MENTAL HEALTH CENTER (MHC) ADVISORY BOARD
Monday, January 25, 2021
Zoom Meeting
MINUTES

Members Present: Roger Cooper, Gordon Docking, Commissioner Becky Fast, Erin George, Nancy Ingram, Michele Lockwood, Michael Seitz, Fabian Shepard, Justin Shepherd, Robert Sullivan, B. Scott Tschudy, Anne Timmons, Mike Walrod, Judge Robert Wonnell (absent)

Staff Present: Tim DeWeese, Susan Rome, Tanner Fortney, John Bergantine, Debbi Naster

Guest(s) Present: Joe Conner, CMO, Harry and Mary Bognich (League of Women Voters)

Call to Order/Adoption of Agenda
The meeting was called to order by the Chairman (Chair), Mike Seitz at 5:32 p.m.

The Chair welcomed everyone to the Board meeting and the New Year. He asked that we look back on the last year and reflect on all the positive things each of us has done, of which he sees many. Even though we have some of the same challenges from the last year, we also have an opportunity for a new beginning. Mike thanked Tim and the MNH team. Mike believes the community recognizes the many efforts and successes of JCMHC.

Mike entertained a motion to adopt today’s agenda. Nancy Ingram moved to approve the agenda. The motion was seconded, and the motion carried.

Introductions
The Chair asked that all people on the call introduce themselves, as we have 3 new members joining in 2021. The notes reflect a few statements shared by each person.

Mike Seitz – Mike currently serves on the B.V. School Board. He is a retired executive of Sprint and served on many Boards throughout the community.

Mike Walrod – Mike is on the Board because he has seen family members struggle with mental health issues. Mike has 3 kids in B.V. and he wants them to have great services and resources.

Anne Timmons – Anne has a family member who has struggled with mental health issues. Anne is active with COR and the OP Mental Health Task Force.

John Bergantine – John is a Peer Support Specialist for JCMHC. He once received services and now helps MNH clients with their recovery process.

Erin George – Erin has been an advocate for many years for clients, workers, and the community. She, herself, has struggled in the past and been a client of the JCMHC.

Nancy Ingram – Nancy is a Trustee at JCCC and on the Olathe School Foundation Board. Their Board has a strong interest in mental wellness and how to continue providing services after K-12.

Justin Shepherd – Justin is a Police Officer and the CIT coordinator for the City of Overland Park. He has been an SRO (school resource officer) and worked with co-responders.
Judge Robert Wonnell – Judge Wonnell has been on the Bench in JoCo for 6 years, his first 4 years on a family docket and these last 2 years on a civil docket. He wants to have a personal impact on our community.

Robert Sullivan – Robert is the Director of Corrections for Johnson County. He has developed a strong collaboration with JCMHC since he began with the county.

Rob MacDougall – Rob is the Director of Emergency Services at MNH. He has worked at JCMHC for 20 years.

Becky Fast – Becky is the 1st District Commissioner for Johnson County and a full time Social Worker. This Board is her first choice to serve on a JoCo Board and is thrilled with the outreach, training, and connections made in our community, especially throughout COVID.

Debbi Naster – Debbi is the Executive Assistant to the Director of JCMHC.

Tanner Fortney – Tanner is the Director of Operations for JCMHC. City and county management is his background.

Tim DeWeese – Tim just finished his 6th year as the Director of JCMHC and his 26th year with this center. He has always worked in community mental health and says we are thriving despite the challenges we face.

Mary and Harry Bognich – Mary and Harry are with League of Women Voters of JoCo and they are here to observe and report back each week.

Public Comments: None

Board Member Comments

- Mike W has seen new challenges from a family perspective as the Walrod family is more cautious with COVID than family friends and that has children feeling left out.
- Nancy is thrilled to share that in JCCC’s Review of Legislative Priorities it was stated: “Supporting the mental health of our community.”
- Fabian says the K.C. Chiefs are good for our mental health here in K.C., not so much in Buffalo, though. Patrick Mahomes brings great mental wellness to our community with his great spirit and leadership.
- Anne shared about her work on the OP Mental Health Task Force. The task force is helping the city come up with a website for everyone in our community; it will have a human side with tools for individuals and families with a list of services and support. The task force met with O.P.’s Head Prosecutor for the municipal court. Although they cannot make recommendations because they run separate from the city. O.P. is looking at possibly having a drug court. The task force also has been working cross-checking offenders with JCMHC so the Center can intervene when clients are arrested. They are also asking for trauma informed care for everyone on staff. This information is online at: https://www.opkansas.org/city-government/boards-commissions/mental-health-task-force/
  Anne also shared about her family circumstances and how siblings are affected by family members circumstances.
- Mike S. shared that Blue Valley, Olathe, and Shawnee Mission are all in a hybrid mode. Mike has been navigating 2800 emails since the pandemic began and it is pretty much half and half on what feedback he receives – pro and con. He sees a light at the end of the tunnel. Blue Valley is working at getting kids back into school.
**Commissioner Comments/Concerns**

- This week the public health order is up again for a vote. The Kansas Legislature moved the emergency order back until the end of March. The vaccination process is slow right now in terms of supply.
- We need to get kids in schools and people on front lines.
- Hospital workers have been vaccinated across the county and metro area.
- Revenue position of the county is good; economically, things are coming back. The retail tax has shifted to internet tax,
- There have been significant cuts, but the county is not that far behind from last year.

