

## WICHITA, KANSAS:

### Using Police Officers to Connect Individuals Experiencing Homelessness to Support Services

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#### Overview

Wichita is the largest city in Kansas and home to approximately 13 percent of the state's population.<sup>1,2</sup> Seventeen percent of individuals in Wichita live below the federal poverty level.<sup>3</sup> The median annual household income in Wichita is \$48,982, and median monthly housing costs are \$832 per month, or \$9,876 annually.<sup>4</sup>

Wichita's cross-systems approach to homelessness developed in response to a rapid increase in homelessness that occurred between 2009 and 2011. During this period, the prevalence of chronic homelessness in the city doubled, and Wichita Police Department (WPD) officers found themselves responding to a high number of emergency calls related to homelessness.<sup>5</sup> Recognizing that ticketing and arresting was not effective in reducing homelessness, the WPD undertook a number of initiatives to better respond to homelessness-related calls. These efforts included identifying gaps in its procedures surrounding homelessness, updating WPD policies

to ensure that due process rights are preserved during homelessness encampment cleanups, and working to pass a city camping ordinance that included protections for those living on the streets.

In 2013, the WPD launched the Homeless Outreach Team (HOT) based on a model developed in Colorado Springs, CO, which aims to connect people experiencing homelessness to social supports instead of placing them in jails or emergency departments. The HOT program addresses the intersecting challenges of substance use disorder (SUD), homelessness, and mental health issues through early identification, referral to services and support of those in need. This case study focuses on the HOT initiative and related programs and highlights key takeaways for other cities considering similar cross-systems approaches.

Wichita has developed a number of innovative programs that target the challenges of SUD, homelessness, and mental health issues. This case

study will focus on HOT and present key takeaways for other cities considering similar cross-systems approaches.

## **Program Description**

### ***Homeless Outreach Team***

HOT's program team consists of three specially trained police officers who partner with community stakeholder organizations across the city. The team works to connect individuals experiencing homelessness to supports and services in lieu of issuing tickets and or making arrests. HOT officers receive 10 hours of classroom training and then approximately one to two months of on-the-job training to perform their duties. HOT officers must also be certified in crisis intervention team training (CIT) and complete other annual homelessness-related trainings as part of their continuing education in homelessness intervention.

The HOT's intake process typically begins when there is a call for service (CFS) for a welfare check, panhandling, or other homelessness-related situation to which the HOT is dispatched directly. This may occur through a traditional emergency dispatch system, or through a special HOT hotline system that citizens, including the business community in Wichita, can utilize to initiate the team's dispatch. If the HOT is initially unavailable, a patrol officer may respond to a call and will complete a warm hand-off when the HOT becomes available and arrives on scene.

Once a HOT officer arrives at the scene, the officer completes an intake interview to assess the individual's circumstances; determines if they have any income, disabilities, or other factors that may assist in connecting the individual with specific programs; and obtains permission to share details with referral agencies.

Many calls to the HOT come from business owners in the city's downtown area who do not feel

equipped to engage with people experiencing homelessness. To empower these individuals to assist without involving law enforcement, the HOT conducts training for business owners on how to communicate with individuals experiencing homelessness and how to connect them to existing programs and service providers.

To maintain a coordinated response to homelessness, HOT officers attend all Continuum of Care (CoC) and other homelessness-related stakeholder meetings throughout Wichita. These meetings are also attended by housing, behavioral health care, and other service providers. Regular communication between the HOT and other CoC members helps each agency avoid redundant programming, learn best practices, and integrate existing initiatives.

## **Results**

Wichita's HOT initiative is now a permanent program within the police department and has received national recognition as an exemplar for other cities.<sup>6,7</sup> Since its inception in 2013, the HOT effort and its cross-systems partners have placed over 1,000 people into permanent or transitional housing and have managed to reduce the city's chronic homeless population by 77%.<sup>8</sup> Research suggests chronic homelessness can cost taxpayers \$30,000 to \$50,000 per year per individual,<sup>9</sup> which could suggest significant cost savings associated with the work of the HOT and its partners.

