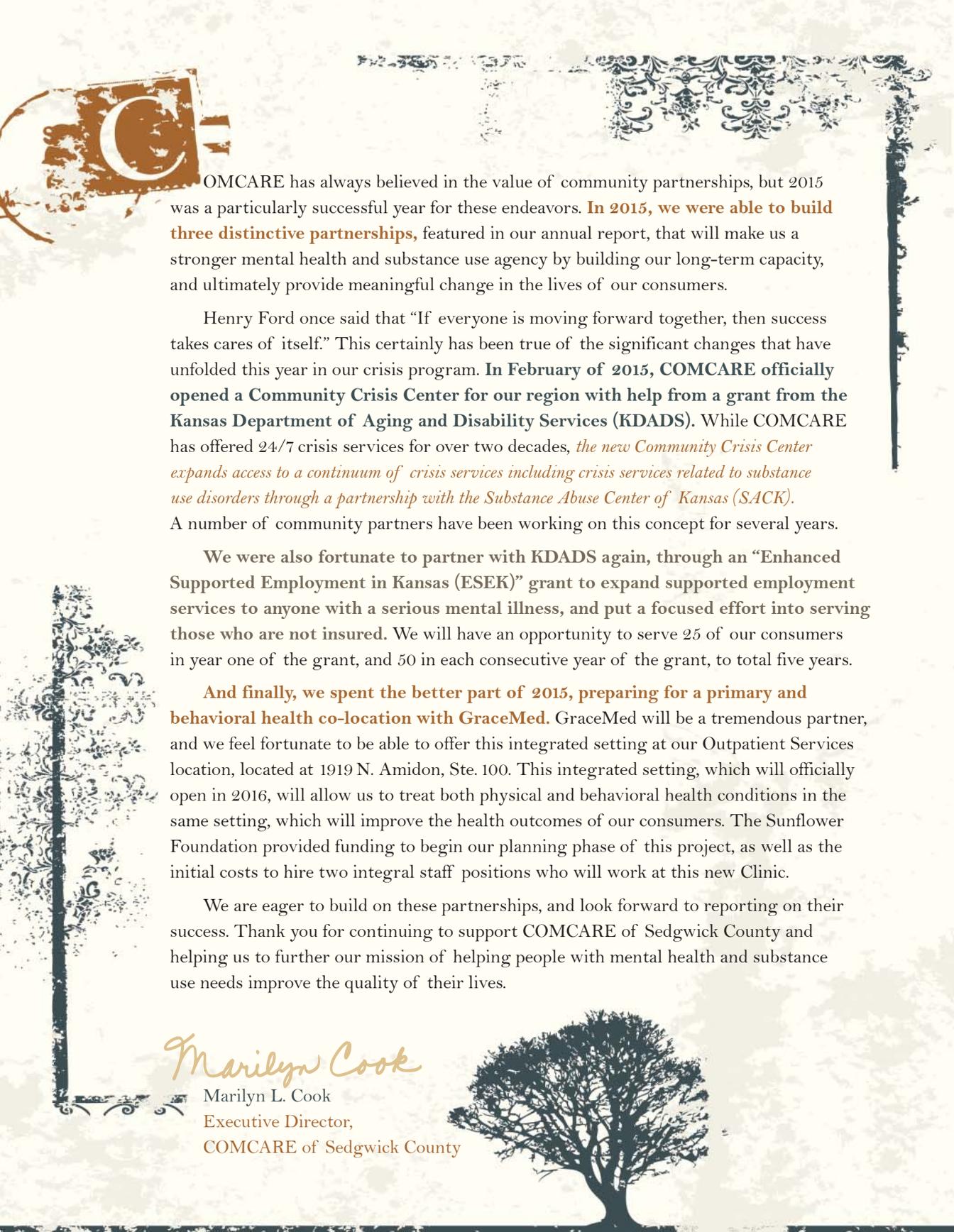
Division of Human Services



COMCARE
635 N. Main

WELCOME TO THE
COMCARE
Community Crisis Center





OMCARE has always believed in the value of community partnerships, but 2015 was a particularly successful year for these endeavors. **In 2015, we were able to build three distinctive partnerships**, featured in our annual report, that will make us a stronger mental health and substance use agency by building our long-term capacity, and ultimately provide meaningful change in the lives of our consumers.