**Meeting Minutes Approval from September 28, 2020**

Mike S. entertained a motion to approve the September 28, 2020 meeting minutes after Erin fills in the blanks from the draft minutes. Erin moved to approve, and Fabian seconded, and the motion carried.

**Announcements**

- Advisory Board Departures: Marilyn Scafe, Ken Whiteside, Judge Michael Joyce – Tim met with each of them and thanked them for their service.
- Advisory Board Reappointments: Gordon Docking, Fabian Shepard, Mike Walrod (Tentative BOCC approval for 2-11-21):
- Advisory Board New Appointments: Justin Shepherd, Robert Sullivan, Judge Robert Wonnell (Tentative BOCC approval for 2-4-21)

**Business Item: 2021 Board Officers**

Debbi will send out an email to Advisory Board requesting nominations for a Chair, Vice-Chair and a Secretary for the Board. Please nominate yourself or a fellow Board Member by responding to Debbi by email no later than February 19th. We will elect those officers at the next meeting in March. This is a two-year assignment to serve in a leadership position on the Board.

**MHC Director’s Report:**

**Our Financial Position** – presented by Tanner Fortney, Director of Operations

- Books will close in February and 2020 shows we were in good shape.
- 1.5 million in funding received from Federal, State, County, and Community Partners. 48% alone came from Federal SPARK and CARES acts as relief to “barriers to service.”
- Fund balance in 2020 was 8% - county says it should be between 8 to 10%, but that is not always possible. In 2019 it was 3%.
- In 2021 we will need to watch our revenue streams and get support from the county, if necessary.
- 2022 Budget RARs were presented to Board. An RAR is a request for additional resources. These had to be submitted to county by 1-11-21 and will have to go in front of a review committee in February where recommendations will be made before it is presented to the BOCC for approval.
- Most of the funding requested is not community tax support, but money from Kansas
• Tim explained, in 2020, 11 positions were left vacant and 5 positions in 2021. These new positions are based on a new direction since the COVID pandemic.
• As for computer devices, these need to be replaced every 4 years, so we need to ask for funds each year.

Quality Care: presented by Rob MacDougall, Director of Emergency Services
• Emergency Services – We have made a huge shift in what we do and how we do it.
• Rob gave a quick overview of his four teams. Match the right service at the right time for those people in a mental health crisis. Focus services on non-open clients. The vast majority of people are those not receiving services anywhere. Other goals include to divert from jail and divert from a higher level of care (ED’s in particular.)
• Access Team is the front door; the gateway of services to JCMHC. They are triaged, given intervention, and told about services. This team has seen a 72% increase (6534 in 2019 versus 11,233 in 2020) in the number of individuals referred to JCMHC. Team goal is to not schedule individuals past 48 business hours. No-show rates continue to increase the later you make the appointment. DNKA’s, otherwise would have had increase in intakes.
• MCRT are the outreach and engagement experts. There are 5 Case Managers and 5 Clinicians, with a crisis line available during business hours. LOC assessments for Olathe Medical Center helps to engage and intervene with more individuals and brings in some revenue. We also have SH assessments. The team uses assertive outreach and engagement, even knocking on doors if they need to. This team is presently in transition.
• After-Hours is a mix of PT and FT staff of clinicians. They answer the Crisis Line, Provide SH screenings, LOC assessments, bond outs, SW assessments, JIAC and JIAC assessments. Regarding the Crisis Line, there has been a 26% increase in call volume; technology upgrades have been necessary and looking into a 988 Planning and Implementation grant from KDADS to help with startup.
* The National Suicide Prevention Hotline is staffed with volunteers all over the country and 40% of the time JoCo calls go outside of Kansas. A clinical review is underway right now so our JoCo residents get connected with a JoCo response. Anne asked when this might be completed. Late February or early March we should hear back after they look at our clinical tool. We do have our policies and procedures in place. And, we are excited for the opportunity to use texting, because younger people might reach out by text rather than call. Mike S. asked about staff handling those additional calls. Rob answered we are looking at pay changes as well as additional staff. Tim said this past year, we moved positions around where the need was most important.
• Co-Responders include 11 Clinicians embedded with LEO and anticipating continued expansion, will be requesting a Team Leader. CorCon 2021 will take place June 7 – 9.
• EMC Community Outreach has been impacted by COVID. This program will be reviewed in 2021.
• BJMHS is a screening tool with much better intervention. This used to be done by phone, but now the Justice Team are outreaching most individuals before discharge from jail. Rob hopes to get results back as to how this is working.
• In May of 2019, Notre Dame’s Lab for Economic Opportunity created an algorithm identifying a risk of arrest in the next 12 months and the MCRT reaches out to them.
• CISM partnered with JoCo First Responder Agencies and participated in 9 events.
• RSI is awaiting regs approval to be licensed as a Crisis Stabilization Center. They will then be able to assist “involuntary’ s” who have not attempted suicide, physically aggressive in the previous 12 hours, and/or have medical issues beyond which RSI can support.
• CIT has been impacted by COVID; they are working on certification; KLETC will take place end of April.
• Fabian asked about where the Co-Responders are. Rob explained every area in JoCo is covered. In Olathe they drive with PD. Also said Olathe has created a behavioral health unit.
• Overland Park MH Task force has recommended the same need for their city.

