MENTAL HEALTH BRIEFING 2021-2022
(Research Chairs: Jennifer Savner-Levinson, Pastor Ali Haynes, Vicki Love)

Hearing the Concerns of Our People

Concerns related to homelessness in our community were first identified during a Listening Process organized by the Good Faith Network during the fall of 2021. Community members shared concerns such as:

- “Worried about the criminalization of people with mental health issues. Jails aren’t the right place for someone struggling with their mental health.”
- “There’s a lack of quality services - doctors, hospitals, therapists, medications - for people with mental health issues.”
- “Mental health workers in JoCo are overworked and underpaid.”
- “I see younger and younger children attempting suicide, and there’s a lack of space at facilities to treat them.”
- “I’m concerned about the effects of social media on society, but especially teens. See a lot of bullying, self-esteem issues, body image problems.”

Selecting the Priority of Mental Health

At our annual Community Problems Assembly on November 8th, the Good Faith Network confirmed Mental Health as a priority. That night, Linda Seiner and Anne Marley, mothers of children who have suffered from mental illness, shared personal testimonies on the problem.

Researching the Problem and Viable Solutions

The Mental Health Research Committee held the following research interviews and meetings leading up to the 4/4/22 Solutions Briefing event:

- 12/14/21 - Jason Hess - Heartland RADAC
- 12/15/21 - Tim DeWeese - Johnson County Mental Health Center
- 01/05/22 - Becky Alfred - BV Well
- 01/07/22 - Shana Burgess - Johnson County Mental Health Center
- 01/10/22 - Jessica Murphy - JCMHC Co-Responders, Sgt. Robert McKeirnan - Olathe Police Dept, Sgt. Stewart Brought - Overland Park Police Dept
- 01/12/22 - Rennie McKinney - AdventHealth Shawnee Mission
- 01/19/22 - Sara Schlagel - KVC Hospitals
- 01/21/22 - Catherine Lewis - LSCSW
- 01/26/22 - Megan Fowler - First Call
- 02/04/22 - Kimberly Griffin - Parent/Advocate
- 02/10/22 - Kiersten Adkins - Pathway to Hope
- 02/16/22 - Colene Medrano - RSI, Inc.
- 02/17/22 - Mike Brouwer - Johnson County Criminal Justice Coordinating Council
- 02/18/22 - Andy Brown - KS Department for Aging and Disability Services
- 02/24/22 - Sage Brown, Clayton Dierksen - Cottonwood Springs

- 03/04/22 - Dr. George Thompson - Douglas County Trauma and Recovery Center
- 03/10/22 - Johnson County Sheriff's Office - Dispatch and Jail
- 03/14/22 - Dr. Sherrie Vaughn - NAMI KS
- 03/16/22 - Tim DeWeese, Shana Burgess, and Jessica Murphy - Johnson County Mental Health Center
- 03/22/22 - Julie Pratt - Comprehensive Mental Health Services, Inc.
- 03/28/22 - Johnson County Board of County Commissioners meeting with Mental Health Advisory Board

The Problem

The scale of mental health needs in Johnson County is heartbreaking. Data from SAMHSA's 2021 report Key Substance Use and Mental Health Indicators in the United States indicates that over 92,000 Johnson County adult residents may currently have a diagnosable mental health condition—of those residents, more than 25,000 may currently experience severe mental illness (e.g., schizophrenia, severe bi-polar disorder, major depression). We can also estimate that in 2020 12.8% of adults had substance use disorder and 12% of our youth experienced a major depressive episode.

Our local systems for mental health care and substance use disorder in Johnson County are difficult to navigate and not scaled to the scope of need for those experiencing these problems. As a result, citizens regularly cannot secure the essential and ongoing mental health care they need, and residents in crisis often languish in emergency rooms and sometimes jail, with nowhere else to go. Without adequate access to appropriate resources or treatment, those needing care will continue to cycle through and place strain on local systems, to the detriment of the individual, the family, and the community.

Myths and Facts about Mental Health

Despite progress over the last few decades, mental illness still carries a stigma in our society and in our county. As cited in our problem statement above, mental health problems are extremely common and transcend geographic, political, racial, and socioeconomic lines.