## **Financing and Sustainability**

To ensure program sustainability, the WPD has opted to fund the HOT using existing department resources, choosing to hire homeless outreach officers to fill positions originally designated for non-specialized patrol officers.

The WPD does not rely on grants to fund the HOT initiative, given that many grant-funded programs are dissolved if funding is not renewed. However, grants and private donations are used to fund the

*Finding a Way Home* program and to cover administrative costs, such as a separate phone line for homeless service providers and community members.

## Collaboration Across Systems

Wichita has a wide array of public and private programming to help individuals manage the challenges of substance use disorder, mental health conditions, and homelessness. Homeless outreach officers recognize that individuals experiencing homelessness often have complex, intersecting needs, and tailor their referrals to meet the needs of each individual.

Individuals assessed by the HOT team may be referred to a number of agencies and support systems. Examples include:

### *Rapid Rehousing Services*

Individuals with disabilities may be eligible for referral to federal<sup>10</sup> or private rapid rehousing,<sup>11</sup> where they can be provided with temporary rental assistance to help them avoid or quickly transition out of homelessness.

### *COMCARE*

Individuals experiencing homelessness with co-occurring mental illness may be referred to the crisis stabilization unit (CSU)<sup>12</sup> at COMCARE of Sedgwick County, the local mental health authority. COMCARE of Sedgwick County is a municipal agency that provides a wide range of services for residents coping with mental health conditions, SUD, and homelessness, including:

- COMCARE’s Center City program connects individuals with professionals who can help them manage their recovery from substance use disorder. The program conducts street and shelter outreach; provides outpatient mental health services and case management; and helps individuals access permanent housing

through the city’s Shelter Plus Care, Section 8 and Housing First programs.<sup>13</sup>

- For individuals who are experiencing a mental health crisis, the COMCARE Community Crisis Center provides a 24-hour resource for mental health and suicide prevention. The center’s comprehensive services include tailored counseling for children, adolescents, families, and seniors; state hospital pre-admission screening; a mobile crisis unit; and a crisis stabilization unit. All services aim to provide a community-based alternative to psychiatric hospitalizations and involuntary treatment.<sup>14</sup>
- COMCARE also assists with connecting individuals experiencing homelessness to public assistance programs. The agency operates the Supplemental Security Income/Social Security Disability (SSI/SSDI) Outreach, Access and Recovery (SOAR) program, which teaches case managers and others who work with adults experiencing homelessness about the SSI/SSDI application process. The goal is to secure benefits for eligible individuals on the first application.<sup>15</sup>

### *Finding a Way Home program*

In some cases, people experiencing homelessness may have access to support systems in other cities or states but are unable to afford transportation back to the place they reside. In response, the HOT established the *Finding a Way Home* program, which helps pay for transportation costs to unite people experiencing homelessness with friends or family members outside of Wichita.

## Role of City Leadership

City leadership played a critical role in establishing the HOT initiative. The HOT would not have come to fruition without the support of the Wichita Chief of Police and Deputy Chief of Police. The Deputy

Chief authorized the pilot program, and the Chief adjusted the WPD budget to accommodate the HOT, rather than relying on grant funding. The Chief of Police also transferred one of the initial HOT members from the patrol unit to the community policing unit, which allowed him to further develop the program. WPD leadership has been supportive of HOT members giving presentations about their work, meeting with community members, and applying for grants to expand the program.

The HOT initiative also provided an opportunity for individuals to assume city leadership roles. Based on his experience interacting with individuals experiencing homelessness as a patrol officer of WPD, Officer Nate Schwiethale spearheaded the development of the HOT in Wichita making the case to other city leaders that such a program was necessary and would be effective. He now serves as one of the three HOT officers and, based on his success with HOT, a board member on the Substance Abuse and Mental Health Services Administrations (SAMHSA) advisory board dedicated to spreading and scaling HOT programming nationwide.<sup>16</sup>

## Lessons Learned

### ***Responding to Challenges***

Interviews with HOT leadership revealed a number of on-going challenges and considerations for cities interested in employing a similar approach.

