Johnson County Juvenile Cross-System **Collaboration**

Convened by Johnson County Kansas Mental Health

Facilitated by teamtech moving ideas into action

Funded by REACH healthcare foundation

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Stakeholders' Summit Final Report

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Johnson County Kansas Mental Health

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September 2018

You can download this report and all Summit reports at **www.jocogov.org/juvenilecollaboration**

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Day One: September 19, 2018

Over 90 stakeholders, representing six systems that touch juveniles in Johnson County, gathered on September 19th for Day One of the Johnson County Juvenile Cross-System Collaboration Summit. County Commission Chair Ed Eilert opened the Summit followed by an opening context set by Tim DeWeese, Executive Director, Johnson County Mental Health Center. Johnson County Mental Health Center convened this cross-system collaboration which was facilitated by TeamTech and funded by REACH Foundation. In his opening remarks, Tim DeWeese reminded those gathered of the purpose of these efforts, the Why, as well as the What and the How.

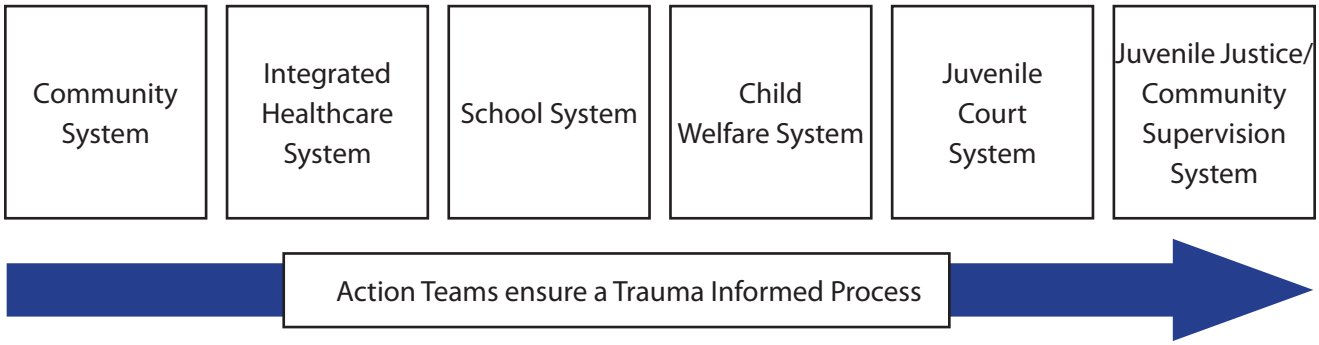
The Why

- To improve the system and service level responses for the target population through earlier identification, intervention and service delivery.
- To prevent entry by the target population into the juvenile justice system or to insure minimal penetration into the system.
- To improve the collaboration, coordination, communication, and cooperation between and accountability among all the systems touched by the target population in order to improve the system and service level response. Improvements will include but not be limited to minimizing gaps in the system as well as easing transitions between systems.
- To improve the connections between the target population and effective care and treatment.

Target Population is defined as youth ages 3 to their 18th birthday with mental illness, co-occurring disorders or behavioral challenges as well as their parents/caregivers.

The What

Cross-System Collaboration starts with bringing together a comprehensive group of stakeholders from six Johnson County "systems" that touch the target population with the goal of identifying current resources, gaps, and opportunities for improvement in the current systems.



The Cross-System Collaboration Steering Team sees these six systems sharing a common aim or purpose…
"To ensure timely recognition, prevention and intervention so youth and their caregivers can thrive."

The How

Beginning in February 2018, a Core Team of six individuals within Johnson County government, facilitated by TeamTech (an Olathe-based facilitation firm), gathered to begin the process of planning and guiding an effort to improve the systems that touch our youth and their families, particularly those youth with mental illness, behavioral challenges or co-occurring disorders.

The original thinking was to follow the sequential intercept mapping (SIM) process the adult correctional system had completed in 2010 and again in 2017. However, as the Core Team continued its conversations and TeamTech shared their experience in facilitating cross-system collaborations, it became clear that a more comprehensive cross-system collaboration process would be needed given all the systems and organizations, public and private, that touch our youth and their families in Johnson County.

Additionally, the Core Team assembled a team of stakeholders representing the six systems (community, integrated healthcare, school, child welfare, juvenile courts and juvenile justice/community supervision) to serve as the Steering Team for this effort. The role of the Steering Team was to guide the data gathering effort that would inform the Two-Day Cross-System Collaboration Summit, strengthen relationships across the systems and help identify additional stakeholders to be invited to Steering Team meetings as well as the September Stakeholders' Summit.

In addition to providing input on the process leading up to the Stakeholders' Summit, the Steering Team helped guide the Core Team in its effort to "ensure voices that could not be around the table at the Summit were represented." Numerous focus groups were suggested, ultimately four were held during July – August 2018:

Focus Group #1: Parents and Caregivers of the target population

Focus Group #2: Members of the target population

Focus Group #3: The target population currently at JDC (Juvenile Detention Center)

Focus Group #4: Neuroscience and Trauma-informed experts and practitioners to ensure our work and the work of the Action Teams is trauma-informed

The September 19 – 20, 2018 Stakeholders' Summit was envisioned from the beginning to be a gathering of representatives from the six systems that would:

- Be informed both by data and professional insight,
- Identify service gaps and improvement opportunities as well as identify the top six priorities for improving the system and service level response;
- Identify Cross-System Action Teams to move the top six priorities into action.

Systems Represented at the September 19 – 20, 2018 Stakeholders' Summit

Community System	Integrated Healthcare System	School System	Child Welfare System	Juvenile Court System	Juvenile Justice/ Community Supervision System
36 attendees	**27 attendees**	**20 attendees**	**7 attendees**	**8 attendees**	**6 attendees**

What We Each Bring To The Table

After opening remarks those in attendance shared "What We Each Bring to the Table." Following is a summary of what each system shared. The full documentation is in Appendix A.

Community System

Organizations Represented

- Johnson County Community College
- Johnson County Dept. of Technology and Innovation
- Johnson County Housing
- Johnson County Library
- Johnson County Manager's Office
- Johnson County Mental Health Center
- Kansas Appleseed
- Kansas Head Start
- Kansas Legislature; State government
- Leawood Police Department
- Lenexa Police Department
- NAMI (National Association for the Mentally Ill)
- Netsmart
- Olathe Police Department
- Pathway to Hope
- Renewed Counseling
- Resilience Builders
- United Community Services

Executive Summary: What the Community System Brings to the Table

Representatives from a vast group of community services cited a range of existing programs dedicated to strengthening the mental health of our communities, including weekly support groups, co-responding units with the police and trauma informed care programs. The group also identified services that help meet families' basic needs, including housing help for low-income families. Johnson County Library plays a unique role, offering outreach and a neutral meeting space. Among the services the groups would like to see offered: Mental health training for library workers – and social workers embedded in the library. In addition, the group identified a need for stronger communication across agencies and, in particular, the need to share data.