Building Community Partnerships -
• START (Stand Together and Rethink Technology) is working in all B.V. schools as well as Gardner/Edgerton and Olathe.
• Cancer Disparities in Mental Health Workgroup is taking place with both KU Cancer Center and Olathe Health.
• JCCC’s GLS Campus Suicide Prevention Grant is providing skills training and Mental Health First Aid to staff and student life.
• Building Blocks to combat anti-racism is being implemented with the help of a consulting group.

Capitalizing on Technology
• As we shift from face to face work with clients, IMAGO has been a great tool to engage through tele video. This web-based human development platform provides staff structured assistance.

Maximizing Data and Information
• This has been a decrease in death by suicide and ER visits regarding suicide.
• There is a 14% drop in intake assessments. We depend on community partners; we connect clients with an agency that takes their insurance.
• We have developed great relationships getting people connected with the right level of care.

Improving Staff Satisfaction
• Friends is working on a video series. We provided $96,000 to our clients in 2020, and, we still have over $100,000.
• Tim is hoping to provide a calendar of events each month for the Board to participate in.
• Zero Reasons Why Convening is coming up this week and everyone is invited.

Questions for Director
• Ann asked about numbers on overdoses in 2020. Medical examiner reports are still out.
• Tim cannot stress this enough – The Suicide Epidemic in the Schools was tremendous in 2017 and JCMHC really got to work with the community. Using social media and
other resources we discussed problems affecting our young people, such as addiction and perfection. We must continue building RESILIENCE in our community.

- Commissioner Fast asked Rob about the difference between MCRT and Co-Responders. Cities are looking at creating their own teams. Tim said we need to continue to enhance the co-responder program, i.e., get a co-responder at the 911 center. Right now, everyone is sent when a 911 call comes in. A cost-savings would be to send the resources specifically needed. Find more innovations.

**Chair Shared**

- KUDOS to MNH staff for keeping the community informed. Tim is a great example going to School Board Meetings.
- Huge Thanks to the leadership staff for being available to inform the public about what is going on in COVID and beyond.
- Welcome to the three new board members.

Meeting adjourned at 7:27 pm.

**The next MHC Advisory Board meeting will begin at 5:30 p.m. Monday, March 22 by Zoom.**

Submitted by:

Debbi Naster

**Handouts:**

Agenda
Power Point for 1-25-21 Meeting
MNH Advisory Board Agenda

January 25, 2021
Via ZOOM Meetings

5:30 pm to 7:00 pm – Advisory Board Meeting

Item:
Call to Order / Introductions
Public Comments
Adoption of Agenda
Board Member Comments
Commissioner Comments
Meeting Minutes Approval
Announcement

Business Item:
- Strengthen our Financial Position
- Advance Quality Care
- Enhancing Client Satisfaction
- Building Community Partnerships
- Capitalizing on Technology
- Maximizing Data and Information
- Improving Staff Engagement

Director’s Report
Upcoming Calendar
Adjournment (at or before 7:00 pm)

Next meeting – January

MNH Strategic Vision

Become a Higher Performing Organization (HPO) by:
- Strengthening Our Financial Position
- Advancing Quality Care with a Unified and Integrated Approach
- Enhancing Client Satisfaction and Engagement
- Building Stronger Community Partnerships
- Capitalizing on Technology
- Maximizing Data and Information
- Improving Staff Satisfaction and Appreciation
Announcements:

- Advisory Board Departures
  - Marilyn Scafe
  - Ken Whiteside
  - Judge Michael Joyce

- Advisory Board Reappointment (Tentative BOCC 2/11)
  - Gordon Docking
  - Fabian Shepard
  - Mike Walrod

- Advisory Board New Appointment (Tentative BOCC 2/4)
  - Judge Robert Wonnell
  - Robert Sullivan
  - Justin Shepherd
Our Financial Position

Budget Update

• Mental Health received over $1.5 million in funding from the feds, the State of Kansas, Johnson County Government, and community partners. These monies offset revenue losses due to COVID and eliminated the need to make further budget reductions.