*Ensuring adequate workforce and infrastructure resources.* It is essential there is an adequate behavioral health and social support workforce to which the HOT can refer. A lack of providers, shelters, and/or detox and mental healthcare facilities can hinder emergency response and crisis stabilization efforts when individuals cannot be connected to care and find themselves interacting with the HOT once again. Unfortunately, there is a national shortage of behavioral healthcare workers as well as social supports for individuals with behavioral healthcare needs.<sup>17</sup> This shortage is expected to grow over the coming decade.<sup>18</sup> Cities

must develop strategies that keep this reality in mind.

*Continuity of leadership.* While the HOT provides basic training to patrol officers on how to respond to a situation related to homelessness, much of the program's procedures and connections are held by the three HOT officers. This has allowed the HOT to respond to crises dynamically but has also left the program vulnerable to staffing changes. If one of the HOT members leaves the force, HOT's continuing operation is at risk. Meanwhile, changes in leadership within the greater police department could also pose challenges to HOT. Representatives from the WPD HOT have helped train officers to successfully implement HOT in other jurisdictions only to see these procedures fall into disuse when new supervisors who have not been trained in HOT assume a leadership role and return to writing tickets for individuals experiencing homelessness.

*Funding.* The HOT initiative is subject to annual budget allocations and competes with many other city priorities. Budget reductions and new priorities of city leaders may jeopardize HOT's future growth. Collecting data and establishing an annual return on investment (ROI) to share with policymakers remains a challenge. State and Federal governments may be able to assist cities with large populations of individuals experiencing homelessness by providing grant money to fund HOT positions. They may also assist in developing sustainability training guides to ensure HOT units do not change their missions or operating procedures due to funding constraints.

*Obtaining consent to offer assistance.* Interviewees report individuals with serious mental illness (SMI) have been one of the hardest populations to reach with HOT programming. While they may provide verbal consent to receive help, individuals with SMI are often reluctant to sign documentation consenting to help because of their illness. The HOT is limited in the kinds of referrals it can offer and data it can share without consent. As body cameras become more common in police departments across the country, interviewees

suggest digitally recorded video consent should be sufficient for HOT to offer assistance to individuals. They encourage policy makers to implement policies and laws that reflect this new technological reality.

### ***Key Takeaways for City Leaders***

For city leaders considering similar cross-systems approaches to SUD, homelessness, and mental health issues, there are several key lessons that can be learned from Wichita's HOT program:

*Use data to inform program planning.* City leaders should utilize data to demonstrate the effectiveness of new models to stakeholders. HOT members initially experienced skepticism and push-back from both law enforcement personnel and homeless service providers, who doubted that the program would be effective. Further, homeless service providers were apprehensive to allow data sharing with law enforcement (e.g. allowing law enforcement access to the Homeless Management Information System) despite the fact that the Department of Housing and Urban Development and Department of Justice have no rules or restrictions against this data sharing. Also, there is no concern about violations to the Health Insurance Portability and Accountability Act (HIPAA) due to signed releases. The HOT is able to build trust by presenting data that demonstrated that this model would save money and reduce arrests. HOT team members attended meetings throughout the city related to homelessness and also collected endorsement letters from local

homeless providers. Even so, it took two years to convince the WPD to authorize a pilot program.

*Remembering the mission.* Often, high profile complaints on homelessness can encourage city leaders to “do something immediately” which can result in supervisors wanting HOT to abandon its procedures and begin arresting individuals experiencing homelessness. HOT units should develop training manuals and policies to keep the focus on the mission of HOT which is to provide assistance to individuals experiencing homelessness and divert them from arrest wherever possible.

