

MENTAL HEALTH CENTER (MHC) ADVISORY BOARD
Monday, January 23, 2017
Olathe

MINUTES

Members Present: Dawn Bloom, Commissioner Mike Brown, Roger Cooper, Gordon Docking, Erin George, Jane Fletcher, Judge Michael Joyce, Tom Keary, Janice Love, Marilyn Scafe, Michael Seitz, and Scott Tschudy (absent)

Staff Present: Tim DeWeese, Tanner Fortney, Susan Rome, Janie Yannacito, Sierra Wright, Maury Thompson and Donna Berry

Guest(s) Present: Harry and Mary Bognich

Call to Order/Adoption of Agenda - The meeting was called to order by Mr. Tschudy at 5:30 pm. He introduced and welcomed Mike Brown, BOCC Liaison. Commissioner Brown stated he is glad to be here, but Chairman Eilert is shuffling things around and this may be the only meeting he attends. Mr. Tschudy then announced that this is Dawn Bloom's last meeting and that her service to the board is appreciated. Ms. Bloom said this has been an eye-opening experience and is grateful for the opportunity to serve and proud to be part of Johnson County.

Mr. Tschudy asked if there were any additional items or changes to the agenda. There were none.

Mr. Docking moved to approve the agenda. Ms. Bloom seconded. Motion carried.

Public Comments - None

Review/approval of minutes – The minutes of the November 28, 2016 meeting was presented to the board for approval.

Ms. George moved to approve the minutes of November 28, 2016. Mr. Seitz seconded. Motion carried.

All felt the meeting with the legislators went well. Mr. DeWeese has seen a different level of engagement from the legislators since December and is hopeful what this year will hold.

BOCC Liaison Report – Commissioner Brown stated he doesn't have much to contribute as he's only attended his second BOCC meeting last Thursday, but he thanked the group for their service.

Program report – Mr. DeWeese stated he intends to provide information on the innovative things going on throughout the agency at each meeting and this month's presentation is about Functional Family Therapy (FFT). Ms. Yannacito and Ms. Wright provided an overview of the program (PowerPoint attached). Mr. Seitz asked for Mr. DeWeese to research and report back, an estimate of how many children could possibly benefit from receiving FFT services. A question was posed regarding staff going into the home alone. The reply was if, at any time, a staff person feels that providing services in the home is not a safe environment, treatment will be modified to have the meetings take place at the office.

Financial Reports –

- *2018 Budget Planning* - Mr. Fortney reviewed the budget calendar and deadlines that must be met in the County's budget planning process. He also reported that MNH is not submitting an RAR [Request for Additional Resources] for an increase in personnel, however we are submitting two non-personnel RARs (one for technology replacement in the amount of \$30,000 and one for the merit increase amount that is given by the County which equals approximately \$500,000). He explained that the second RAR will continue to be needed and submitted each year based on

how fee-for-service revenue is projected by the budget office. Discussion took place on how to rectify this in the future.

- *Dashboard Performance Indicators* – Mr. Fortney reviewed the dashboard for the KPI Scorecard and stated that some of the tracked indicators will change slightly for 2017. He also reported that we are not able to bill for Medicaid until the backlog in applications is gone, however once approved the funds will be paid retroactive.
- *Audit* – The audit was completed a few months ago, but a bigger discussion was brought up regarding cash handling on weekends when most full-time staff is absent. The audit department is going to assist in trying to find improvements for this area. Mr. Fortney will report back once complete.

Actions Items –

- *Advisory Board Officer Nomination Committee* – Mr. Tschudy appointed Mr. Seitz, Judge Joyce and Ms. Scafe to serve on the committee and their charge is to put together a slate of officer nominees to present at the February meeting. Mr. Docking moved to accept the appointees and Ms. Love seconded. Motion carried.
- *2017 Compliance and Ethics Plan* – This is a yearly updated plan requiring staff to read and attest that they will comply with the plan. Mr. DeWeese stated there were no substantive changes made since last year and asked for a motion to adopt the plan for 2017. The County plans to eventually put their own compliance and ethics plan into place, but currently individual departments develop their own.

Ms. George moved that the plan be accepted as presented, Ms. Bloom seconded.

Motion and second were withdrawn and adoption is tabled until February in order for the board to review the 2016 and the 2017 versions to be included in the February packet

Director's Report – Mr. DeWeese reviewed the items included in the January packet and the summary document distributed during the meeting (see attached). Not included in the packet was mention of the \$50,000 check of unrestricted funds received from the REACH Foundation as a result of being chosen as one of 17 core partners.