• Staff anticipates the fund balance at the end of the year for Mental Health will be over 8%, providing the status quo does not substantially change. This is very positive as it is within the county fund balance requirement and is much higher than the ending fund balance in prior years.
## Our Financial Position

### 2022 Budget - RARs

<table>
<thead>
<tr>
<th>PMHC Contract Funds</th>
<th>County Tax</th>
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<tbody>
<tr>
<td>(Note: 2019-2020 increase applied to fund balance)</td>
<td>480,134.00</td>
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### 2022 Personnel RARs

<table>
<thead>
<tr>
<th>Position</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>After-hours Clinician</td>
<td>54,501.00</td>
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<tr>
<td>Children Clinician</td>
<td>59,676.00</td>
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<tr>
<td>ACT OP Clinician</td>
<td>25,443.00</td>
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<tr>
<td>Prevention Coordinator</td>
<td>84,885.00</td>
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<tr>
<td>Homeless Outreach Case Manager</td>
<td>85,745.00</td>
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<td>Medical Records Clerk</td>
<td>52,227.00</td>
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<td>Co-Responder Team Leader</td>
<td>117,657.00</td>
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<tr>
<td>2 Admin Assistants</td>
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<td><strong>Total Projected Salary/Benefits 2022 After FFS Revenue</strong></td>
<td>480,134.00</td>
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### 2022 Non Personnel RARs

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<tr>
<th>Position</th>
<th>Amount</th>
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<tr>
<td>Computer Replacement Funds</td>
<td>17,000.00</td>
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<tr>
<td><strong>Total County Tax Funds Increase Requested</strong></td>
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Quality Care

**Emergency Services** - Johnson County Mental Health Center maintains professional clinical staff on duty 24-hours-a-day to provide mental health emergency services. The Mental Health Center’s crisis/emergency services are primarily provided by the following service components:

- **Access Team** – Open Access is a same day walk-in service that provides mental health assessments by licensed clinicians for persons seeking mental health treatment and care. The same day access to mental health assessments model dramatically decreases the waiting time for an initial assessment and engagement with mental health treatment providers. Upon completion of a mental health assessment, consumers may be referred to treatment resources that best fit their individualized needs. These resources include but are not limited to case management, therapy and medication services at one of our three locations or within the greater Johnson County Community.

- **Mobile Crisis Response Team (MCRT)** - MCRT provides mobile mental health crisis services during business hours Monday through Friday. Dedicated to resolving emergency situations, the team comprised of licensed clinicians and crisis case managers, respond to crisis calls in the community, providing brief and intensive services, reducing the need for hospitalization. MCRT staff routinely provides consultation and guidance to law enforcement personnel, hospital staff, court personnel, as well as various community agencies in an effort to ensure appropriate delivery of emergency mental health services. MCRT clinicians facilitate mental health reform screens, PASRR screens, resident reviews and Crisis Intervention Assessments. Lastly, MCRT staff provide liaison services to the state hospital, RSI and the Adult Detention Center. MCRT answers the 24-Hour Crisis Line during business hours.

- **After-hours Team** – Afterhours is the primary point of contact for all mental health emergencies occurring during evening, nighttime, weekend and holiday hours. Licensed mental health clinicians provide telephone and limited on-site response to emergencies as well as provide consultation and guidance to hospital emergency departments, law enforcement officers and various other community agencies in addressing mental health emergencies. Afterhours answers the 24-hour crisis line during evenings, weekends and holidays. Lastly, Afterhours clinicians facilitate mental health reform screens, crisis intervention assessments and juvenile detention suicide watch assessments.
Quality Care

Emergency Services – Continued

• **MH Co-responder** – The Mental Health Co-responder Program embeds a mental health clinician from JCMHC within local police departments. This program’s goal is to provide the right intervention at the right time in an effort to decrease unnecessary admissions to jail, emergency rooms and inpatient psychiatric units. The co-responder’s primary responsibility is to respond on scene with a law enforcement officer on calls when mental illness is identified as a possible factor. The co-responder will work with Crisis Intervention Team trained officers in providing community-based interventions as well as follow up and referrals. By the end of 2019, Johnson County Mental Health will have 10 co-responders partnering with 12 law enforcement agencies within Johnson County.

• **EMC Community Outreach Program** - The program employs a Licensed Mental Health Professional (LMHP) through the Mental Health Department who is embedded within MED-ACT. This liaison role provides community-based interventions and assessments of individuals who utilize MED-ACT services with the goals of decreasing hospital admissions, emergency rooms visits and more intensive levels of care.

• **Brief Jail Mental Health Screen (BJMHS) Outreach** – The BJMHS is an effective quick, simple, and is a powerful booking tool to screen incoming detainees in jails and detention centers for the need for further mental health assessment. The MNH Department’s Afterhours Team and Mobile Crisis Response Team provides outreach to Johnson County residents who have screened as needing a further mental health assessment within 72 hours of release.

• **Data Science for Social Good (DSSG)** – The DSSG is a summer fellowship program with the University of Chicago. In 2016, Johnson County, Kansas partnered with DSSG to focus on reducing recidivism and improving outcomes for people with complex health needs through predictive analytics. In 2018 Johnson County expanded our access to data to better predict the likelihood of re-entry into the justice system for people who had previously interacted with both the mental health and criminal justice systems. Ultimately this will help Johnson County effectively allocate resources for proactive and preventative methods, including outreach and case work, in order to reduce the number of individuals with mental health issues in its criminal justice system.
Quality Care

Emergency Services – Continued

- **Critical Incident Stress Management Team** – A collaborative effort between Johnson County Medical Action, Johnson County Mental Health and Johnson County Emergency Service Providers to support all emergency personnel in Johnson County through the impact of traumatic events.