*Invest in community partnerships.* Homeless outreach officers regularly attend community meetings, are knowledgeable about local resources, and recognize that people experiencing homelessness have a variety of intersecting needs. These ties enable them to tailor solutions for each person.

*Conduct media outreach.* When planning a new initiative, city leaders should engage media early and often. The HOT began reaching out to media soon after the program was implemented and even invited media to join HOT trainings. The resulting positive news coverage energized the community and preempted erroneous assumptions about the program's activities or results.

***Unless otherwise noted, all information is based on an interview with the Wichita Police Department***

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- <sup>1</sup> United States Census Bureau. “2013-2017 American Community Survey 5-Year Estimates. ACS Demographic and Housing Estimates: Sonoma County, CA; Fort Collins, CO; Huntington, WV; Indianapolis, IN; Manchester, NH; Philadelphia, PA; Raleigh, NC; Rapid City, SD; San Antonio, TX; Wichita, KS.”  
[https://factfinder.census.gov/bkmk/table/1.0/en/ACS/17\\_5YR/DP05/0500000US06097|312M300US226600827425|312M300US265805439460|312M300US269001836003|312M300US317003345140|312M300US379804260000|312M300US395803755000|312M300US396604652980|312M300US417004865000|312M300US486202079000](https://factfinder.census.gov/bkmk/table/1.0/en/ACS/17_5YR/DP05/0500000US06097|312M300US226600827425|312M300US265805439460|312M300US269001836003|312M300US317003345140|312M300US379804260000|312M300US395803755000|312M300US396604652980|312M300US417004865000|312M300US486202079000).
- <sup>2</sup> United States Census Bureau. “2013-2017 American Community Survey 5-Year Estimates. ACS Demographic and Housing Estimates: California, Colorado, Indiana, Kansas, New Hampshire, North Carolina, Pennsylvania, South Dakota, Texas, West Virginia.”  
[https://factfinder.census.gov/bkmk/table/1.0/en/ACS/17\\_5YR/DP05/0400000US06|0400000US08|0400000US18|0400000US20|0400000US33|0400000US37|0400000US42|0400000US46|0400000US48|0400000US54](https://factfinder.census.gov/bkmk/table/1.0/en/ACS/17_5YR/DP05/0400000US06|0400000US08|0400000US18|0400000US20|0400000US33|0400000US37|0400000US42|0400000US46|0400000US48|0400000US54).
- <sup>3</sup> United States Census Bureau. “2013-2017 American Community Survey 5-Year Estimates. Selected Economic Characteristics: California, Colorado, Indiana, Kansas, New Hampshire, North Carolina, Pennsylvania, South Dakota, Texas, West Virginia.”  
[https://factfinder.census.gov/bkmk/table/1.0/en/ACS/17\\_5YR/DP03/0500000US06097|312M300US226600827425|312M300US265805439460|312M300US269001836003|312M300US317003345140|312M300US379804260000|312M300US395803755000|312M300US396604652980|312M300US417004865000|312M300US486202079000](https://factfinder.census.gov/bkmk/table/1.0/en/ACS/17_5YR/DP03/0500000US06097|312M300US226600827425|312M300US265805439460|312M300US269001836003|312M300US317003345140|312M300US379804260000|312M300US395803755000|312M300US396604652980|312M300US417004865000|312M300US486202079000).
- <sup>4</sup> United States Census Bureau. “2013-2017 American Community Survey 5-Year Estimates. Financial Characteristics: Sonoma County, CA; Fort Collins, CO; Huntington, WV; Indianapolis, IN; Manchester, NH; Philadelphia, PA; Raleigh, NC; Rapid City, SD; San Antonio, TX; Wichita, KS.”  
