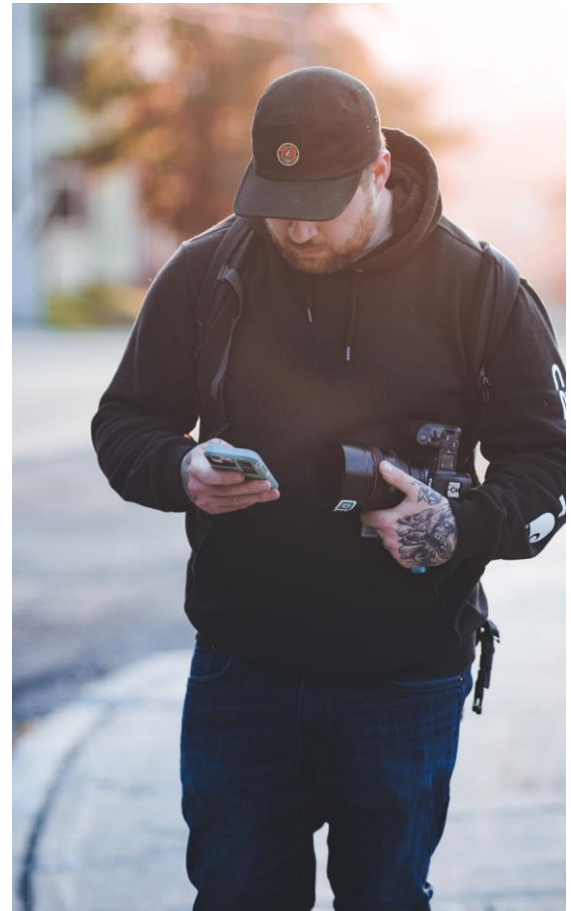


# TRANSPORTATION PILOT PROJECT



**MENTAL HEALTH &  
SUBSTANCE ABUSE  
COALITION**  
*BARRIERS SUBCOMMITTEE*



Mental Health and  
Substance Abuse Coalition

**JULY 2022  
FINAL REPORT**

*PREPARED BY  
PUBLIC POLICY &  
MANAGEMENT CENTER  
WICHITA STATE UNIVERSITY*

## **Background/Purpose:**

The MHSAC Barriers Subcommittee identified transportation to appointments as a critical barrier in addressing client needs and reducing the use of crisis services. The PPMC worked with the Barriers Subcommittee to determine a way to address this issue. Through this process, the Transportation Pilot Project was developed. The subcommittee believes that outcomes from this project can be used to determine if assisting identified clients with bus passes will decrease use of crisis and/or emergency services (i.e., emergency room visits, crisis visits, detox or sobering services, and arrests). Additionally, this project sought to determine if access to transportation increases client participation in mental health and/or substance abuse treatment appointments. The findings of this study may be used to request funding for future services and to provide additional information about client barriers.

## **Process:**

The project was directed by a team comprised of PPMC staff, SACK staff, and Wichita Transit staff. Based on discussions with the team and the Barriers Subcommittee, SACK identified clients to participate in the project. The identified clients were individuals who are considered high utilizers of their services and were actively engaged in case management services. Clients who had demonstrated a strong desire to actively participate in services were also selected. The total number of clients was not to exceed 18 per month.

Each identified client received a bus pass valid for one (1) month on Wichita Transit. Each client was eligible to receive up to three (3) monthly passes, for a total of 90 days. At the outset of the project, the team determined that the Wichita Transit smart phone app would be the method of distribution for the bus passes. This method was selected to reduce the likelihood of clients selling or trading the bus passes to others.

Identified outcomes for each client for each client were tracked and submitted monthly. The information tracked included the number of:

- Emergency room visits
- Crisis visits
- Admissions for detox or sober services
- Arrests

- Appointments scheduled with Comcare, SACK, or other behavioral health agencies
- Appointments attended

The team met monthly to review the project and to address any issues during program implementation. During the project, the team decided to distribute paper bus passes on a case-by-case basis after a few clients reported increased anxiety attempting to use new technology through the bus pass app.

### **Findings:**

Based on the reports from the case managers, the pilot project was a success. The case managers reported the clients were able to use the passes to attend substance abuse treatment and mental health appointments (along with a host of other appointments and supports which helped to meet the clients' needs). This led to clients reaching a higher level of stability and some were even able to discontinue use of the passes before the full three months concluded. At least two individuals returned their passes (one due to proximity of service providers the other due to illness and inability to attend appointments).

A big concern going into the project was the potential for cell phones/passes to be lost, sold, or traded. It was reported that a very minimal number of phones were lost during the project, possibly one or two. In each case, the client acted quickly to notify staff and to regain access to their electronic bus pass. There is no evidence that any phones/passes were sold or traded.