- **RSI** - a crisis stabilization center that was formed in 2014 through a collaboration with the Wyandot Center, Johnson County Mental Health Center, the Heartland Regional Alcohol and Drug Assessment Center (Heartland RADAC), and Kansas Department of Aging and Disability Services (KDADS). For the purpose of increasing 24-hour community options for individuals experiencing acute psychological distress as well as to divert individuals from unnecessary and/or inappropriate use of State Hospital, local Emergency Rooms and Jails.

- **Crisis Intervention Team (CIT)** - program is a community partnership of law enforcement, mental health professionals, and individuals who live with mental illness and/or addiction disorders, their families and other advocates. It is an innovative first-responder model of police-based crisis intervention training to help persons with mental health disorders access medical treatment rather than place them in the criminal justice system due to illness related behaviors. The CIT Model was first developed in Memphis and has spread throughout the country. It is known as the “Memphis Model.” In 2004, community stakeholders in Johnson County, Kansas formed the Kansas Law Enforcement CIT Council to bring CIT training to our community and across Kansas. In Kansas, more than 1200 individuals have been trained by the Council and Crisis Intervention Teams have been established in Johnson, Wyandotte, Leavenworth, Douglas, Reno, Lyon, Shawnee and Sedgwick counties.
Building Community Partnerships

- **Stand Together And Rethink Technology (START)**
  - START aims to inspire and equip families to adopt health tech habits as a way of preventing loneliness, depression, anxiety and suicide in our socially isolated world.

- **Cancer Disparities in Mental Health Workgroup**
  - The University of Kansas Cancer Center
  - Olathe Health

- **Johnson County Community College’s GLS Campus Suicide Prevention Grant**
  - Applied Suicide Intervention Skills Training (ASIST) to 120 JCCC staff (counselors, police, and other identified faculty and staff)
  - Paired with a trained JCCC staff/faculty member, provide Mental Health First Aid to 100 employees including faculty in healthcare-related fields and staff from the Vet Center, and Student Life.

- **Building Blocks: An Organizational Commitment To Anti-racism**
  - Culture Journey and Critical Social Change Project
Capitalizing on Technology

• IMAGO Initiative:
  • We have developed a partnership with IMAGO which is a web-based human development platform. Johnson County Mental Health center is the first community mental health center in the nation to use this platform to provide staff structured assistance while providing support via tele-video in areas such as career preparation (e.g., designing resumes and preparing for interviews), career exploration e.g., industry/pathway exploration and creating action plans), and social-emotional learning (e.g., self-awareness, social-awareness, and relational skills).
### Johnson County Mental Health Center

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<thead>
<tr>
<th></th>
<th>2019 Total</th>
<th>2019 Weekly Average</th>
<th>2020 Total</th>
<th>2020 Weekly Average</th>
<th>Chg</th>
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<tbody>
<tr>
<td>Death by Suicide</td>
<td>75</td>
<td>1.44</td>
<td>74</td>
<td>1.42</td>
<td>-1%</td>
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<tr>
<td>Emergency Contacts</td>
<td>33,238</td>
<td>639.19</td>
<td>46,408</td>
<td>892.46</td>
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<tr>
<td>Incoming Crisis Calls</td>
<td>23,582</td>
<td>453.50</td>
<td>29,640</td>
<td>570.00</td>
<td>20%</td>
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<tr>
<td>(Crisis Line)</td>
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<td></td>
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<tr>
<td>Open Access (Crisis Triage - Walk-ins &amp; Virtual)</td>
<td>4,654</td>
<td>89.50</td>
<td>13,894</td>
<td>267.19</td>
<td>67%</td>
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<tr>
<td>Hospital Assessments</td>
<td>613</td>
<td>11.79</td>
<td>946</td>
<td>18.19</td>
<td>35%</td>
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<tr>
<td>Intake Assessments</td>
<td>2,831</td>
<td>54.44</td>
<td>2,474</td>
<td>47.58</td>
<td>-14%</td>
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<tr>
<td>MCRT Outreach Clients</td>
<td>1,950</td>
<td>37.5</td>
<td>3,861</td>
<td>74.25</td>
<td>49%</td>
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Improving Staff Satisfaction

• Connections and Reflections
• Internal Communications
Director’s Report

2021 Kansas State Legislative Priorities and Recommendations

Mental Health Media Campaign

Friends of Johnson County Mental Health Center
  •  https://friendsofjcmhc.org/
  •  Friends Video Series
  •  2020 Expenditures = $96,356
  •  Current Balance = $103,107

Drug & Alcoholism Council of Johnson County (DAC)
  •  2021 Alcohol Tax Funds $1.9 million (6% reduction)

Planning a Mental Health First Aid (MHFA) Training for Elected Officials
  •  Hosted by Sen. Dinah Sykes and Rep. Megan Lynn
Calendar of Events