Integrated Healthcare System

Organizations Represented

- Adolescent Center for Treatment
- Amerigroup
- Children's Mercy
- Department of Health and Environment: Clinical Services
- Health Partnership Clinic
- Johnson County Mental Health
- KidsTLC
- Kansas Institute for Positive Behavior Supports at The University of Kansas
- KVC
- Shawnee Mission Medical Center
- University of Kansas Health System
- Village Pediatrics

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School System

Organizations Represented

- Blue Valley School District
- De Soto School District
- Gardner-Edgerton School District
- Shawnee Mission School District
- Olathe School District
- Olathe Head Start
- Police – Olathe
- Overland Park Police (Blue Valley High School SRO)

Executive Summary: What the School System Brings to the Table

Area school systems already work well beyond the classroom to ensure the needs of students are met, providing everything from the basics – food and personal hygiene items – to the more complex – daycare, as well as assistance with substance abuse and homelessness. The schools could use more collaboration and communication from other systems. For example, one participant suggested a lead contact from each organization. Another participant suggested that they pool resources to be mindful of scarcity.

Child Welfare System

Organizations Represented

- Division of Children and Family Services
- CASA (Court Appointed Special Advocate)
- KVC

Executive Summary: What the Child Welfare System Brings to the Table

The overriding goal of the child welfare system is to protect the child and preserve the family. Representatives from organizations in the child welfare system already offer a number of services that support their goal but need additional community help, particularly with prevention and, when required, placement.

Court System

Organizations Represented

- Court services
- Juvenile judges

Executive Summary: What the Court System Brings to the Table

Representatives from the court systems, including District judges, listed services they felt other systems may not be aware of, including diversion, probation and an evening reporting system. Representatives identified several services that other systems could offer to help juveniles in the court system. Among them:

- Early mental health services
- Mentoring
- Educational disciplinary options beyond suspensions and expulsions
- Substance abuse programs
- Access to transportation

Juvenile Justice and Community Supervision System

Organizations Represented

- Department of Corrections
- Johnson County Manager's Office
- Juvenile Corrections Advisory Board
- Juvenile Field Services
- Juvenile Intake and Assessment Center (JIAC)

Executive Summary: What the Juvenile Justice and Community Supervision System Brings to the Table

Representatives from the Juvenile Justice and Community Supervision System oversee a range of services that span from pre-trial case management to house arrest. They also oversee community programs to increase skills around topics like parenting and anger management. The group would benefit from sharing data, early intervention and more mental health placements.

Data Reviewed and Reflected Upon

Day One of the Stakeholders' Summit focused on providing common data and information to those experienced professionals in the room and allowing for dialogue on how that common data and information melded with people's experiences. Following is a list of the information and reports shared during Day One of the Summit.

MyRC	Presented by Chris Schneweis, County Manager's Office
JDC Youth Profiles	Presented by Sierra Wright, Janie Yannacito, Mental Health Center
JDC Staff Interviews	Presented by Kathleen Harnish McKune, TeamTech
JCMHC Client Profiles	Presented by Janie Yannacito, Mental Health Center
JCMHC Parent Focus Group	Presented by Kathleen Harnish McKune, TeamTech
Moving the Neuroscience of Trauma Into Action	Presented by co-authors, Kathleen Harnish McKune & Marsha Morgan, Resilience Builders

All presentations/reports can be downloaded from the Johnson County Mental Health Center website at **jocogov.org/juvenilecollaboration**.

As each presenter concluded, participants asked questions for clarity. TeamTech then facilitated large group conversation on how the information compared and contrasted with people's experience.

"If we can identify the impact early trauma has – and recognize the value of early intervention – we'll begin to make a real difference in our communities."

"Clients say they have trouble navigating the system; as professionals we have trouble navigating the system."

"Many of the children in the target population are K – 3rd grade but yet the counselors and social workers for that age are split up among 2 or 3 schools."

"As a hospital we see children and their parents as early as the neo-natal intensive care unit and we know that some of these parents lack the parenting knowledge and skills these children will require."

"As a school counselor, my caseload is 400 students which is typical. How do we think differently about not just "making a referral and passing the child and their family on?"

Table conversation followed which allowed small groups to think about the significance of the information for our work at the Summit. Individuals then had time to record their insights on service gaps and improvements – information that would be shared at the beginning of Day Two of the Stakeholders' Summit.

Day One of the Summit concluded with a look ahead at Day Two. Those Summit participants unable to return for Day Two left their completed handout on "Service Gaps and Improvement Opportunities" with TeamTech facilitators for distribution to Day Two participants so all ideas and insights from Day One could be captured in the large group on Day Two.

Day Two: September 20, 2018

Service Gaps and Improvement Opportunities

Roughly 75 stakeholders were able to attend Day Two of the Johnson County Juvenile Cross-System Collaboration Summit. The focus of this day was on sharing insights on service gaps and improvement opportunities captured by participants on their worksheets during Day One of the Summit. Participants unable to return for Day Two were asked to leave their ideas with a TeamTech facilitator who distributed their worksheets to a Day Two participant.

All ideas were posted and then grouped into categories based on "common theme." Participants discussed which categories, if any, could be done by "just a few of us" and which required cross-system collaboration in order to move into action.

Improvements Just A Few Of Us Can Move Into Action

One category was identified as "just needing a few of us." Given the work already being done by the courts, judicial procedure improvement ideas were referred to Judge Foster and Judge Ashford. The judges will continue to keep the Core Team apprised of their efforts.

Court Improvements

- Engagement officer follow ups
- Mental health court – problem-solving court
- Create forgiveness programs for youth
- Night court; quick access to hearings
- Training and mandatory requirements to do juvenile defense and to be able to speak to collateral damages
- Outpatient treatment orders for kids; reduce pressure on parents; increase kid accountability

Improvements Requiring Cross-System Collaboration

For the 10 categories participants felt required cross-system collaboration to solve, a prioritization process was utilized. Participants prioritized the ten categories as follows; all ideas in each category are shown in Appendix B of this report.

Top Three Priorities	Middle Four Priorities	Bottom Three Priorities
Data Sharing	Interagency Collaboration	Community-Based Options
Increase Quality Placements/ Improve Child Welfare System	Policy/Funding Options	Human Services App
Parent Support and Education	School System	Transportation
	Trauma Informed Care and Resilience	

Given the priority categories, the Core Team then made the following recommendation to the participants regarding how to move the priorities into action.

Top Three Priorities

Data Sharing	Launch a 2019 Cross-System Action Team
Increase Quality Placements; Improve Child Welfare System	Launch a 2019 Cross-System Action Team
Parent Support and Education	Launch a 2019 Cross-System Action Team

Middle Four Priorities

Interagency Collaboration	Launch a 2019 Cross-System Action Team
Policy/Funding Options	Launch a 2019 Cross-System Action Team
School System	Refer to the Superintendent's Roundtable. Tim DeWeese will keep the Core Team updated on their progress.
Trauma Informed Care and Resilience	Launch a 2019 Cross-System Action Team

Bottom Three Priorities

Community-Based Options	The Core Team will consider how this can inform other activities going on in the County
Human Services App	It was recommended that the Parent Education Action Team consider an app as an option for their work
Transportation	2019 Action Teams were asked to keep in mind how transportation may need to be considered in their work

Summit participants then moved into six smaller groups to answer seven questions related to the Action Team they self-selected to work on.