In total, 15 unique individuals were served. The case managers kept track of outcomes for the clients and each client's use of the bus passes.

- Information was self-reported. It is possible not all scheduled or attended appointments were logged. There is potential not all use of crisis services were reported.
- Given this unique group of clients was selected for this project, there is also no pre-project data to compare to the frequency of such visits.

However, based on the report of the case managers, attendance at substance use disorder and mental health treatment appointments increased and the number of crisis visits appears to have declined during this time. Monthly data is included below:

## March

- 13 clients served
  - 96% of scheduled substance use disorder appointments were attended (47/49)
  - 100% of scheduled mental health appointments were attended (6/6)
  - 46% of clients engaged in employment/education (6/13)
  - 69% of clients had stable housing (9/13)
  - 77% clients maintained alcohol abstinence (10/13)
  - 77% of clients maintained drug abstinence (10/13)
  - 62% clients attended social support groups (8/13)
  - 57 other appointments were attended (i.e., court, medical visits, DMV, outside support groups, etc.)

ER Visits: 5	COMCARE Crisis Visits: 0	Arrests: 0	Detox/Sobering Admits: 0
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## April

- 10 clients served (9 continued from March; 1 new client)
  - 91% of scheduled substance use disorder appointments were attended (21/23)
  - 100% of scheduled mental health appointments were attended (13/13)
  - 50% of clients engaged in employment/education (5/10)
  - 80% of clients had stable housing (8/10)
  - 100% of clients maintained alcohol abstinence (10/10)
  - 90% of clients maintained drug abstinence (9/10)
  - 70% of clients attended social support groups (7/10)
  - 33 other appointments were attended (i.e., court, legal aid, vocational rehabilitation, DCF, medical visits, DMV, outside support groups, etc.)

ER Visits: 3	COMCARE Crisis Visits: 1	Arrests: 0	Detox/Sobering Admits: 1
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## May

- 9 clients served (8 continued from previous months; 1 new client)
  - 90% of scheduled substance use disorder appointments were attended (26/29)

- 100% of scheduled mental health appointments were attended (13/13)
- 89% of clients engaged in employment/education (8/9)
- 67% of clients had stable housing (6/7)
- 78% of clients maintained alcohol abstinence (7/9)
- 89% of clients maintained drug abstinence (8/9)
- 67% clients attended social support groups (6/7)
- 23 other appointments were attended (i.e. court, DCF, medical visits, outside support groups, etc.)

ER Visits: 0	COMCARE Crisis Visits: 1	Arrests: 0	Detox/Sobering Admits: 0
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#### Statements from Case Managers:

- “The project was helpful to my clients for a multitude of reasons. I have a client who was able to utilize the bus pass to attend all of his medical appointments, obtain employment, work part-time, and attend 12 step meetings 5 days per week.”
- “I have a client who really struggles with her mental health and memory. She was able to use the bus pass to attend all of her appointments at COMCARE, when she would previously miss. She was able to attend enough appointments that her provider could appropriately monitor her medications and make changes instead of just re-filling the medication that was not working well for her. She has currently been at inpatient treatment for 15 days, the longest she has ever remained admitted. I also attribute her ability to remain in treatment being due to her being able to stabilize her mental health. She also used the pass for medical appointments, grocery shopping, housing search, and other general errands.”
- “I have a client who was able to obtain and maintain employment thanks to the bus pass program. Now he can afford to purchase his own. He was also able to get connected to medical care and obtain glasses while he had the pass.”
- “I’ve a couple clients that express the need for the bus pass is so great, they attend outpatient treatment, outside support group meetings, and Cross Over Recovery Center. They utilize the buss to get groceries. They love Walmart for almost everything, one stop shop. One client visits his mother at a nursing home.”

- “One client reports that by having a bus pass, he’s been able to attend church, religious functions, and AA meetings regularly which seems to have improved his mental health and has been conducive for his recovery. He also has been able to job search which enabled him to exhibit self-sufficiency as pay his rent.”
- “Another reports that she was able to find her new job because she had a bus pass and has been able to go to work as scheduled without having to worry about how she will get there. She’s also been working on fostering family relationships with those that do not live nearby which improves her mental health.”
- “A client reports that she also has been able to go to work as scheduled which relieves her anxiety. She has also been getting involved in support groups and has been able to get established with a PCP because of her bus pass.”
- “A male client reports that he’s been able to access work after being out of work for decades because he has a bus pass. Also, he had a close friend pass recently and having a bus pass has enabled him to attend Peer Support Groups several times a week which has helped him tremendously.

#### Statements from Clients:

- “Without this bus pass, I feel like I’m cut off from the world and cannot go to the places that help me.”
- “It’s nice not having to rely on people that aren’t reliable to go places I need to go.”
- “It’s not good for me to always be alone in my apartment. I need support.”