2021 Advisory Board Meeting Schedule
Time: 5:30 pm to 7:00 pm - Advisory Board Meeting

Schedule:
- January 25th via Zoom
- March 22nd via Zoom
- May 24th TBD
- July 26th TBD
- September 27th TBD
- November 22nd TBD

2021 Johnson County Suicide Prevention Coalition Annual Report Out
Tuesday, February 2nd starting at 8:30am and will be virtual.
https://zoom.us/j/98492088159?pwd=OWk3UkVURE5TUDR4Wnh5eXhJWHN3dz09&from=addon

JCMHC 2021 All Staff Retreat
https://zoom.us/j/93327342346
Testimony to the House Committee on Health and Human Services

House Bill 2208 “Reducing certain requirements for licensure by the behavioral sciences regulatory board”

Proponent Testimony with Amended Changes

Madam Chairwoman and members of the Committee, my name is Tim DeWeese. I am the Director of the Johnson County Mental Health Center, which is a department of Johnson County (KS) Government. We employ more than 320 staff who provide behavioral health services to more than 10,000 county residents annually. Johnson County Mental Health Center began operation in 1962 providing outpatient services in one location. Today, the center provides services in four separate facilities located throughout the county and serves as the local mental health authority coordinating the delivery of publicly funded community-based “safety-net” mental health services. The Mental Health Center is licensed by the State of Kansas as a Community Mental Health Center and has earned a three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) International.

I appreciate the opportunity to present testimony in support of this bill, however, while the majority of the bill reduces certain requirements for licensure by the behavioral sciences regulatory board, it also creates or retains barriers to social workers receiving or providing clinical supervision. Kansas has a lower number of behavioral health care professionals per capita compared to the rest of the U.S., and shortages are particularly evident in rural areas. Social workers are the largest provider of mental health with our organization and in recent years we have seen a behavioral workforce shortage in Johnson County due to a number of factors.

Johnson County Mental Health Center, as many CMHCs, offers clinical supervision to LMSWs as part of our recruitment strategy, but this is becoming increasingly difficult as we are challenged by a limited number of staff eligible to provide the supervision. We want social work students and LMSW level staff to view the CMHC system as a whole to be a great place to work. To date clinical supervision is one benefit we can offer that makes us attractive, especially since we are not able to pay wages competitive to many other employers within the metropolitan area. These proposed changes would create yet another barrier for us.

Therefore, I would ask the committee to not adopt additional requirements that would add barriers to our mental health workforce. I would respectfully recommend the following changes:

1. Remove the new supervision requirement. HB 2208 as written would add a new supervision requirement not currently required. The Bill would add a layer of cost before a master’s level could receive a clinical license. The bill would require a LSCSW (clinical) to a) obtain “Board Approved Supervisor” status; and b) a master’s level social worker seeking to obtain a clinical license would need to find a “Board-Approved Supervisor” or their supervisor would need to complete requirements.

2. We ask the Committee to eliminate the 350 hours of direct client contact required during the master’s in social work (MSW) field internship to become clinically licensed. Kansas is the only state in the nation with this additional requirement for graduate training – (K.S.A. 65-6306 (C)).

Thank you for the opportunity to appear before the Committee today, and I will stand for questions at the appropriate time.

Tim DeWeese, LMSW
Mental Health Center Director

6000 Lamar Ave. Suite 130
Mission, Kansas 66202
Testimony to the House Committee on Health and Human Services

House Bill 2159 “The Kansas Communities That Care (KCTC) Student Survey”

Madam Chairwoman and members of the Committee, my name is Tim DeWeese. I am the Director of the Johnson County Mental Health Center, which is a department of Johnson County (KS) Government. We employ more than 320 staff who provide behavioral health services to more than 10,000 county residents annually. Johnson County Mental Health Center began operation in 1962 providing outpatient services in one location. Today, the center provides services in four separate facilities located throughout the county and serves as the local mental health authority coordinating the delivery of publicly funded community-based “safety-net” mental health services. The Mental Health Center is licensed by the State of Kansas as a Community Mental Health Center and has earned a three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) International.

I appreciate the opportunity to present testimony in support of this bill which restores effective policy and changes the requirements to administer surveys like the KCTC Student Survey, which is voluntary, does not collect personally identifiable data, and is reported in aggregate groups, reducing the unnecessary burden to schools and families by allowing parents to opt-out rather than opt-in.

It is very important in this era of limited resources that priorities are established, resources targeted and outcomes are key. Information derived from this survey is imperative in appropriately allocating limited resources in order to make the biggest impact in the health and safety of youth across our state and in our local communities. Our state has had the opportunity for the past 24 years, to administer the Kansas Communities That Care (KCTC) Student Survey, a research based survey that is reliable and valid, and is provided annually, free of charge, to students throughout our state. This broad survey paints a picture of alcohol, tobacco and other drug use, prosocial and antisocial behavior, along with key mental health indicators such as depression and suicide risk among Kansas youth. Identified trends through analysis of this self-report data by 6th, 8th, 10th and 12th grade students can help schools, districts and communities be more proactive, rather than reactive, in addressing adolescent health.