1) What is the focus of this Action Team?
2) What are our "hoped for outcomes?"
3) How will we measure success or progress made?
4) What are some of the tasks that need to be done?
5) Who around the table wants to serve on the Action Team?
6) Who is missing that needs to be around the table for this Action Team to get its work done?
7) If you were going to put a completion date on this Action Team, what would be the date they should try and have their work done by?

The responses to these seven questions allowed small groups (with facilitation assistance) to draft initial charters for each of the six 2019 Cross-System Action Teams.

- **Cross-System Action Team #1:** Increase Quality Placements
- **Cross-System Action Team #2:** Data Sharing
- **Cross-System Action Team #3:** Parent Support and Education
- **Cross-System Action Team #4:** Interagency Collaboration
- **Cross-System Action Team #5:** Trauma Informed Care and Resilience
- **Cross-System Action Team #6:** Policy/Funding Options

The complete initial charters for each of the six Cross-System Action Teams can be found in Appendix C.

TeamTech will convene and facilitate the six Cross-System Action Teams which will each hold an initial meeting before December 1, 2018 and finish their work by October 2019. Members of the Core Team will assist TeamTech in guiding the six Action Teams to ensure their efforts stay aligned and informed of each other's work. Summit participants will also be posted on the Action Teams' progress with the goal of holding a one-day Stakeholder Summit in October 2019 to determine what additional cross-system collaboration work is needed in order to reach our intended aim:

"To ensure timely recognition, prevention and intervention so youth and their caregivers can thrive."

For clarifications or for more information about this report, please contact Kathleen Harnish McKune, CEO, TeamTech, via email at kathleen@teamtechinc.com or Tim DeWeese, Director, Johnson County Mental Health Center via email at Tim.DeWeese@jocogov.org. Additional copies of this report and all reports reviewed at the Stakeholders' Summit may be downloaded at **jocogov.org/juvenilecollaboration**.

"I think that having stronger access to crisis center services would help kids and their families down the line and help them in the moment."

"The libraries can play an expanding role in serving people and serve as an access point."

"Transportation is one of the biggest issues that no one talks about."

"But WHY is the child here? That's what we need to look at."

"We really need to figure out how to share data."

"MyRC is an amazing county resource. We need to work from there to build out data sharing."

Appendix A: What We Each Bring to the Table

Following is the detail shared by each of the systems during the opening introductory exercise.

Community System

5 – 7 Programs/Services Offered Others May Not Know About

- My RC
- Weekly support for families in need of mental health services
- Mental health advocacy
- Mental health in schools
- Mental wellness toolkit
- Coping skills development
- Peer services
- Adolescent intensive outpatient for anxiety
- 24/7 police response
- Library: outreach to homeless, incarcerated; food year-round; homework tutoring;
- Library: Neutral meeting place
- Co-responding efforts with police and JCMH
- Strengthening family initiatives
- JoCo housing for low income
- Vouchers for homeless
- Homeowner rehabilitation program
- Voice on Children's Cabinet
- National Governors' Association Learning Lab
- Progeny: Friends and Family groups
- Health equity partners: Parent advocacy, creating network of support
- Education support and advocacy
- Peer and family support group
- Court systems and detention centers
- Trauma-informed care initiative
- Community convener coordinator
- 24/7 crisis services
- Facilitated continuum of care for homeless
- UCS: Data analysis and public policy advocacy

5 – 7 Things Other Systems Could Do To Make It Easier To Work with the Target Population

- Know what others are doing; provide opportunities to gather and share
- Exit interviews for K-12 students who have received MH services\
- Eliminate stigma/shame
- Medicaid expansion
- Data-driven sharing/access/integrated data/ updated tracking
- Social workers supporting and working realm of community resources
- Single receiving unit
- Legality of sharing info: state and federal
- Funding
- Transparency
- Share data
- Help break down silos and increase communication
- Support for pre-school development grant application process
- Increase awareness of early childhood development issues
- Share information, spread the word, build networks with other organizations
- Think of the Library as a community partner that will be there to support your goals
- Library front-line training about mental health
- Learn how to communicate across systems; find the right person to respond
- Crisis center vs detention center
- Additional data sharing; sharing data among multiple systems
- Mental health social workers embedded in libraries
- Secondary trauma training: Train the trainer
- Funding and community support

Integrated Healthcare System

5 – 7 Programs/Services Offered Others May Not Know About

- Primary care pediatrics – meds
- Mental health diagnosis
- Prenatal care
- Social work referrals
- Tobacco counseling
- Trauma scoring
- Immunizations
- STD assistance
- Referrals to homeless services, domestic violence assistance, behavioral health
- Serve Medicaid population
- KanCare referrals
- Virtual assessments after pre-screening
- Acute and chronic mental health referrals
- KCPC assessments
- Suicide support group
- Gender affirming/LGBTQ outpatient services
- Dialectical Behavioral Therapy
- Universal suicide screening
- Care coordination
- Psychologists in pediatric clinic
- EMDR
- Intensive Outpatient
- Trauma Focused CBT
- Patient-Child Interaction
- In process of developing youth crisis center
- Young adult services at JCMHC
- JIAC/JDC/ACT assessments
- Inpatient/PRTF/shelter – KVC
- TIC with schools
- Young adult intensive IOP
- County-wide PBS/intensive training
- Individualized functioning assessment plans
- Partnership with Head Start

5 – 7 Things Other Systems Could Do To Make It Easier To Work with the Target Population

- Offer walk-in apt. times
- Increase number of providers to reduce wait time
- Better blend of affordable resources for private/ commercial pay
- Patient education about appropriate levels of care
- Reduce barriers to care (often about insurance)
- Discharge planning
- IOP for substance users
- Access to CPT codes
- Add PRTF beds
- More money, more people
- Better communication between systems; i.e. Suicidal child: Who has an opening?
- Integrate apps; i.e. homeless providers; keep them updated and integrate them
- Create a task force to link systems
- Look at barriers with HIPAA
- Systems being consistent with TIC practices
- Warm hand-offs; help family connect and give options
- Work together to enhance our systems of care, i.e. Data sharing/ better communication
- Individualized, family-centered care
- Work together to advocate for Medicaid expansion
- Collaborating to support/treat parents
  - ACES with kids and parents
  - Need funding source
- Work together to identify high-risk kids sooner
- Develop an effective process to intervene with high-risk kids