He also announced the ArtsKC campaign is underway and promoted the 2017 calendars that are for sale.

Items for Review in February

- Compliance report – *include 2016 and 2017 in February packet for comparison*
- Client Forum schedule – *include in February packet to allow Advisory Board attendance as they choose*

Mr. Seitz moved to adjourn at 7:23 pm. Ms. Bloom seconded. Motion carried

Meeting adjourned at 7:23 pm.

The next MHC Advisory Board meeting will begin at 5:30 p.m. Monday, February 27, 2017, at the Olathe office (1125 W. Spruce St).

Submitted by:

Donna Berry

Functional Family Therapy (FFT): A Partnership with Johnson County Department of Corrections

Sierra Wright, LMSW
Team Leader, Children and Family Services
Janie Yannacito, LSCSW
Director, Children and Family Services



Brief Overview of FFT

- FFT is a nationally recognized Blueprints program
- Targeted for youth & families involved or at risk of involvement with the juvenile justice system
- For youth ages 11-18
- Youth referred must have a home* to return to
- Short term, high quality intervention (12-14 sessions)
- Maximum caseload size of 10 per therapist
- Phase based model (E/M, Behavior Change, Generalization)
- There are over 330 FFT sites throughout 14 countries



Clinical Philosophy

The goal of FFT is not to create “healthy” or “normal” families according to someone’s theory or ideal, but ...to achieve obtainable changes that will help this family function in more adaptive, acceptable, productive ways with their resources ...and their value systems...in their context



Impacts of FFT

- Research indicates FFT can:
 - Effectively treat adolescents with the entire range of Disruptive Behavior Disorders
 - Prevent adolescents from entering into more restrictive, higher cost services
 - Reduce the access and penetration of other social services
 - Prevent younger children in the family from penetrating the system of care
 - Prevent adolescents from entering the adult criminal justice system



FFT Fidelity Requirements

- Pre and Post assessments data collected
- Currently in Phase 2 of 3
- Family Self Reports (FSR's) collected after sessions
- Therapists are required to document in FFT's EMR
- Weekly consultation to review the model and staff cases
- FFT therapists receive weekly fidelity and adherence ratings
- We have met fidelity every quarter for therapist fidelity and adherence rating scores



Partnership with Johnson County Department of Corrections

- Initially intended to provide FFT to youth/families in Foundations YRC
- Team of 3 FFT therapists and supervisor (supervisor carries small caseload)
- FFT Therapists were also providing individual therapy to clients at Foundations
- Few youth/families met the criteria for FFT at Foundations
- SB 367 led to the closure of Foundations and fewer clients
- We have seen a steady increase in referrals since Corrections developed the Community Programs Team in October 2016



Families Served

- Currently, there are 29 families participating in FFT (active cases)
- Since April 2015, 55 families were opened to FFT (closed cases, not including active cases)
 - 31 families have successfully completed FFT
 - 30/31 of the youth are residing at home
 - 26/31 did not reoffend or receive a violation
 - 23/31 had a clinically significant positive outcome based on pre and post assessments

FFT Successes

- Completing FFT with families/youth who are eligible for the juvenile correctional facility
- "Mom emailed me last night saying she has seen improvements in D's behavior and she seems to support D more now. FFT appears to be working for them!" - JoCo Probation Officer
- "FFT was a very helpful and positive support for a family that felt as if things were not going to get better and felt stuck in treatment. FFT helped the family work within the family system in a positive way and the client was able to graduate from intensive community based services." - Children and Family Services Team Leader
- Completing FFT with families/youth who have not been home in over a year
- "We get along better, we talk about what bothers us without calling names." - youth who completed FFT

Youth Today | (<https://youthtoday.org/2016/11/family-focused/>)

Family Focused: Opposite of 'Scared Straight,' Intervention Helps Youth Connect and Feel Understood

By Patricia Etheridge | November 9, 2016



PHOTOS BY Ramona Galapon-Wilson, Juvenile Justice Incentive Grant Program Administrator for Muscogee County, Georgia
A juvenile court program in Georgia paired 17-year-old K.P. with a volunteer mentor, Fort Benning U.S. Army Sgt. Darryl Smith. Their chemistry is clear.

"I thought my life was coming to an end. Oh my God, he's a good kid," said Geselle Colón, recounting the story of her son being sent into juvenile detention in Columbus, Georgia.