Henry Ford once said that “If everyone is moving forward together, then success takes care of itself.” This certainly has been true of the significant changes that have unfolded this year in our crisis program. **In February of 2015, COMCARE officially opened a Community Crisis Center for our region with help from a grant from the Kansas Department of Aging and Disability Services (KDADS).** While COMCARE has offered 24/7 crisis services for over two decades, *the new Community Crisis Center expands access to a continuum of crisis services including crisis services related to substance use disorders through a partnership with the Substance Abuse Center of Kansas (SACK).* A number of community partners have been working on this concept for several years.

We were also fortunate to partner with KDADS again, through an “Enhanced Supported Employment in Kansas (ESEK)” grant to expand supported employment services to anyone with a serious mental illness, and put a focused effort into serving those who are not insured. We will have an opportunity to serve 25 of our consumers in year one of the grant, and 50 in each consecutive year of the grant, to total five years.

And finally, we spent the better part of 2015, preparing for a primary and behavioral health co-location with GraceMed. GraceMed will be a tremendous partner, and we feel fortunate to be able to offer this integrated setting at our Outpatient Services location, located at 1919 N. Amidon, Ste. 100. This integrated setting, which will officially open in 2016, will allow us to treat both physical and behavioral health conditions in the same setting, which will improve the health outcomes of our consumers. The Sunflower Foundation provided funding to begin our planning phase of this project, as well as the initial costs to hire two integral staff positions who will work at this new Clinic.

We are eager to build on these partnerships, and look forward to reporting on their success. Thank you for continuing to support COMCARE of Sedgwick County and helping us to further our mission of helping people with mental health and substance use needs improve the quality of their lives.

Marilyn Cook

Marilyn L. Cook
Executive Director,
COMCARE of Sedgwick County





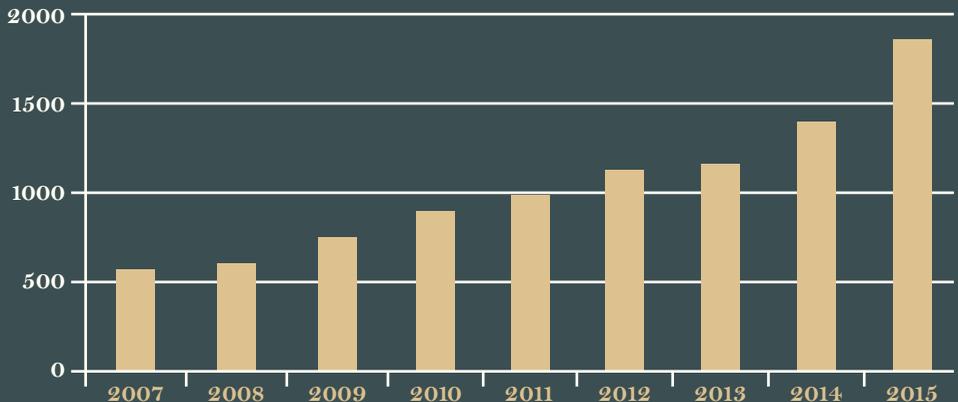
Community *Crisis Center*

The need for improving access to a continuum of crisis services in our community was identified by local law enforcement officers after the implementation of the Crisis Intervention Team (CIT) training in 2008. Law enforcement officers were at times confused by multiple options for individuals in crisis such as the Emergency Department (ED), community mental health crisis center and detoxification facilities. They began a dialogue requesting service providers consider increasing capacity and developing a “one stop shop.” After years of planning and discussion with stakeholders, the model began to take shape. The “one stop shop” was eventually renamed the Community Crisis Center.

We needed to know what it was costing various community providers who interacted with individuals in crisis and to learn what costs could be avoided by starting such a center so in 2012 we hired staff from Wichita State University’s Hugo Wall School to determine how and if the community would benefit from such a center. **The final study concluded treating the community’s behavioral health crises in an integrated center will conservatively save community partners between \$4 and \$5 million annually.** Increasing law enforcement referrals to COMCARE and local emergency departments also pointed to the need for expanded access to crisis services.