The idea that mental health challenges are a sign of weakness, or that addiction stems from a lack of willpower are misguided and dangerous.[1] Myths such as these further the stigma and keep people from seeking treatment. Unfortunately, there is an average delay of 8-10 years from the first onset of mental illness until the first time someone reaches out for treatment.[2,3]

Mental health is a continuum, but regardless of what the diagnosis may be, community support and wraparound services are keys to recovery.[4] Throughout our research process, we heard a

[1] Mental Health First Aid USA, "Breaking Down Common Mental Health Misconceptions"
[2] 12/15/21 interview with Tim DeWeese, JCMHC
[3] Wang, Philip S et al. "Delays in initial treatment contact after first onset of a mental disorder." Health services research vol. 39,2 (2004): 393-415. doi:10.1111/j.1475-6773.2004.00234.x
[4] Evidence of Effect of Permanent Supportive Housing on Health. Available from: https://www.ncbi.nlm.nih.gov/books/NBK519591/

common refrain: “The best kind of service is the kind that meets [patients] where they are and is flexible enough to individualize.”[5]

Johnson County Mental Health Center

Community Mental Health Centers (CMHCs) are charged by statute with providing the community-based public mental health services safety net.[6] In Johnson County, our CMHC is the Johnson County Mental Health Center (JCMHC).

In the 10 years leading up to the pandemic, JCMHC had lost 70% of its state funding. Tim DeWeese, Executive Director of JCMHC, told us that they have just returned to their 2008 levels of funding.[7] Because of this financial strain, Johnson County Mental Health Center has been forced to cut staff positions and make do with less. While JCMHC operates using an open access model and anyone can come in for an assessment, they are only able to treat the most severe cases in-house. The remainder receive referrals to outside providers, which often leave people with wait times that vary from weeks to months.

State budget cuts have had a ripple effect outside of JCMHC - mental health clinicians in private practice, who had formerly been able to refer their clients to JCMHC for case management services, lost this valuable connection, to the detriment of patient care. Having to fill the case manager role in addition to the therapist role has made the job harder: “There’s no way to do that for everyone, and not all therapists can do this. It's exhausting.”[8]

JCMHC Co-Responder Program

The Mental Health Co-responder Program embeds a licensed, Masters-level mental health professional from Johnson County Mental Health Center (JCMHC) within most of the police departments within Johnson County. The Co-Responder’s primary responsibility is to respond on scene with a law enforcement officer on calls when behavioral health is identified as a possible contributing factor.[9]

The program started in 2011 with the Olathe Police Department, and has received a lot of public support. Since its inception, the program has been successful in diverting people from arrests, jail time, charges filed, and in some cases, any involvement in the criminal justice system at all.[10] Mental health service providers in Johnson County are also supportive of the co-responders model and report seeing more collaboration and compassion coming out of law enforcement than ever before.[11] However, as one service provider put it, “the crisis point is not

---

[5] 2/10/22 interview with Kiersten Adkins, Pathway to Hope
[6] Kansas Department for Aging and Disability Services https://kdads.ks.gov/kdads-commissions/behavioral-health/community-mental-health-centers
[7] 12/15/21 interview with Tim DeWeese, JCMHC
[8] 1/21/22 interview with Catherine Lewis, LSCSW
[9] https://www.jocogov.org/department/mental-health/our-services/emergency-services
[10] 1/10/22 interview with Jessica Murphy, Sgt. Robert McKeirnan, and Sgt. Stewart Brought
[11] 2/10/22 interview with Kiersten Adkins, Pathway to Hope

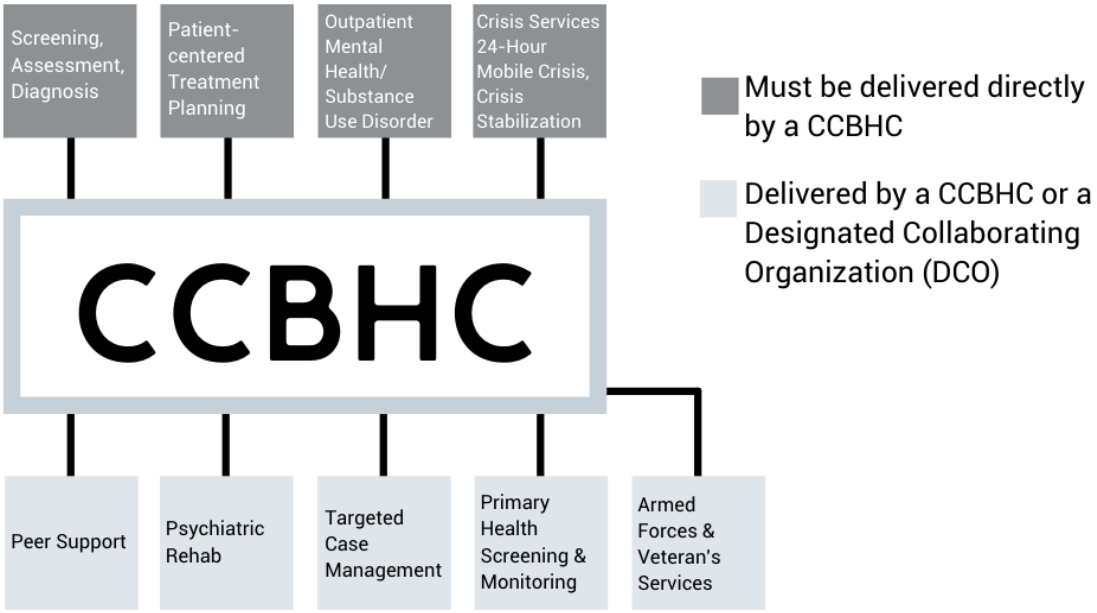
the most successful intervention point."[12] Ideally, we need to be working upstream, before law enforcement needs to be called.

