

## CAPITAL IMPROVEMENT PROGRAM (CIP) AMENDMENT FORM

1. **Contact Person/Department:** Marilvn Cook – COMCARE
2. **Project Title:** Crisis Community Center
3. **Request Status:** New Project (complete items 5, 6, 7 and 8)
4. **Justification for changes from the approved CIP Project:**

Year Approved	Original Budget	Requested Change	Revised Total

**Justification of requested changes:**

5. **Justification:** Discuss the need for the project, how it will improve delivery of services, and improve efficiency, along with the scope of capital work to be completed. Please address the urgent need of this project and what qualifies this project to be reviewed outside of the CIP budget process. Please summarize below, if additional space is needed, then provide the detailed narrative in CIP Attachment Form A.

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### Justification of new project:

In October, 2014, the Kansas Department of Aging and Disability Services (KDADS) awarded the community mental health centers in Region # 3 (Sedgwick, Butler and Sumner Counties) a \$1,000,000 to implement a Community Crisis Center in Sedgwick County. The cost of purchasing and renovating a building that was originally selected as the site for the center was prohibitive. Instead, we began a scaled down version of the Community Crisis Center in order to implement the program and to make use of this state grant. Three new services were implemented with this: 23 hour observation chairs, sobering beds and social detox services. (We also expanded some existing services). We modified two storage rooms in the Sedgwick County Offender Assessment Program at 1720 E. Morris to make space for the detox and sobering services operated by the Substance Abuse Center of Kansas (SACK) and moved some COMCARE providers into other COMCARE program locations in order to provide sample space for the 23 hour observation services. We recently realized that COMCARE's current administration building at 635 N. Main would make an ideal location for the Community Crisis Center due to its size, central location, and due to the fact that the building once served as a residential facility and currently has fire sprinklers installed.

We believe that community partners (Via Christi, City of Wichita Liquor Tax Coalition, SACK, etc.,) are poised to provide some ongoing funding once the program is fully implemented but there is a sense of urgency as KDADS's original grant funding will be exhausted sometime this fall (2015). Our outcomes so far have been significant and while we will be seeking ongoing state funding, we will also need local funding to sustain the center.

The plan would be to move COMCARE's current administrative staff to 934 N. Water and vacant space in the Historic Courthouse when the COMCARE crisis program, in a current lease site at 934 N. Water, moves into the 635 N. Main building. This would occur as soon as possible to get the program in the building and during the necessary renovations to make the space safe and up to licensing standards for individuals in crisis to stay overnight and provide a space for sobering and detox services.

We are requesting that this project be considered outside of the CIP budget process in order to move forward in a timely manner.

This project will include design and construction to alter the existing floor space of the COMCARE Administration building at 635 N. Main to accommodate the Community Crisis Center. The facility is 15,103 SF and modifications will include a secure reception area, five residential care facility bedrooms, laundry room, four shower facilities, and sobering observation and detox area. The facility will receive anti-ligature accessories throughout the facility open to clients.

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- 6. Cost and Funding:** Outline all project costs, by appropriate project phase, based on the anticipated schedule. Select below the table who developed the estimate and when. A dated, written copy of the estimate must be attached. Then, select the funding source and provide a brief explanation of how the project will be funded, and explanation if selecting "other".

Project Phase	2015	2016	2017	2018	2019	Total
Planning						
Design	\$18,660					
Construction	\$265,679					
Equipment						
<b>Total</b>	\$284,339					

- 7. Estimate Developed By:** *Check all that apply*

**Date:** June 1, 2015

Facility Project Services	Architect / Engineering Firm	Vendor	Department
X	X		

**Funding Type and Proposed Fund Source:** Cash

CIP Contingency Fund \$200,000  
COMCARE Grants \$84,339

- 8. Operating Budget Impact:** No Budget Impact

Outline estimated operating impacts occurring as a result of this project. Below the table, discuss these operating impacts and funding strategy. Be sure to seek expert assistance when appropriate.

Operating Impact	2015	2016	2017	2018	2019	Total
Total Revenue						
Personnel						
Contractual						
Commodities						
Equipment						
<b>Total Expenses</b>						
<b>FTE(s)</b>						

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**9. CIP Committee Recommendation:** Choose an item.

**10. Agenda Recommendation:** Choose an item.

\_\_\_\_\_  
William P. Buchanan

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Date

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Consent

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Regular Agenda