School System

5 – 7 Programs/Services Offered Others May Not Know About

- Harvesters: Food for low-income
- Positive behavior intervention supports
- Homeless coordinator
- Giving the basics: Personal hygiene supplies
- SECD: Taught in classrooms
- Counselors (High ratio: 1 to 400+)
- Social workers (1-900+)
- Nurses (1 – 1800+)
- SRO
- Substance abuse program
- Health partnership providing on-site services
- SPED
- Alt-Ed
- Parents as Teachers
- Preschool collaboration with JCMH
- Day care
- Family stability initiative

5 – 7 Things Other Systems Could Do To Make It Easier To Work with the Target Population

- Communication to track kids
- Foster kids: Provide information
- Consultation with mental health providers and schools
- Consideration of our role
- Lead contact from each organization
- Pool resources due to scarcity
- UCS community resources for general living
- Fix the referral loop challenges
- Tighten communication and collaboration
- Build employment skills for grads
- Credit acquisition collaboration across schools
- Use current status and predictive data to work together proactively

Child Welfare System

5 – 7 Programs/Services Offered Others May Not Know About

- Family preservation
- Family services: Case management, goals, at-risk; prevention
- Outpatient services
- In-patient services/Meds
- Access to benefits
- Child-placing agencies: Homes, kinship
- Flexible funds
- FINA: Family In Need of Service

5 – 7 Things Other Systems Could Do To Make It Easier To Work with the Target Population

- Appropriately fund prevention (breaking families apart)
- Assist community services to help strengthen families
- Realize that it's not all about abuse and neglect
- More community placements
- Familial support systems
- Family-first model/kinship

Court System

5 – 7 Programs/Services Offered Others May Not Know About

- IIP Diversion (500 a month)
  - Pre- and post-file
  - YC, MIP, Drug Court, Truancy, Sex Offender, Mental Health
- Evening Reporting Center (3 – 5 a week)
- Probation (150/month in court services; 50/month in ISP); Standard or intensive
- Pay Reporting Center
- Violator Docket

5 – 7 Things Other Systems Could Do To Make It Easier To Work with the Target Population

- Mentoring/Re-engagement
- Educational assistance
- Alternatives to suspension/expulsion
- Early mental health services
- Public transportation
- KDOC dollars
- Cultural divide assistance, like translation
- Adult court system
- Detox centers/access to SA treatment

Juvenile Justice and Community Supervision System

5 – 7 Programs/Services Offered Others May Not Know About

- Case management; Pre-trial, Post-Adjudication
- Community programs; Day reporting/ resource, Parenting, Anger/Aggression, Moral Reconation Therapy
- Juvenile Detention
- Juvenile Intake
- House Arrest

5 – 7 Things Other Systems Could Do To Make It Easier To Work with the Target Population

- Stronger/Immediate services for CINC
- Increase availability of mental health placements
- Data sharing
- Early intervention

Appendix B: Cross-System Collaboration Priorities

Following are the categories of ideas for cross-system collaboration along with the specific ideas listed under each of the categories.

Top Three Priorities

Data Sharing

- Modernize HIPAA, FERPA, 42-CFR 2 -- in order to share information
- School and state collaboration; re: data
- Streamline data collection and sharing
- Data information/sharing
- Data sharing; identify potentially highest risk/utilizers and develop intervention team or process
- Share services, information and concerns with the general public
- Bringing schools' data into MyRC
- Data sharing
- Involve more community partners: local leaders, faith community, colleges
- School intake assessment added to this data platform: ongoing mental health needs; resource check; what are your needs?
- System-wide access to data (PD, schools, hospital, MHC) in real time
- MyRC expansion with: DCF, schools, hospitals, etc.
- Develop system of care to ensure better communication and collaboration
- Open communication between service providers
- Utilize data from sources such as KHN or KTRACS
- Annual Report, review update and public TV report
- HWC: Handle with care; inform schools of child's interaction with them
- More integrated data & data sharing
- Data base – cross systems (MyRC and additional agencies)
- MOUs between all so that we could all easily communicate and collaborate
- Common information platform for multiple agencies

Increase Quality Placements; Improve Child Welfare System

- Co-responder for non-police problems
- Co-responder for every city and school district
- Support a crisis center and emergency shelter
- Parent support groups for those with kids in crisis
- Services for children in crisis

- More emergency shelter options
- Easy access to crisis center for mental health
- Short-term, in-the-moment crisis interventions
- MCRT or similar type of crisis for families/kids identified by school agencies as high-risk
- Increase number of co-responders in the overall network
- Shorter PRTF waitlists
- More PRTF beds that are accessible
- Lack of PRTF beds
- Reduce wait lists and encourage or increase available treatment providers
- Statewide PRTF waiting list
- Need more psychiatric residential and treatment facility/bed

Ideas under Improve Child Welfare System

- Child welfare system working groups need more specific recommendations with defined directives
- DCF institutionalize practice through policy and protocol to create consistency and standard
- Systemic approach to meeting basic needs: food, housing, transportation, etc.
- Looking at the real reason: Why was the kid selling drugs?
- Address disrupted adoptions
- Address solutions-services for adoption disruptions
- Affordable, safe housing with support
- Increase placement options
- Temp housing for foster children waiting for placement
- Group homes
- Placements for foster children: triage for kids coming into care; crisis center
- More foster care homes willing to take troubled youth
- Access to services; lack of inpatient substance help; Denial by insurance if court-ordered

Parent Education

- Expanding parents as teachers; mandatory
- Parent Resource list as suggested in interviews; parents as teachers
- Parenting classes in jails and prisons
- Volunteer mentor groups
- Easy and ongoing intervention for children
- Create more mentor and youth groups to combat family structure disruptions
- Parental support groups
- Early childhood education collaboration with parents to keep family structure in tact

- Develop a system to intervene in early "prenatal" connections
- Outreach to educators and parents in elementary setting
- Community-wide education and engagement; raise awareness and link to services
- Adoptive parent education and follow up
- Parent education, treatment and support; including how to access services
- Aggression classes at elementary-level for parents
- Early and ongoing assessments of SE needs of kids and families for earlier intervention
- Parent treatment for mental health and substance use
- Parent support at first JIAC case management; as part of visit of parents – required training

Middle Four Priorities

Inter-Agency Collaboration

- Warm handoff for referrals
- One-stop shop for wraparound services
- Have an access point at libraries
- Co-location of services with in school
- Create the warm hand off between agencies; use documentation and chain of custody
- Social services integrated – pop up – at libraries (schools?)
- Focused support for families – move beyond just a referral
- Trauma-informed transitions purposeful: between agencies, systems from child to adulthood
- Establish county-wide systems of care; more staff and individuals needed to address systems issues
- Integrate resources
- Mobile referral team for families
- One-stop shot resource and referral fair for parents/students
- Create a state-wide summit of all our human services groups
- Streamline trainings between agencies: TIC, DBT, suicide prevention
- Office agency staff at elementary schools

Policy/Funding Options

- Change ACT model to treat kids with SED and SUD
- Medicaid expansion
- Medicaid expansion System policy changes: non-punitive; equitable
- Reduce race and ethnicity disparities
- Adopt universal design across human services