In 2021, the Olathe co-responders transported 300 people in crisis.[13] Officers told us that emergency rooms are often the only places to go, and they told of instances where people had to wait in ERs anywhere from 8 hours to 9 days because there is no crisis receiving center or stabilization center in Johnson County.[14] The nearest crisis stabilization beds are at RSI, located in Kansas City, KS. With only 10 crisis stabilization beds, Colene Medrano, Senior Director of RSI told us that there are days when they could fill 25, 35, or even 40 beds. In fiscal year 2021, RSI admitted 403 clients from Johnson County.[15] A clear need exists.

Certified Community Behavioral Health Clinic Model (CCBHC Model)

In April 2021, a new state law was passed that established a new model for providing behavioral health services - the Certified Community Behavioral Health Clinic (CCBHC). While this is a new model for Kansas, there have been other states using this model for over 10 years that have been reporting promising results. Johnson County Mental Health Center anticipates receiving preliminary certification sometime in July of 2022.[16]

The CCBHC model requires 9 services be provided, with 4 'core services' provided by the CCBHC itself (see graphic below).[17]



[12] 2/10/22 interview with Kiersten Adkins, Pathway to Hope
[13] 1/10/22 interview with Jessica Murphy, Sgt. Robert McKeirnan, and Sgt. Stewart Brought
[14] 1/10/22 interview with Jessica Murphy, Sgt. Robert McKeirnan, and Sgt. Stewart Brought
[15] 2/16/22 interview with Colene Medrano, RSI
[16] 2/18/22 interview with Andy Brown, KDADS and 3/16/22 interview with Tim DeWeese
[17] Graphic derived from Director's Report, given at Johnson County Board of County Commissioners meeting with the Johnson County Mental Health Advisory Board

CMHCs that adopt the CCBHC model are increasing their budgets by about 25%.[18] The CCBHC model is designed to alleviate staffing shortages and shifts the focus of care away from the number of billable hours and towards patient outcomes. Rather than being reimbursed through Medicaid on a fee-for-service basis, JCMHC will now be able to be reimbursed on a prospective payment system.

Our research committee learned that, “At the end of the day, the prospective payment system is intended to be enough to help you cover the cost of not only your Medicaid patients but hopefully your whole entire system. Then that creates the opportunity for CMHCs to hire the staff they need to meet the level of demand in the community.”[19]

The Solution

We seek a full commitment to access to mental health care and substance use disorder treatment in Johnson County, particularly for its most vulnerable residents, through

- Swift and fully resourced implementation of the Certified Community Behavioral Health Center (CCBHC) model for Johnson County Mental Health Center, including the staffing and facilities necessary for effective delivery of service, in order to increase access to care in the community.
- Design and implementation of a system of mental health crisis care that allows any Johnson County resident immediate access to appropriate care, allowing for diversion from emergency rooms and jail.
- Launch of a mental health navigator program that provides consistent and customized navigation service to all residents of Johnson County to support individuals and families seeking treatment and interventions.