Sixteen-year-old Esteban De Jesus-Colón is a stellar athlete, popular and a good student at school. But early into adolescence, his anger was spiraling out of control.

"I had a brand-new car, and he went and kicked out the headlights," Colón recalled.

Esteban lashed out at both parents following their separation. Last year, he got into a physical altercation with his father. His 13-year-old brother saw what was happening and called the police. His father pressed charges. Esteban was charged and convicted of domestic violence — and spent 16 days in lockup at a youth detention center. At the time, both parents felt it was time he faced the music. But Esteban felt betrayed.

"If someone was trying to control me, I was quick to react with my hands instead of taking the time to think about

consequences," Esteban said.

But what happened next was life-changing. A court referral led to an evidence-based intervention called Functional Family Therapy (FFT), which involves short-term counseling in the home, working with family members or caregivers. Geselle, her son Esteban and his three brothers all participated, though his father did not. Even so, Esteban says his relationship with his dad and all family members improved.

"It taught me different ways to handle a situation. It got my mom and brothers to understand what I was going through — and how to cope," said Esteban. "It just really helped that we were able to talk as a family. Everyone learned how to speak to each other without pointing fingers." Esteban now lives with his father on much better terms.

Large-scale effect, limited scope

The pathway to getting this kind of help varies. Mostly, individual states provide funding for court-ordered FFT. But increasingly community programs and schools offer the program — and in some cases, individual insurance and Medicaid cover the costs. Bottom line: where FFT is accessible, it is possible for troubled youths and families who otherwise could not afford treatment to benefit.

Yet its scope is limited. Only 5 percent of families nationwide receive science-based treatment and of that, FFT is a subset. The model currently is in use in 45 states and 10 countries around the world, serving 50,000 families, according to Functional Family Therapy LLC, the model's training and quality assurance organization. Psychologist James Alexander created the concept in the 1970s, but only in recent years has it picked up steam, as policymakers began to do the math and recognize the potential savings.

"One in five kids in the United States live in poverty. Those percentages are even higher for those involved in the juvenile justice system," said Doug Kopp, CEO of the Seattle-based Functional Family Therapy organization.

As a result, a high proportion of FFT clients tend to be from families who are living in poverty."

How effective is FFT? The range is wide but significant: a 25 to 60-percent recidivism reduction in areas that provide the program, based on internal and external evaluations, according to Functional Family Therapy LLC.

"In juvenile justice reform, we know what works and what doesn't when it comes to effective interventions that get kids and their families back on the right path," said Sharon Hill, executive director of Georgia Appleseed Center for Law and Justice — and a former juvenile court judge. "Functional Family Therapy is one of the programs that actually works, and works very well at a reasonable cost of both time and money."

Creating a family alliance

"The intervention is noteworthy because it is family-focused. We provide a sense of alliance so each person is going to be heard," said Kopp.

"What we find is there has been a fair amount of blaming, negativity and difficulty functioning as a family. Parents often already have beaten themselves up saying, 'I haven't done enough of all the things I could have, I should have,'" said Kopp. "Often there's a profound sense of hopelessness."

FFT helps find ways to give them another shot. "With kids, what we're trying to do is decrease the likelihood they will do harm again against someone else or the community. We definitely want people to own their behavior — but without judgment or shame."

It's a far cry from finger-wagging or so-called scared straight interventions. "We approach things first of all from a position of respect, and people can feel that," said Kopp. "It's powerful. Families feel better about themselves. It's a relief to get things back on track and have the tools they need to do that."



Geselle Colón believes FFT gave her family practical communication tools to bring her son, Esteban, back into the fold with a promising future.

"I felt that we had a toolbox at home and we were just not using the tools inside. Our therapist showed us how to unlock the box and use the tools," said Colón. "I learned to stop accusing first and to say 'I am not comfortable with that behavior,' instead of saying 'what you are doing is wrong.' It made a big difference to have all of us there — Esteban and his brothers."

Improvements following juvenile justice reform

The United States incarcerates more young people than other any other developed nation — with staggering costs. In fiscal year 2015, Georgia spent an average of \$113,269 for each of the approximately 1,300 young people in juvenile lockup, according to the state's Department of Juvenile Justice (DJJ).

Georgia's Gov. Nathan Deal, a Republican, himself a former juvenile court judge, has backed sweeping reforms, including Juvenile Justice Incentive Grants to fund evidence-based programs like FFT and the Juvenile Drug Court (JDC) program. DJJ statistics show the number of incarcerated young people has dropped 18 percent since 2013.