- Defining the "lens" with which we address: juvenile delinquency as public health issues
- County-level case management
- More representation from minority groups/ population served to speak into the process
- State-wide acceptance of education centers
- Use common multi-tiered framework across all systems
- Address disproportionate representation; patterns in MYRC
- Housing affordability
- Re-invest savings from SB367; use available funds, such as from tobacco money
- Billing codes: ABC for working parents
- Medicaid coding: include families; ABC toxic stress
- Provider shortages
- Increase insurance reimbursement rates; need to incentivize more mental health providers aside from JCMHC
- Increase CPT code access to all organizations (billing codes)
- Integrate Medicaid codes between all providers

School System

- Alternative school options based on kids' needs
- Develop options for school/education for kids who don't fit traditional school
- Alternative schools "checks and balances" with other schools and connectivity with other systems
- Early truancy interventions
- Schools continue to improve policy and protocols surrounding SRO/School response to behavior/ mental health
- More counselors and more social works in school
- Exit interviews for high school students going to community college
- Review community for school suspension/expulsion
- School system/policy changes: kid-focused, equitable, get rid of punitive
- Mental health care follow-up for schools
- More alternative education program: vocation training, GED
- Earlier behavioral interventions for kids 10 and under

Trauma-Informed Care; Develop Resiliency and Coping Skills

- Access status of trauma-informed care training in schools, clinics
- Invest in bio-adoptive parents to assist in training and education and to manage difficult behaviors
- Trauma informed training for teachers

- Trauma informed/secondary trauma trainings
- Trauma informed interventions – PAT
- Retrain physicians, nurses, health pros in listening, developing authentic human relationships
- Developing authentic human relationships
- Make trauma informed care part of post-partum education or pre-partum
- Have kids connect with adult caregiver – school principal, etc., so they know an adult cares
- ACE and first aid training to professionals like teachers
- Program on how to teach emotional regulation, mindfulness
- Teach resiliency and coping skills in schools; pre-k on
- Trauma-informed family preservation
- TCM case managers everywhere
- ACES/MH screenings and health department and housing
- Build trauma informed care communities
- Zero tolerance for policies that take away from structure and activities
- Provide more information about available mental health services that are funded

Bottom Three Priorities

Community-Based Options

- Mentoring; not-paid programs
- Team treatment approach within the home
- We all need to prevent foster care messaging
- SED waiver services needed; professional resource for family respite
- Clear discharge planning from hospital for community wrap-around services
- IOP access to SUD services
- Reducing self-made barriers to accessing services
- Increase community-based services
- Follow up on medication management
- Find a way to offer whole family residential treatment
- More structured activities
- Train first responders and front-line staff; "fidelity of practice" trauma-informed
- Affordable anger management courses
- Low-cost athletics
- Parents' youth justice group
- Improve youth centers – libraries?

Human Services App

- System navigation
- Resource navigation for parents
- Resource navigation and online support
- Access to county resources; app that lists contact info for various county resources; frequently updated; searchable database
- Shared management info system
- Apps for new parents/toxic stress
- Increase ease of transition between step up and step-down services
- How to navigate child welfare system for parents/professionals
- Centralized resource locator with systems navigator
- Parent/system simulations then flowchart
- My RC application for public use on cell phone
- Improved access to care and navigation of care
- A parent mental health passport – not starting at ground zero
- App reminders with education and TIC for parents
- Filtered internet resources (moneysmart, MyRC)
- Use social media to reach differing populations
- Technology – agency/parent

Transportation

- Transportation is biggest barrier to accessing services
- Transportation resources
- Tele, Skye, distance solutions
- Public transport to: schools, health clinics, MHC, libraries, hospitals
- Reduce financial costs related to transportation
- Improving transportation
- Need to get to services
- Transportation services
- Affordable, reliable transportation

Appendix C: Action Team Charters – Initial Drafts from The Summit

Action Team Topic #1: Increase Quality Placements

1. What is the focus of this Action Team?

Create increased quality placements based on youth needs – PRTF, Crisis, Emergency, Respite, CINC, Foster (therapeutic) Homes
How many, what type, what exists now?

Additional thoughts that brought us to the focus

- Need for therapeutic beds
- Need for respite for kids so they aren't at JIAC
- LE having to drive a kid around to figure out where to bring a kid – they have no place to bring them – no wrong door or centralized intake
- Out of state placements are taking up our beds in KS because they pay so much more
- Create increased placement options based on youth needs
- Partnership with hospitals and providers
- Need more acute beds, more crisis.
- Crisis – acute and respite beds

2. What are our "hoped for outcomes"?

- Increased beds for placements
  - Crisis (includes sobering beds)
  - Respite
  - Acute
  - Substance Abuse Tx
  - Emergency Shelters
  - Mental Health
  - Foster
  - Runaways
- Right youth in right placement at the right time and right away.
- Readily Accessible beds.
- Include IDD

Additional notes:

- Crisis centers will decrease needs for PRTF, Acute, Detention Centers, and out of home placements
- Ability and flexibility to step up/step down and flow.
- Prevention of placements of higher levels of care.
- Get a child well and stable to get them into a foster home for a longer placement.
- Ensure we aren't shifting bed categories, if increase crisis beds are there less ACT beds?
- Do we have beds but not staff so can't use the beds?

3. How will we measure success or progress made?

- Increase beds
- Decrease waitlists
- Decrease one-night foster care placements
- Decrease "office" kids
- Map the foot traffic - where do they come in and where are they going
- Utilize re-entry data – i.e. longer stays in PRTF beds lower rates of readmits.

4. What are some of the tasks that need to be done?

- Data review of existing and needed data.
- Gaps – where are the beds
- Collaboration with Mental Health and Foster Care for therapeutic beds in foster homes.
- If creating something new – define what will be success or failure
- Waitlist management – who is on the waitlist and how many waitlists are the on?

Additional notes

- Larger mindset conversation, i.e. quality congregate care is better than sleeping in offices or bouncing from bed to bed

5. Who around the table wants to serve on the Action Team?

This is who was around the table and all were willing to serve on the action team.

- KVC – Annmarie Arensberg
- Kids TLC – Erin Dugan
- Marillac (KU) – Emily Snow
- JCMHC (ACT) – Kevin Kufeldt
- Law Enforcement – Trevor Burgess
- JoCo Corrections – Ted Jester/Brandon Hershey
- JoCo Courts – Don Hymer
- MCO – Gena Hyatt (Amerigroup))

- KS Appleseed – Trinity Carpenter
- JoCo Courts – Jenifer Ashford
- State Legislator - Linda Gallagher – Linda will serve on the Action Team
- LE – Wade Borchers
- KVC Clinical Manager – Jennifer Rogers
- JoCo Dept of Corrections – Mary Ann Pitnick
- JoCo Mental Health Center – Erin Showalter

6. Who is missing that needs to be around the table for this Action Team to get its work done?

- KVC – Lyndsey Stevenson/Chad Anderson
- Impacted families
- KDADS
- KDHE
- MH Co-responder (Trevor can identify a co-responder)
- Legislative Representation
- DCF
- Olathe Medical Center
- Shawnee Mission Medical Center
- Guardian Ad Litem
- Defense Bar

7. If you were going to put a completion date on this Action Team, what would be the date they should try to have their work done by?