[18] 2/18/22 interview with Andy Brown, Commissioner of Behavioral Health Services at KDADS
[19] 2/18/22 interview with Andy Brown, Commissioner of Behavioral Health Services at KDADS

ADDENDUM: Crisis Stabilization

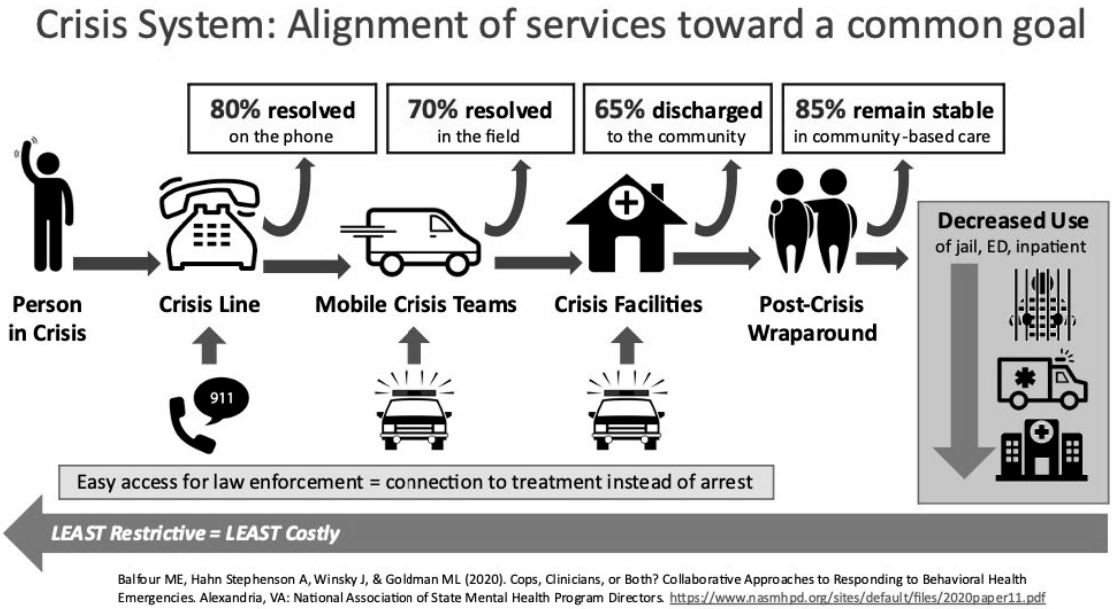
There is a clear need for increased crisis services in Johnson County. The National Action Alliance for Suicide Prevention package "Crisis Now" offers a suggested guideline for estimating crisis need of 200 people in behavioral health crisis per 100,000 persons in your community on a monthly basis.[20] With 452,210 adults in Johnson County, we can estimate that there are about 904 adults in crisis each month, leading to a conservative estimate of 271 adults who would need residential crisis treatment.[21]

We've heard multiple times throughout our research interviews that beds at RSI are consistently occupied to capacity. Along these lines, estimates say that in an urban or suburban area, the maximum population served by a crisis service continuum is 250,000[22] - well below the adult populations of Johnson and Wyandotte counties that are currently overburdening RSI:

- Johnson County = 452,210 adults
- Wyandotte County = 119,487 adults
- Total = 571,697 adults

A crisis stabilization center is the "recommended centerpiece" of such a service continuum.[23]

Illustration of an Effective Continuum



(Balfour, 2020)

[20] Page 48, 'Roadmap to the Ideal Crisis System' by the National Council for Mental Wellbeing. Available at: https://www.thenationalcouncil.org/resources/roadmap-to-the-ideal-crisis-system/
[21] Census data, available at: https://www.census.gov/quickfacts/johnsoncountykansas
[22] Page 50, 'Roadmap to the Ideal Crisis System.'
[23] Page 88, 'Radmap to the Ideal Crisis System.'

The “Divert to What?” Question

A common problem brought up by service providers is the “divert to what” question. Essentially, when a crisis line like 988 or a co-responders program is implemented with the intention to divert behavioral health calls *away from* emergency departments or jails, where do those calls get diverted *to*?

By implementing services like these without an effective crisis *system* with a stabilization center, the community risks increasing the demand on emergency departments and jails and worsening the cost burden on taxpayers.

Criteria for the Crisis Stabilization Center

We seek the following features in a crisis center:

- 24/7 access and service availability for first responders (“preferred customer” model)
- Services to any individual who presents at the facility of their own accord
- Medical triage, screening and intervention for individuals without emergent medical concerns
- Assessment, intervention, care coordination and disposition for individuals with any combination of behavioral health concerns
- Capacity for extended evaluation and continuing observation
- Access to emergent psychiatric intervention
- Access to peer-support workers to provide outreach and engagement
- Assessment, intervention, and coordination of care and follow-up for individuals with any combination of behavioral health concerns, including co-occurring substance use disorder

Models for funding

There are a variety of pathways to find funding for a center, including but not limited to:

- Braided funding
- Working with commercial insurers
- SAMHSA grants
- Taxation
- Partnerships with other agencies (e.g., hospitals)
- State and Local Fiscal Recovery Funds
- CCBHC