Law Enforcement Referrals to COMCARE Crisis





In 2014, South Central Mental Health Counseling Center (SCMHCC) acting as the region hub for COMCARE and Sumner County Mental Health was awarded a one-time, \$1 million grant from the Kansas Department on Aging and Disability Services (KDADS), to fund the expansion of regional crisis services and implementation of the Community Crisis Center for all three counties. Expanded services began in January 2015 at 1720 E. Morris in Wichita and included a Crisis Observation Unit, Sobering Unit and Detoxification Unit.

The COMCARE of Sedgwick County Community Crisis Center (CCC) opened in its new location on July 27, 2015, at 635 N. Main, and provides 24/7 access to an integrated continuum of mental health and substance use disorder crisis services at a single location. The CCC services promote public safety by ensuring 24-hour access to mental health and substance use disorder assessment, crisis intervention, monitoring services and referral to follow-up treatment. These services are available to all. The CCC improves access, client care and offers:

- Better coordination among agencies working with this shared population;
- Cost savings to all who interact with these individuals;
- Reduced number of individuals going to emergency departments and jail;
- Decreased unnecessary psychiatric hospital admissions and readmissions.

Consumer Story

Officers received several calls from concerned citizens about the disorganized behavior of John. John was talking in a way that did not make sense and arguing with people others could not see. Rather than arresting John or taking him to the emergency department, the law enforcement officers were able to bring him to the Community Crisis Center. Within 10 minutes of arrival, John was seen by a therapist and the officer was able to return to his public safety work in the community. John was admitted to COMCARE's Crisis Observation Unit where he continued to work with COMCARE staff over the next day to resume his psychiatric medications and further stabilize his crisis. John was able to return home the following day with medications and a plan for follow-up treatment appointments. With the help of the law enforcement officer and COMCARE staff, John was able to stabilize his crisis close to home.





Enhanced Supported Employment in Kansas (ESEK)

Last Spring, the Kansas Department of Aging and Disability Services (KDADS) applied for a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), which funded evidence based practice (EBP) of supported employment (now known as Individual Placement and Supports/IPS) studies. **The goal of the grant was to expand this EBP to anyone with a serious mental illness, and focus on those who were not insured.**

KDADS was successfully awarded the grant, and provided pass through funding under the name “Enhanced Supported Employment in Kansas (ESEK)”, to community mental health centers (CMHCs) in the state of Kansas. **COMCARE and the COMPASS CMHC in Garden City were selected as the sites for this demonstration project due to the high number of uninsured individuals in our CMHC catchment areas.** The University of Kansas was selected by KDADS to provide research on this project. The ESEK grant to COMCARE for year one is \$290,941, and we have the option to renew for four additional one year periods for a total of \$1,581,732 (over the 5 year period).

COMCARE began the program in March of 2015. ESEK funding provides services for 25 COMCARE consumers in year one, and 50 consumers in each consecutive year. **The funding will be instrumental in helping our consumers land and keep jobs.** On the following page is a table showing how traditional employment services looked in the past and what they look like now due to EBP enhancements.



Traditional Employment Services in the Past

- ❧ Groups on how to find jobs
- ❧ Groups on how to complete applications
- ❧ Groups on how to dress for jobs
- ❧ Groups on how to interact with coworkers
- ❧ Jobs mainly restricted to food and housekeeping types of employment
- ❧ All case managers did a little of this
- ❧ The focus was on preparation for jobs rather than actual job attainment
- ❧ Less than 10% of consumers with serious mental illnesses actually were working

Evidence Based Supported Employment Services

- ❧ Rapid assessment
- ❧ Zero exclusion criteria
- ❧ Individual Placement and support
- ❧ Job selection based on individual interest
- ❧ All jobs in the competitive market/diversity of jobs
- ❧ Caseloads 20 or under
- ❧ No other case manager activity allowed
- ❧ Job development with employers
- ❧ Frequent employer contact
- ❧ Follow along supports
- ❧ Working closely with DCF job benefits staff
- ❧ 40-50% of consumers found and kept work



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his grant calls for several new components:

- ❧ Having peer support specialists.
- ❧ Having KDADS form a high level advisory group responsible for looking at the barriers identified by the centers.
- ❧ Looking for ways to ensure the rate paid for this service was adequate.
- ❧ Making the centers involved responsible for developing and meeting with a local advisory group to meet at least quarterly.