- Jan 1, 2019 – Report with recommendations
- Crisis Center – when will this open, this could be the pilot to determine where are capacity really is lacking. 3-5-day goal
- Policy, framework, advocacy

Action Team Topic #2: Data Sharing

1. What is the focus of this Action Team? Facilitate Data Sharing

- Sharing data because it's underutilized
- We have data; it's just not shared
- Need to understand user outcomes so we can understand the inputs; identify if there is a data shortage anywhere; what's the end goal
- Identifying what we need to know; what type of information do we need
- Streamline data collection and sharing
- System-wide access to data in real time (PD, schools, hospital, MHC)
- NOTE: Get flexibility up front for various uses; let the uses be defined later
- Data Analysis: Sooner rather than later
- Sharing info, not just data

2. What are our "hoped for outcomes"?

- Defined vision
- Steward of the data
- Increased inter-agency/inter-system collaboration
- Improve client success
- Coordinate care
- Determine service gaps
- Increase safety for providers
- Identify risk earlier
- Identify key risk factors that are indicators for future problems

3. How will we measure success or progress made?

- If we have dedicated staff, financial and hardware resources
- Signed data sharing agreements
- Increased data sources
- School system agrees to work on data migration: myRC participation discussions
- Some palpable increase in evidence of inter-agency collaboration
- Identifying steward of the data.

4. What are some of the tasks that need to be done?

- Data inventory; understand the naming conventions
- Determine scope of work
- Identify all potential contributing agencies
- Start meeting; kick off and quarterly
- Have a project manager
- Standardize data fields and definitions
- IRIS: KU team; referral loop tracking software; JoCo pilot
- Need Juvenile Data from KDOC (have adult)

5. Who around the table wants to serve on the Action Team?

- Kevin Waring, CRT
- Alex Holsinger, County Manager's Office
- Brian Seidler, JoCo Department of Corrections
- Jin Yao, Data and Technology Information
- Steve Yoder, Data and Technology Information
- Chris Schneweis, County Manager's Office
- Brandon Hershey, JoCo Department of Corrections
- Misty Leiker, JoCo Department of Corrections
- Cathleen Panowicz, Netsmart
- Henry Hodes, Blue Cross Blue Shield
- Chris Kelly, JoCo Mental Health Center
- Jaclyn Kirwan, JC Mental Health Center
- Mary Pitnick, JoCo Department of Corrections

6. Who is missing that needs to be around the table for this Action Team to get its work done?

- School districts
- Jason Bohn – Renew
- Major Jack Fahrnow, Olathe, PD
- Olathe Health System
- DCF
- Hospitals
- MCOs
- Legal
- REACH Healthcare Foundation: Brenda Sharp

- KHIN or KTRACS
- State of Kansas – legislative staff,
- IBM Watson

7. If you were going to put a completion date on this Action Team, what would be the date they should try to have their work done by?

- YR 1 work: September 20, 2019
  - Data inventory; understand the naming conventions
  - Determine scope of work
  - Identify all potential contributing agencies
  - Start meeting; kick off and quarterly
  - Have a project manager or leadership structure to meetings
  - Standardize data fields and definitions
  - Bring schools' data into myRC
- YR 2 work: Share services, information and concerns with the general public
  - Data sharing: identify potentially highest risk users and develop intervention or process
  - Common information platform for multiple agencies
  - Annual report, review update
  - Handle with Care: police data shared with schools. (Law enforcement called to house; school knows next day.)

Action Team Topic #3: Parent Support and Education

1. What is the focus of this Action Team?

- Expand wraparound services, education, and support to reach parents and intervene earlier
- Include parents and families in treatment
- Consistency in terms and information across systems (TIC language, similar skills taught by various entities, use parent-friendly language)
- Trained parent education and support to be more trauma informed
- Annual health/resource fair in schools for parents and families
- Identify the "at risk" population before birth and "work from the bottom"
- Develop specific curriculum/interventions to implement across agencies/institutions
- Developing a parent support system outside of the MHC
- Umbrella services/supports for parents
- Resources developed for parents navigating systems (all parents have knowledge of MyRC)
- Improve our ability to help parents recognize when help/support is needed (by using a screening form)

2. What are our "hoped for outcomes"?

- Learn the touchpoints for parents – what resources/entities are they likely to reach out to?
- Consistency in terms and information across systems
- Earlier intervention
- Healthier attachment b/t parent and child
- Education in children entering the welfare system
- Increasing easy access for parents to find education/resources/supports
- Greater understanding of accessible resources
- More well-rounded and emotionally developed children
- Annual health/resource fair in the schools for parents and families

3. How will we measure success or progress made?

- Less disciplinary issues in schools
- More parental involvement in the schools
- Increase in graduations, fewer drop outs, better plans upon graduation
- Increased family resiliency/emotion regulation
- Fewer DCF contacts/ Fewer children going into foster care
- Decreased dependence of systems
- Decrease in the cycle of drugs/violence/jail
- Reduction in infant mortality

- LEO contacts
- Shorter episodes of treatment
- Reduced recidivism
- Fewer behavior modification programs in schools
- Increased awareness/knowledge and confidence in navigating systems by parents

4. What are some of the tasks that need to be done?

- Way to identify/define our target population
- Consensus on what we want to educate parents about
- TIC curriculum for Parents as Teachers
- Finding ways to capture our relevant audience (the people who need to be there are the ones that aren't there)
- TIC curriculum developed across systems to push out consistent information to parents despite the systems that they touch and so that skills/info are reinforced by various providers
- Identify groups/providers that already exist to assist with development/implementation
- Way to gather data to see if this initiative is effective & how data distribution will take place
- Decide how to disseminate information so that is accessible in a variety of ways
- Develop/purchase a curriculum
- Identify a way to track data
- Some sort of screening form to assess for risk
- Professional development in order to facilitate these interventions/services/trainings
- Identify groups/entities to help implement strategies
- What parent groups already exist to engage in this process or to push out info.
- Divide our tasks into subgroups (1. Prevention education across all age groups; 2. Crisis education and support for age groups)
- Child care should be provided during trainings or training should include children
- Approaches need to be culturally competent

5. Who around the table wants to serve on the Action Team?

- Lindsay Douglas – Gardner/Edgerton School District
- Jordan Endicott – JCMHC co-responder
- Leighanne Neal – Director Early Child Ed SMSD
- Shelly May - JCDS
- Jason Stary – JCMHC
- Kiersten Adkins – Pathway to Hope
- Christine Fuhrman - Kids TLC

- Emily Snow – KVC
- Molly Askew, Olathe Head Start
- Janie Yannacito, JCMHC
- Ashley Dugan, Assessment Manager, KU Health Systems
- Mary Pitnick, JoCo Department of Corrections
- Christi Wilhoite, Division of Children and Family Services

6. Who is missing that needs to be around the table for this Action Team to get its work done?

- KVC/DCF
- Parents as teachers
- Data analysis
- Corrections staff
- Pediatricians/hospitals
- Parents w/ lived experience (Strengthening Families, NAMI, MHC, Commonsense Parenting, Pathways to Hope, Foster care training - MAP)
- MOCSA
- Safehome
- Sunflower House

7. If you were going to put a completion date on this Action Team, what would be the date they should try to have their work done by?