[https://factfinder.census.gov/bkmk/table/1.0/en/ACS/17\\_5YR/S2503/0500000US06097|312M300US226600827425|312M300US265805439460|312M300US269001836003|312M300US317003345140|312M300US379804260000|312M300US395803755000|312M300US396604652980|312M300US417004865000|312M300US486202079000](https://factfinder.census.gov/bkmk/table/1.0/en/ACS/17_5YR/S2503/0500000US06097|312M300US226600827425|312M300US265805439460|312M300US269001836003|312M300US317003345140|312M300US379804260000|312M300US395803755000|312M300US396604652980|312M300US417004865000|312M300US486202079000).
- <sup>5</sup> United Way of the Plains. The 2018 Point-in-Time Homeless Count Shows a 48 Percent Drop in Homeless Persons Shows a 48 Percent Drop in Homeless Persons Without Shelter and a Slight Drop in Overall Homelessness [press release]. (May 8, 2018).  
<http://www.unitedwayplains.org/the-2018-point-in-time-homeless-count-shows-a-48-percent-drop-in-homeless-persons-without-shelter-and-a-slight-drop-in-overall-homelessness>.
- <sup>6</sup> KAKE News. “As homeless problem mounts, other cities can learn from Wichita HOT team.” KAKE. (July 2, 2019).  
<http://www.kake.com/story/40737673/as-homeless-problem-mounts-other-cities-can-learn-from-wichita-hot-team>
- <sup>7</sup> Berlinger S. “WPD’s Homeless Outreach Team nationally recognized.” KSN. (October 24, 2018).  
<https://www.ksn.com/news/local/wpds-homeless-outreach-team-nationally-recognized/>
- <sup>8</sup> *Id.*
- <sup>9</sup> United States Interagency Council on Homelessness. “Ending Chronic Homelessness in 2017.” United States Interagency Council on Homelessness. (2017). [https://www.usich.gov/resources/uploads/asset\\_library/Ending\\_Chronic\\_Homelessness\\_in\\_2017.pdf](https://www.usich.gov/resources/uploads/asset_library/Ending_Chronic_Homelessness_in_2017.pdf)
- <sup>10</sup> US Interagency Council on Homelessness. “Rapid Re-Housing.” *USICH*. (August 15, 2018).  
<https://www.usich.gov/solutions/housing/rapid-re-housing/>
- <sup>11</sup> Catholic Charities. “Rapid Re-Housing.” *Catholic Charities Wichita*. <https://www.catholiccharitieswichita.org/services/rapid-re-housing>
- <sup>12</sup> Sedgewick County. “COMCARE: Community Crisis Center.” <https://www.sedgewickcounty.org/comcare/crisis-intervention-services/>
- <sup>13</sup> Sedgewick County. “COMCARE: Homelessness.” <https://www.sedgewickcounty.org/comcare/homelessness/>
- <sup>14</sup> Sedgewick County. “COMCARE: Community Crisis Center.” <https://www.sedgewickcounty.org/comcare/crisis-intervention-services/>
- <sup>15</sup> Sedgewick County. “COMCARE: Homelessness.” <https://www.sedgewickcounty.org/comcare/homelessness/>
- <sup>16</sup> Law Enforcement Action Partnership. “Officer Nate Schwiethale.” <https://lawenforcementactionpartnership.org/wp-content/uploads/2019/02/Nathan-Schwiethale2019.pdf>
- <sup>17</sup> Health Resources and Services Administration/National Center for Health Workforce Analysis; Substance Abuse and Mental Health Services Administration/Office of Policy, Planning, and Innovation. “National projections of supply and demand for selected behavioral health practitioners: 2013–2025.” (November 2016). Rockville, MD: HRSA.  
<https://bhw.hrsa.gov/sites/default/files/bhw/health-workforceanalysis/research/projections/behavioral-health2013-2025.pdf>.
- <sup>18</sup> Health Resources and Services Administration/National Center for Health Workforce Analysis; Substance Abuse and Mental Health Services Administration/Office of Policy, Planning, and Innovation. “National projections of supply and demand for selected behavioral health practitioners: 2013–2025.” (November 2016). Rockville, MD: HRSA.  
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