"Georgia leads the nation in meaningful justice reforms, and the Juvenile Justice Incentive Grant (JJIG) program has furthered the goal of increasing public safety while rehabilitating youth through a more effective juvenile system," said Deal.

Deputy Commissioner Joe Vignati of the Georgia Department of Juvenile Justice puts it this way: "As we move into our fourth year of incentive grant funding, we continue to be pleased at how juvenile-specific, evidence-based interventions have positively impacted the lives of children across Georgia. We are particularly pleased that family-focused models, like Functional Family Therapy and Multi-Systemic Therapy, have expanded into more rural areas of our state and are available to more families than ever before."

"Before the incentive grants, there simply wasn't enough money to pay for these gold-standard interventions. So we paid even more by locking kids up," said Hill, whose organization was a lead partner in advocating for the sweeping reform legislation. "But now Georgia is making a lot of smart decisions. The challenge is to keep reinvesting in the JJIG program so that it can expand to serve kids and families on the cusp of entering the system. The good news is that we are getting there."

A tailored approach

"FFT offers specific interventions for the unique challenges, diverse qualities and strengths of families," said Kopp.

Sherri Felton — custodian for her 13-year-old nephew, Jermaine Graham — needed that kind of help. "When I tried to tell him what to do at home, it got worse and worse. Things were escalating, and I wasn't reaching him," said Felton, who is retired and raising Jermaine on her own. "It seemed hopeless."

"One day, he just stood in front of me and refused to move. I tried to call 911, but he slapped the phone out of my hand," said Felton. The connection already had gone through and when police arrived, they arrested Jermaine for interfering with the call.

"I really thought I was going to jail," Jermaine recalled. Instead, Muscogee County Juvenile Court Judge Warner Kennon ordered a 30-day probation followed by an anger management course and Functional Family Therapy.

Columbus, Georgia-based FFT consultant Ervin Christie began counseling Jermaine and his custodial mom. "He [Christie] respects me," Jermaine said. "He listens. It's important because I didn't have anyone to listen before. Now I listen to my mom — and she listens to me, too."

Jermaine learned to cool off with simple acts such as going to his room and counting back from 100. "I've learned to take a timeout breath and think through the consequences," he added.

The positive ramifications are far-reaching. In Jermaine's case, behavioral changes extend to his school and community. "He's made a U-turn, a real turnaround," Felton said. "His grades are up. His teachers say it's like night and day. He runs track and expresses himself through art. He's calmed down. And I've learned to listen and be more patient. I'm feeling very positive."

Judge Kennon, who also serves on the National Council of Juvenile and Family Court Judges, said, "FFT keeps a lot of these kids from coming back and reoffending. Parents learn life skills. And they don't have transportation issues because trainers go into the home."

It's young men like K.P. who Judge Kennon wants to see succeed. The 17-year-old first came through juvenile court charged with misdemeanor theft by taking. Kennon assigned the teen and his family to FFT. It helped — but later K.P. ran into trouble again, this time with a misdemeanor for possession of marijuana. He then entered the Muscogee County Juvenile Drug Court program and was paired with a volunteer mentor: U.S. Army Sergeant Darryl Smith from nearby Fort Benning, Georgia. The teamwork paid off. K.P. recently graduated from JDC.



PHOTO BY Ramona Galapon-Wilson, Juvenile Justice Incentive Grant Program Administrator for Muscogee County, Georgia

Following completion of FFT, Jermaine Graham and his custodial parent, Sherri Felton, now listen to one another. Jermaine's school grades are up and he enjoys art as a calming strategy.

Tracking FFT's success

A program called Blueprints at the University of Colorado-Boulder tracks evidence-based positive youth development programs to assess their effectiveness. More than 1,400 programs have been reviewed, but less than 5 percent have been designated as promising, model programs. Functional Family Therapy meets Blueprints' highest criteria for success.

The FFT model generally covers just eight to 16 weeks of counseling, but supporters say it empowers youth and their families with a long-term foundation to become more adaptive and successful.

"Our time with Dr. Christie is finished, but we still have his number and we know we can call," said Felton.

"FFT gave us a solid foundation to carry on," said Colón. "As the mother of four boys, I now have the tools to approach them. It makes a difference. Before, we were not communicating how we felt and we were walking on eggshells. Now we don't hold things inside. The change is absolutely amazing."