1. Identifying Target Population: 1/2019
2. Curriculum/Screening forms: 12/2019
3. Screening Instruments: 12/2019
4. Marketing: 12/2019
5. Implementation: August 2020

Action Team Topic #4: Interagency Collaboration

1. What is the focus of this Action Team?

- Education and training. Maybe not state wide, but county wide. We have a wealth of resources in this county, we just always don't know what they are. We are advocates for our kids and we refer for services as we can.
- All of us really coming together; it's not an "us vs them" thing.
- Cross systems coming together to inform and then building from there
- Identifying shareholders. Knowing who the different agencies are.
- Collaboration. Once services have been provided, are we sharing information? Once a referral has been made, are we sharing back?
- There are different ways we can go with this. To us it seems like more of an issue once a service has been provided.
- Better understanding of what is already out there and working well. What can we replicate?
- IRIS (KU software project)
- Where's the gap where we don't have anything? Example student who might be suspended for 180 days, but ends up in a shorter-term school setting that doesn't last that long. What happens to the student then?
- Develop system of care to ensure better communication and collaboration
- I visualize my "swim lane". Who's in my lane? Who's at the table?
- A group could do some "spider mapping" or use of spheres to map that would show more overlap
- Some more discovery about how agencies should and could collaborate

2. What are our "hoped for outcomes"?

- Ultimately the family is the identified individual with a team/community behind them
- A shared responsibility. It's all of our responsibility. It's not an "I'm done so see you later"
- A warm hand off should be more of holding hands.
- At our hospital we no longer use the word discharge. It's called a transition. We need to transition them to the next level of care. There's a transition back to school, back to probation, etc.
- Regular interagency get together for sharing and collaborating on an ongoing basis. Suggested quarterly. This facilitates a person-to-person connection that helps with the transitions.
- Embed the services available to actual access points, such as the school or library.
- Seamless referral system so they know who to contact or at least the agency to contact. Don't necessarily want a person's name, but an agency because personnel can change.
- There are no boundaries or borders
- The most effective way would be both physical meetings and physical communication, and also electronic collaboration.

- Not just agency collaboration, but collaboration for individuals. One of the outcomes we would hope to have would be the reduction or elimination of interaction with certain systems. With the idea of having that collaboration we would reduce the interaction. Because there's these warm hand offs and communication, they do not have to have any more police interaction or jail.
- Want to add a descriptor to the word transition. Want to add "healthy". For some transition is not a good transition. Want them to move in a positive direction as opposed to a negative direction.
- Develop flow chart of services for families

3. How will we measure success or progress made?

- 75% of agencies commit to engage in collaboration. They are going to show up at those meetings.
- Tracking the quarterly meeting activity.
- Use of libraries as access points and for hosting events
- Track number of referrals from schools to services
- Number of library staff and teachers trained for resource referrals
- Survey to get feedback after navigating services
- Focused more on data collection and how we can use data.
- Assessments that families can complete in the beginning regarding their resources and knowledge and how the system has worked for them so far. And then yearly review that to see where we are at and see how their knowledge has changed or improved.
- Collect drop outs (from services) from start to finish. Track those that started working in the program and then dropped off. Then maybe get more information on why.
- Looking at the numbers: hope to see a reduction in hospitalizations, PRTF, recidivism, and out of home placements
- Identify the number of sessions per year.
- See if getting together physically is a better way to meet with the individual
- Identify agencies that are represented and number of members from each team
- Identify repeat and unique agencies represented
- If they made it through the system in a positive way, they graduated. They can be followed for their story and their history. It could be a way to measure success. They could even become teachers themselves. Could build a peer support system.

4. What are some of the tasks that need to be done?

- Can we start with MyRC?
- Education and getting agencies together. Our question is to find out who the agencies are.
- We may not ever find out the total number, but start with a list. Pick a day and get it going. Then we can start from there
- First, identify the stakeholders.

- Second task is HIPAA clarification and privacy issues. Do we need to bring someone in to clarify what we can and cannot share? Is there a way to formulate a release that is generic and all encompassing? Really seeking to identify any barriers to us sharing information.
- Third, identify a point person for that agency. That person can then get people where they need to go.
- Identify who would participate and schedule the host
- Identify the access points. Who should be working and who should be working with access points?
- Setting up the meeting is actually a task.
- A possible needs assessment to agencies from access point. Assess what kinds of services agencies need and what kind of communication.
- Suggest creating some sort of "Intent to Connect" form
- Informing each other of our information sharing abilities. Different agencies have different requirements. Maybe it's education to each other. It would be a good process to understand releases of information and what can be shared.
- Create coordinated releases and disperse information about confidentiality limits
- Develop system of care to ensure better communication and collaboration
- They should have an action plan, with a champion of who will lead it.

5. Who around the table wants to serve on the Action Team?

- Marty Vinson, DCF
- Jenifer Ashford, JoCo District Court
- Rennie Shuler-McKinney, SMMC
- Shannon Stenger, JoCo Court Services
- Sierra Wright, JCMHC
- Ken Southwick, SMSD
- Marion Pierson, Village Pediatrics
- Wade Borchers, Lenexa PD
- Christine Fuhrman, KidsTLC
- Mary Beverly, Health and Environment
- Marya Schott, UCS
- Fabian Shepard, JoCo Mental Health Advisory Board
- Tim DeWeese, JCMHC

6. Who is missing that needs to be around the table for this Action Team to get its work done?

- Quality and Compliance Expert
- More school districts
- Libraries – Adam Wathen, Jen Mahnken
- More racially diverse members of the community
- Smaller culturally, religiously diverse members
- Individuals receiving services
- KVC rep
- Some kind of legal representation (to help with drafting releases and agreements)

7. If you were going to put a completion date on this Action Team, what would be the date they should try to have their work done by?

- Propose the action team have our first meeting by October 31st and have an update ready to share with the larger group by the end of March
- Training for access point staff. Maybe have this done by the end of 2019?
- If this team can go into the school to coordinate. Provide a "connection update" and training. Closer to the start of the school year or use of an in-service date. Task: find out school schedules and partners to present/attend trainings.
- Coordinate with schools to update point person and update services/programs. Around September or October.