We're excited to be able to offer this program again to our consumers, as COMCARE had provided the supported employment EBP from 1993-2013, but had to discontinue the program in the spring of 2013 because it was costing more than we could afford. The ESEK grant will pay for three full-time supported employment specialists, two part-time peer support specialists and one part-time manager. In addition, the grant will cover almost 100 percent of the salaries of the staff involved in the project, and allow us to serve some individuals with a severe and persistent mental illness (SPMI) who have Medicaid to ensure that we can make up any non-covered cost by generating a small amount of revenue.

Consumer Story

Jim was having a difficult time. In 2013, he was let go from his job. Not long after losing his job, he also went through a divorce that was very hard on him emotionally. Jim suffers from depression and anxiety, and it made it almost impossible for him to get a job on his own. His anxiety made him nervous about being around a lot of people, and he felt especially uncomfortable around people he did not know. He turned to alcohol, which he felt helped manage his symptoms. He then began to notice that his anxiety, depression, and physical health were getting worse so he turned to COMCARE for help. He was able to stop drinking alcohol two weeks prior to coming to COMCARE for help. We helped him start medications to help with his anxiety and he was referred to the ESEK grant at CSS. With the help of an Employment Specialist, he was able to get a new resume, practice interviewing, have an informal interview and was able to accept an offer for a new full time job. Jim has worked at this job for over four months, and he receives health benefits. He has been sober for five months and credits having a job to help alleviate the temptation of alcohol. "Without the time and resources from the COMCARE staff, I would not have had the confidence to have found gainful employment on my own," said Jim.



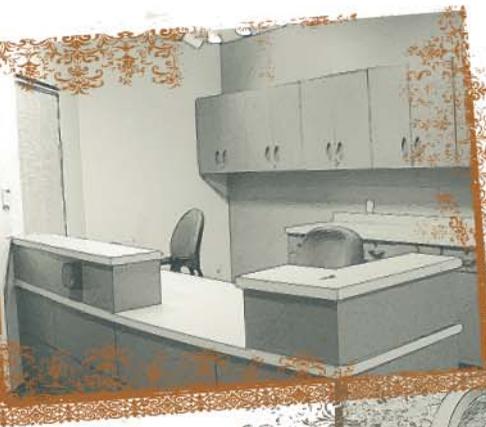


GraceMed and COMCARE Primary Care Co-Location

In 2012, COMCARE and GraceMed received a grant from the Sunflower Foundation to begin the planning phase for GraceMed to place a federally qualified health center clinic within our Outpatient Services location, located at 1919 N. Amidon, Ste. 100. While this will be a community clinic, open to the public, we intend for it to increase access to health care for persons being served by COMCARE.

This integrated setting is designed to reduce stigma for persons with a mental illness by embedding a behavioral health consultant from COMCARE within the clinic to assist in engaging the patient in his/her own care, addressing lifestyle choices and promoting behavioral change. Integrated care settings promote treatment of both physical and behavioral health conditions in the same setting.

Sixty-eight percent of adults with behavioral health conditions frequently have co-occurring physical health conditions. **More staggering is approximately 45 percent of the entire adult population in the United States has at least one chronic medical condition and the cost to treat these chronic conditions accounts for 75 percent of our direct medical care expenses** (Statistics from the Robert Wood Johnson Foundation).



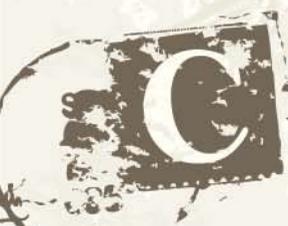
GraceMed
COMCARE CLINIC

Our consumers will benefit greatly from an integrated care setting. Integrated care settings have the following unique characteristics which distinguish them from typical physical health care settings:

- ❧ Universal screenings for depression, anxiety and substance use which gives providers the opportunity to talk about how to minimize risks while encouraging the patient to make changes and improve his/her health.
- ❧ The primary and behavioral health care team member's work as one healthcare team – they walk side by side in providing care to patients.
- ❧ Change is systemic – seeing a primary care provider and a behavioral health specialist in the same visit is a routine part of care.
- ❧ Care is patient centered – the healthcare team meets the patient where he/she is at and the patient is a key stakeholder in his/her care. Family is also routinely included in discussions around the patients' health goals.
- ❧ Term “behavioral health” is used broadly in integrated health services. Encompasses behavioral factors in chronic illness care, focus on physical symptoms associated with stress rather than disease, health behaviors that impact quality and longevity, as well as mental health and substance abuse conditions and diagnoses.
- ❧ So, this care may address mental health and substance use conditions, health behaviors, life stressors and crisis, stress-related physical symptoms and ineffective patterns of health care utilization.



We have also received additional funding from the Sunflower Foundation to help cover the initial costs of a Behavioral Health Consultant and a GraceMed APRN who will work together in this new Clinic. Renovations were completed at the end of 2015, and we have begun interviewing and hiring Clinic staff. **The Center will open officially to the public in early 2016.** We are excited to play a part in transforming health care for our consumers in the community.



COMCARE of Sedgwick County Programs

Same Day Assessment

Walk-ins Welcome, No Appointment Necessary

Adult Mental Health: 316-660-7540

Adult Addiction: 316-660-7550

Hours: Monday-Friday, 8 a.m. to 3:30 p.m.

940 N. Waco, Wichita, KS 67203

TTY: 1-800-766-3777

Community Crisis Center

24-hour Mental Health Emergency/Suicide Prevention Services, Crisis Stabilization Unit, Offender Assessment Program

635 N. Main, Wichita, KS 67203

316-660-7500

Children's Services

To Schedule First Appointment:

350 S. Broadway, Wichita, KS 67202

316-660-9605

Adult Outpatient Mental Health Services

1919 N. Amidon, Suite 130, Wichita, KS 67203

316-660-7675

Addiction Treatment Services

940 N. Waco, Wichita, KS 67203

316-660-7550

Community Support Services

1929 W. 21st Street, Wichita, KS 67203

316-660-7700

Homeless Program – Center City

402 E. 2nd, Suite B, Wichita, KS 67202

316-660-7800

Health Links

434 N. Oliver, Wichita, KS 67208

316-660-1028

2015 Annual Expenditures

 *Personnel* \$21,265,255 **62%**

 *Contractual/Operating Expense* \$13,020,753 **38%**

Total (Unaudited numbers) **\$34,286,008**

2015 Board of County Commissioners

Dave Unruh – 1st District
Tim Norton – 2nd District
Karl Peterjohn – 3rd District
Richard Ranzau – 4th District
Jim Howell – 5th District

2015 Advisory Board

Janet Brumbaugh
Mary Dean
Deb Eller
Rev. Bruce Freeman
Rev. David Fulton
Jim Grocholski
Neil Guthrie
Robert Lee
Trevia Lichti
Darryl Roberts
Jon Rosell
Martha Sanchez
Michelle Shaheen
Marilyn Whipple

2015 COMCARE Leadership Team

Marilyn Cook, LSCSW,
Executive Director
Tim Kaufman, MPA,
Division Director of
Health and Human Services
Rex Lear, MD, Medical Director
Jason Scheck, LSCSW,
Director of Outpatient
Programs
Jody Patterson, LCP,
Director of Rehabilitation Services
Joan Tammany, LMLP,
Director of Quality and
Risk Management, Compliance
& Innovation

2015 Medical Staff

Rex Lear, MD, Medical Director
German Gonzalez, MD
Katherine Grimsley, MD
DeAnn Jenkins, MD
Andrew Lauronilla, MD
Lin Xu, MD
Katherine Girrens, MD

Advanced Registered Nurse Practitioners

Nancy Ballinger, APRN
Jacy Barker, APRN
Bob Born, APRN
Sara Friesen, APRN
Patricia Harris, APRN
Luree Lusk, APRN
Maria Maugans-Coleman, APRN
Ashley Melugin, APRN
Monica Morales, APRN
Nse “Renee” Nkana, APRN
Arian Riordan, APRN
Paula Skinner, APRN

COMCARE of Sedgwick County
934 N. Water, Wichita, KS 67203
316-660-7600 - www.sedgwickcounty.org



Sedgwick County...
working for you