In Johnson County, schools, parents and the community have been highly invested in utilizing information gathered from the KCTC Student Survey to shape strategies to support children and families throughout our community. From 2010-2014, Johnson County KCTC Student Survey participation rates averaged 79% with all six public school districts along with many private schools taking the survey. As a result of passing the Student Data Privacy Act, Johnson County participation rates have plummeted to an average of 32% participation rate from 2015-2019.

Higher rates of participation equal better data, which leads to tailored strategies that positively impact the health of our children and our communities. The KCTC Student Survey provides data for assessment, planning and measurement of initiatives prioritized in order to make the most significant positive impact in our community. Good data can help communities rally behind a shared vision, common goals and streamline approaches to most appropriately and
most effectively utilize limited resources to make the biggest impact for the public good.

Again, returning survey's administration by allowing parents to opt-out rather than opt-in, will reduce the unnecessary burden to schools and families but more importantly it will help to restore levels of participation across our state and produce data that will be integral in guiding decisions, creating buy-in, and promoting collaboration around clearly identified priorities specific to local communities.

Thank you for the opportunity to appear before the Committee today, and I will stand for questions at the appropriate time.
Madam Chairwoman and members of the Committee, my name is Tim DeWeese. I am the Director of the Johnson County Mental Health Center, which is a department of Johnson County (KS) Government. We employ more than 320 staff who provide behavioral health services to more than 10,000 county residents annually. Johnson County Mental Health Center began operation in 1962 providing outpatient services in one location. Today, the center provides services in four separate facilities located throughout the county and serves as the local mental health authority coordinating the delivery of publicly funded community-based “safety-net” mental health services. The Mental Health Center is licensed by the State of Kansas as a Community Mental Health Center and has earned a three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) International.

I appreciate the opportunity to present testimony on this bill which I would consider a roadmap forward to improving the health and well-being of the entire State of Kansas. Thanks to bipartisan leadership in the U.S. Congress, Certified Community Behavioral Health Clinics (CCBHCs) are leading a bold shift to increase access to high-quality mental health and addiction treatment which is making a difference in the lives of thousands of individuals and communities across the nation.

Lack of access to timely, high-quality mental health and addiction treatment is the greatest barrier to a healthier Kansas. It is estimated that more than a quarter million Kansans experience serious psychiatric distress annually and they are more likely to abuse or be dependent on alcohol or illicit drugs. Additionally, people living with mental illness who are untreated are more likely to encounter the criminal justice system, resulting in a large number of arrests and incarcerations. Compounding the lack of access to care is the fact that Kansas has a lower number of behavioral health care professionals per capita compared to the rest of the U.S., and shortages are particularly evident in rural areas. However, in recent years we have seen a behavioral workforce shortage in Johnson County due to the implementation of CCBHCs in Missouri and our inability to match those competitive wages for behavioral health care professionals.

As Kansas explores opportunities to implement the CCBHC initiative via Medicaid waivers or State Plan Amendments, it is clear that the (CCBHC) designation will place an emphasis on quality of services that will manifest in the following ways:

- Service recipients will receive whole-person care, avoiding disjointed, duplicative services and services with potentially poor outcomes.
- Service recipients will have better access to services when they need them and where they need them. Individuals will have immediate and timely access to treatment through a single point of entry.
• Service recipients will have access to a comprehensive range of high-quality substance use treatment and mental health services across their lifespan, either directly or through formal relationships with other high-quality providers.

• Service recipients will be provided primary care screening and monitoring that might otherwise be missed in acute care settings.

In return, CCBHCs receive an enhanced Medicaid payment through a daily or monthly Prospective Payment System (PPS) rate that is clinic-specific and reimburses the expected cost of demonstration services. The rate is intended to reimburse CCBHCs their expected cost of care. The Centers for Medicare & Medicaid Services (CMS) provides technical assistance to states on how to determine the PPS rates.

Finally, the CCBHC model delivers the Triple Aim of Health Care:

• If you provide **Access** to services and you provide them in a **High-Quality** way with positive outcomes, then you see **Cost Containment** across all systems of care.

![Access](image)

**Access**

**Cost Containment**

**Quality Care**

Meeting the federal definition and criteria for CCBHCs and receiving that designation will represent a return to Community Mental Health in Kansas and renew the promise that was made with the Mental Health Reform Act of 1990 by providing a comprehensive range of mental health and substance use disorder services to vulnerable individuals. Given the increasingly complex and challenging needs of individuals and families within our communities as well as the prevalence of drugs, and the rise in suicides, it is more important than ever that people have access to the services they need. It is my hope that in Kansas we can collaborate and compromise to pass meaningful legislation this session that will ensure individuals have access to quality healthcare.
Testimony to the Senate Committee on Public Health and Welfare

Senate Bill #138 “Certified Community Behavioral Health Clinics (CCBHCs)"

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![Access, Cost Containment, Quality Care]

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Mental health screening and outreach reduces recidivism

Key Results

- Mental health screening and outreach after release from jail reduces recidivism.
- Mental health outreach after release from jail increases access to support services.
- Mental health screenings at booking successfully identify people who are willing to access mental health services upon outreach after release.