"This is going to stick with me," said Esteban. "I hope when I have kids, I'll be able to teach them to express themselves without blaming others. I want to use what I've learned, so that they grow up to be responsible — and be leaders."

*This story was co-published with **Spotlight on Poverty and Opportunity** (<http://spotlightonpoverty.org/>), a non-partisan initiative that brings together diverse perspectives from the political, policy, advocacy and philanthropic communities to find genuine solutions to the economic hardship confronting millions of Americans.*

FFT lessons for the broader community

There are lessons from the Functional Family Therapy (FFT) model that serve the larger community, from the arts, athletics and faith-based groups to community organizations and after-school programs.

Here are five take-away principles from FFT that apply beyond the home setting:

1. Assess interpersonal relationships to determine what kind of intervention is appropriate and relevant.
2. Change difficult behaviors by educating families (or participants) on healthier communication, conflict management, problem solving — and how to work together to strengthen ties.
3. Engage youth and family members by being responsive and available.
4. Motivate youth and families to decrease the intense negativity brought on by blaming and hopelessness. In situations of abandonment, abuse, cultural isolation, depression, deprivation, loss or racism, turn these powerful emotional forces into motivation through respect, sensitivity and positive attribution.
5. Reduce problem situations by informing families about community resources and relapse prevention.

Director's Report:
January 2017

1. **Participating Community Mental Health Center (CMHC) Contract Extension:** The Participating CMHC contract is the major contract between CMHCs and the Kansas Department for Aging and Disability Services (KDADS). The contract is annually renewable and was first initiated with passage of the Kansas Mental Health Reform Act in 1990. The overall purpose of the Act is to support community services as an alternative to institutional care. Coupled with CMHC Licensing Rules & Regulations, this contract defines the role, requirements, and priorities of Community Mental Health Centers. The current contract has been extended through June 30, 2017. The Association of Community Mental Health Centers of Kansas' (ACMHC-K) Contract Negotiating Committee is currently negotiating the terms of the FY2018 contract.
2. **Behavioral Health and Primary Care Clinical Pilot:** In July 2017 staff from the Mental Health Department (MNH) and the Department of Health and Environment (DHE) went to the Blended Behavioral Health and Primary Care Clinical Model training academy at Cherokee Health Systems which has been identified across the nation as a best practice for the delivery of integrated care. In January the two departments initiated a collaborative pilot within the DHE by embedding a LMHP in their Prenatal Health Clinic.
3. **Tobacco Impact Project:** Johnson County Mental health was awarded the 2016 Community Behavioral Health Organization's Tobacco & Cancer Control Community of Practice. We have completed this seven month initiative sponsored by National Council for Behavioral Health, and continue to move toward adopting tobacco and cancer prevention practices that can support efforts to improve the overall health of people with mental illnesses and substance use disorders. We were 1 out of 10 organizations nationwide to receive this award. Our facilities will become tobacco-free as of July 1, 2017. In addition, the Mental Health Department (MNH) and the Department of Health and Environment (DHE) have collaborated to offer smoking cessation classes to our clients. Our first class started last week.
4. **Johnson County Recovery Conference:** The Mental Health Center will be hosting a daylong event on Friday, August 25 2017 at Cleveland Chiropractic University of educational and networking opportunities with consumers, families, and providers in the mental health community to advocate for positive changes in ourselves and in our communities. Participants will come together to:
 - o Learn about recovery
 - o Meet others and hear their stories of recovery
 - o Discuss how to inform and educate citizens about recovery
 - o Be empowered through shared experiences
5. **2017 Client Forums:** Johnson County Mental Health has ongoing plans to improve the quality and accessibility of the services we provide. A key component of this process is obtaining important input from client and their families by tapping into their experiences and expertise. The Leadership Team will be routinely hosting forums in different locations to gather information and feedback.
 - o January 25 – Olathe
 - o March 14 – Shawnee *Annual Survey
 - o May 09 – Olathe
 - o July 11 - Shawnee
 - o September 12 – Olathe
 - o November 14 – Shawnee

6. **Client Satisfaction Survey:** An Agency Investment Team (AIT) has been working on the development and implementation of an Annual Client Satisfaction Survey. The survey tool has been completed and it will be administered annually in March.
- Multiple avenues for completion
 - Paper forms available in lobby and provided to all direct service staff
 - Web link posted on MHC website and social media accounts
 - Paper mailing with return envelop
 - Client Forum-March 14th
 - Participation goal is **30%**
 - Results to be compiled by May – shared internal and external