Action Team Topic #5: Trauma-Informed Care and Resilience

1. What is the focus of this Action Team?

- To intervene early by creating ideas for "action"
- To infuse trauma-informed care (TIC) into all health and social services in Johnson County
- Educate, train and implement TIC among a wide range of agencies (schools, preschools, child care setting, hospitals and doctor's offices)
- Introducing resiliency into school curriculum
- Provide TIC training across all organization to children and parents
- TIC across wide range of agencies (including school district)
- TIC across systems and secondary trauma for staff and providers. Secondary trauma for parents
- To educated agencies, organization about TIC and train staff county wide

2. What are our "hoped for outcomes"?

- Trauma informed care from cradle to grave
- Trauma "skill teams" are formed and available to kids before crisis
- To create a health and resilient community (prevention)
- Family is empowered by system to be resilient
- We all speak the same language
- Aware, sensitives, responsive, informed are embedded everywhere
- Seamless collaboration and commitment
- Trauma & resilient best practices
- Cultural competency
- Shifting from reactive (after trauma) to proactive (teach resiliency)

3. How will we measure success or progress made?

- A reduction in ACEs across Johnson County and generations
- Adopting SAMHSA (10 domains—selecting Missouri model principles)
- A smaller number of kids per month in "crisis"
- Agency report
- Safety, trustworthiness, peer support, cultural responsiveness model
- Kids/people are connected and supported
- Site visits/evaluations
- Track number of people trained
- Decrease number of contacts in agencies—DCF, MH, law enforcement

4. What are some of the tasks that need to be done?

- Teach access to self-care. App or web-based
- Develop preventative actions/interventions o that kids don't need Alternative setting in school or community
- Parental classes (New Mexico, California)—decreased drop-out and increased graduation
- Assessment of services (programs) and best practices that are already available
- Broaden who receives education
- Form teams of co-responder trained by level of trauma and ready to deploy
- Educated, implement, accountability, measure
- Trainings and best practices
- Bring in Alive and Well into Johnson County
- Ask Wichita State for help on curriculum and ideas to implement (Mary B)
- Add TIC to JoCo CIT
- Train and certify people across organizations and community in TIC
- How are consequences (breaking the law) impacted by TIC?---question that may need to be answered
- Implement ABC program in JoCo
- Complete ACES w/ maternity care or at emergency department and refer if needed
- Program for kids/parents on resiliency for kids involved in court services

5. Who around the table wants to serve on the Action Team?

- Emily Snow, KU/Marillac
- Kiersten Adkins, Pathway to Hope
- Marisa McCormack, Resilience Builders
- Mary Beverley, JoCo Health and Environment
- Chris Oliver, Shawnee Mission School District
- Dr. Wael Mourad, Health Partnership Clinic
- Molly Askew, Olathe Head Start
- Alive and Well Communities – Kathleen is checking with Jennifer on this
- John Lafoon, Olathe School District
- Susan Rome, JCMHC
- Helen Imel, JCMHC
- Ann Konz, Mental Wellness Advocate

6. Who is missing that needs to be around the table for this Action Team to get its work done?

- Boys and Girls Club/Youth Groups
- Churches
- Community centers/businesses
- Library
- Ann Konz – NAMI JoCo
- School Administrators
- Health Care Providers
- Care givers - multigenerational
- People with lived experience
- Police
- Fire/Med-Act
- Jewish Family services
- Private providers
- Make sure it is a culturally diverse group
- Seven Days (grass roots organization) sevendays.org
- County PIO
- NAACP
- Latino Coalition

7. If you were going to put a completion date on this Action Team, what would be the date they should try to have their work done by?

- 2 years, JoCo recognized as building a Trauma Informed Community
- Infinity

Action Team Topic #6: Policy/Funding Options

1. What is the focus of this Action Team?

- Policy
  - Coordinating committee akin to CJAC – key community leadership and consumers
  - Are there "light lifts" regarding policy that we can impact without involving the state
- Funding
  - Identify funding sources- Establish team and procedure to request funding.
  - Engage community organizations to seek funding from state pools of money
- Wish List:
  - More representation from minority groups and population served
  - Housing Affordability
  - Billing Codes
    - ABC
    - For working parents
  - Medicaid Coding
    - Include Families
    - ABC Toxic Stress
    - Clubhouse
  - Align privacy policy laws
  - Integrate Medicaid codes between all providers
  - Increase CPT code access for all organizations
  - Increase Insurance reimbursement rates to incentivize increase in providers
  - Re-invest savings of SB367
  - Reduce racial and Ethnic Disparities
  - Medicaid Expansion
  - System Policy Changes- Non-punitive and equitable (PBS, TIC, etc. ..)
  - State acceptance of Education Credits from JDC
  - Address Medical Gaps- Consider impact of federal programs on state administered programs

2. What are our "hoped for outcomes"?

- Build consensus on what policies we, as the Johnson County Community, support and advocate with one voice (Policy statement, "Memorialize policies approved or enacted)
- Dashboard showing how much money is received for programs
- Data driven evidence-based policy making
- Outcomes will need to be specific to agreed upon policy priorities
- State accepts education credits from JDC

3. How will we measure success or progress made?

- We will have a narrowed "wish list" of our policy priorities
- Leadership and elected officials are advocating for policy priorities
- Able to articulate the funding needed
- Define sources of funding

4. What are some of the tasks that need to be done?

- Create a committee and define tasks.
  - Clarify interested parties
  - Flush out policy statements from the policy "wish list"
  - Define policy positions
  - Define Action needed to be taken
  - Define Outcomes
- Public Awareness/Communication
- Is there support within the community to ameliorate "quick relief" tasks?
- Create white papers for our policy makers and leaders to explain details of the "why"
- What is happening that is working in other parts of the country relative to specific wish list items?

5. Who around the table wants to serve on the Action Team?

- Matt Enyart, KIPBS at KU
- Julie Brewer, United Community Services
- Judge Foster
- Mike Fonkert, Kansas Appleseed
- LeEtta Felter, Olathe School Board
- Fabian Shepard
- Senator Dinah Sykes
- Rep Linda Gallagher
- James Harmon, Division of Children and Family Services
- Tim DeWeese, Mental Health Center
- Amy Falk, Health Partnership Clinic
- John McKinney, Shawnee Mission School District

6. Who is missing that needs to be around the table for this Action Team to get its work done?

- Sheriff Hayden or another LEO
- Private Providers
- Grant Writer/Fund Raiser
- Managed Care Organizations
- KDADS
- KDHE
- Maury Thompson
- Municipalities
- School Districts
- Annie McKay
- Alliance for Healthy Kansas
- Kansas Association for the Medically Underserved
- Amy Falk – CEO of Health Partnership Clinics (FQHC)
- Johnson County Community College- (Grant writers, white paper writers, interested community member)

7. If you were going to put a completion date on this Action Team, what would be the date they should try to have their work done by?

- 2020- Goal for the "heavier lifting"
- Key Date- January 1, 2019- Beginning of the KS legislative session
  - Perhaps have some of the "lighter lifting" policy issues addressed
- UCS Public Policy Forum on December 18, 2018