Context of the Issue
Mental illnesses are disproportionately prevalent among incarcerated individuals. The Johnson County, Kansas Department of Corrections estimates that 27 percent of people in their jails have a serious mental illness (SMI). This is higher than the estimated 5 percent of the general adult population in the United States who have an SMI. Community jails are not designed to provide a full menu of treatment for incarcerated individuals with an SMI, who often present with increased needs in an already challenging environment. Johnson County is concerned with how often people with symptoms of SMI interact with the criminal justice system. In fact, they found that at jail entry, 1 in 3 individuals flagged as having a mental illness had a subsequent booking, compared to only 1 in 5 in the general population.

Current Efforts
Johnson County began using the Brief Jail Mental Health Screen (BJMHS) in November 2016. Developed by Policy Research Associates with funding from the National Institute of Justice, the BJMHS is designed to determine if detainees need further mental health assessment and treatment. The BJMHS screens for serious mental illnesses such as bipolar disorder, major depression, or schizophrenia. The screening takes less than three minutes and is incorporated into the booking process. The tool contains eight yes/no questions and guidelines for when the detainee should be referred for further evaluation. It is not a substitute for a mental health evaluation by a mental health professional but assesses the need for additional support. The tool works especially well with male detainees, and it has been validated to measure mental health in prior research.

Johnson County’s Solution:
Brief Jail Mental Health Screen and Outreach
Johnson County is committed to reducing recidivism rates among incarcerated individuals with SMI. The BJMHS aims to identify Johnson County detainees who experience symptoms of SMI and may be more at risk of ongoing involvement with the justice system. Johnson County determined a need for increased mental health support that extends beyond the facility walls since 65 percent of their detainees are pretrial released in 48 hours or less. If a detainee’s responses indicate symptoms of an SMI and they live in Johnson County, they are referred to Johnson County Mental Health Center’s (JCMHC) after-hours team for outreach. Staff conducts outreach to those released within 24 hours with the goal of reaching everyone within 72 hours. The target outcomes are referrals to the county’s mental health center or reconnecting the person to their past mental health provider.

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1 Serious mental illness is defined by the Substance Abuse and Mental Health Administration (SAMHSA) as someone over 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.

2 The BJMHS includes six questions about symptoms of serious mental illnesses such as schizophrenia, bipolar disorder, and major depression as well as two questions about past use of medication and inpatient mental health care.
**LEO’s Study**

LEO performed a rigorous, quasi-experimental study to evaluate the impact of the BJMHS and outreach on mental health outcomes and recidivism rates. Individuals who were booked at the jail for the first time between November 1, 2016 and were released on or before November 30, 2018 were included in the sample. The sample did not include those who refused the screening, were unreachable or those living outside of the three-county area of study. The resulting sample was 9,757 individuals total, with 2,500 eligible for outreach based on their screening responses. Detainees who were assessed as having symptoms of an SMI were separated into two groups: Johnson County residents and residents of other counties that formed the comparison group. LEO evaluated the impact of the BJMHS tool as well as the outreach services offered. LEO researchers used anonymous records from Johnson County Jail, as well as records from jails in two adjacent counties\(^3\), in addition to records from Johnson County Mental Health Center.

**Major Findings**

**Recidivism decreases for those who qualify for mental health outreach.**

- **Lower recidivism after 60 days:** Detainees from Johnson County who qualified for mental health outreach had a 12 percentage point reduction in recidivism after 60 days (8 percentage point decrease for Johnson County residents vs. 4 percentage point increase for residents of other counties).
- **Lower recidivism after 180 days:** Detainees from Johnson County who qualified for mental health outreach had a 10 percentage point reduction in recidivism after 180 days (9 percentage point decrease for Johnson County residents vs. 1 percentage point increase for residents of other counties).
- **Lower recidivism after 360 days:** Detainees from Johnson County who qualified for mental health outreach had a 9 percentage point reduction in recidivism after 360 days relative to the control group (10 percentage point decrease for Johnson County residents vs. 1 percentage point decrease for residents of other counties).

**Screening and outreach greatly reduce recidivism for those without prior mental health care.**

- **Lower recidivism after 60 days:** Detainees from Johnson County who qualified for mental health outreach and indicated no prior mental health care had a 23 percentage point reduction in recidivism after 60 days (19 percentage point reduction for Johnson County residents vs. 4 percentage point increase for residents of other counties).

**Outreach supports connection to mental health resources.**

- 44 percent of those eligible for outreach had a successful contact with the outreach team.
- 28 percent of those eligible for outreach were connected to mental health services.

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**Key Takeaways**

- Individuals with mental illness are overrepresented in incarcerated populations.
- Recidivism rates are higher for those with mental illness.
- Providing mental health screening at booking and offering mental health outreach after release reduces recidivism and increases participation in relevant mental health support services.

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\(^3\)Wyandotte County, KS and Jackson County, MO