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County Administrator

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Statement for the October 19, 2022, County Commission meeting

- On Monday, LMH Health and Bert Nash Community Mental Health Center issues press releases about our ongoing work to open and operate the Treatment and Recovery Center.
- I was surprised that the releases came out Monday after the great conversation and update we had last week to the community. Collaboration is hard. I have been working closely with Dr. George Thompson, as well as representatives of LMH Health and Bert Nash to address and resolve issues. I had hoped that we could speak positively and hopefully about what our shared collaboration will return for this community. I am saddened that I need to step aside from that work and talk about issues that I am confident we will work through together, like we always do, in Lawrence.
- Douglas County is working closely with Behavioral Health Partners Inc. to prepare the TRC for opening.
- And, as we outlined last week, we are very much still working on the best way to operate this community asset.
- A lot of things have been said in the last few days about the County and our intent, I wanted to say a few things about what has gotten to us to this point and where I think we are now.
- Douglas County is committed to opening the Treatment and Recovery Center as soon as possible. County staff has working tirelessly to make this happen for years.
- To that end, County staff were surprised to learn in May of 2022 that BHP had not yet applied for a license. County staff were also concerned that BHP had not explored alternative licensing scenarios, given the fact that Crisis Intervention Center regulations had not been finalized by the state of Kansas.
- BHP failed to apply for a license until July of 2022, nearly a year after BHP's first executive director – the Director before Dr. Thompson - identified licensure as one of BHP's top priorities.

- Behavioral Health Partners Inc.'s contractual commitment to Douglas County was that BHP would be prepared to open the TRC on July 1, as outlined in our prefunding agreement.
- Despite identifying licensure as a key priority in July of 2021, BHP did not convene any licensure discussions with KDADS during the eight months from July of 2021 through February of 2022.
- The first prefunding agreement expired at the end of February 2022. Douglas County did not receive a proposal from BHP to extend the terms of the prefunding agreement until May 27. On June 1, commissioners approved the extension to provide reimbursement for expenses incurred through June 30. As illustrated, the County has worked very fast to get needed agreements executed. Faster than our partners.
- On June 30, 2022, the County's second extension of that prefunding agreement expired and I didn't have a draft revision or extension.
- I want to remind the commission that since September 2021, the County has paid LMH and Bert Nash over \$1 million for the purpose of developing and opening the TRC.
- Over the summer, it was clear to me that in addition to clinical and operational steps that needed to be taken, numerous legal agreements between LMH, Bert Nash, BHP and the County were not even in development. I knew that if we were going to open and operate the facility in 2022 that contract work needed to start immediately. Finalizing those contracts would take much longer than BHP anticipated.
- I am confused by assertions that the Center could have opened on July 1 given these factors. The only services that could have been provided at that time are existing access center services that have been and continue to be offered today by Bert Nash in the Community Health Building.
- On Aug. 1, I informed BHP leadership that the County had serious concerns about BHP's ability to open and operate the center successfully. I asked for a plan for how it intended to get the center open. BHP was not able to provide a plan at that time. I asked that the plan be completed by the end of the month. I told them if the plan was not achievable, executable and realistic that the county would have no other choice but to find a provider that could do that. The County gave BHP a list of tasks that the County deemed necessary for the TRC to open and operate successfully.
- On Aug. 23, BHP presented various written documents to the County. Those documents were internally inconsistent, incomplete, and demonstrated that BHP was not ready to open and operate the center successfully. Many essential tasks were incomplete; some had not even been started.
- To ensure that the County had the expertise needed to review and evaluate the readiness materials, Douglas County secured outside legal counsel with an

expertise in health care to assist us in that review. This was important to ensure that the taxpayers were getting a fiscally responsible operating plan.

- I was also given a revision to the prefunding agreement that would have extended it through the end of year and required more funds than what previously agreed to.
- At this point, I was in a very difficult position. Douglas County has the obligation to open the TRC. The sales tax funds to build and operate the center came to Douglas County. State funding to operate the TRC comes to Douglas County. LMH Health does not have that obligation. Bert Nash does not have that obligation.
- As of today, BHP has also failed to submit a TRC budget to us so that we can submit it to the state for state fiscal year 2022-2023. This would allow the county to finalize a \$3.1 million funding commitment from KDADS to support Douglas County in operating the Treatment and Recovery Center.
- Because of all of this, on Sept. 1, I informed LMH Health, Bert Nash and BHP leadership that the plan was insufficient and that I planned to recommend that Connections be brought in to augment our local partnerships to ensure the TRC could open and operate successfully.
- My intention was and is that the TRC will operate with local staff provided by Dr. Thompson and his team.
- Since September 1, substantial progress has been made. Agreements and action steps that were delayed months have been accelerated.
- As the paper reported, LMH President and CEO Russ Johnson acknowledged, in an email dated Sept. 12, 2022, that BHP had not been proactive in communicating with the County, had not heard the County's concerns, and that the readiness materials provided to the County were "not carefully done."
- In the past two months, I have met numerous times with BHP Board members. I speak to Dr. Thompson almost daily on this work. My time, as well as the time and effort of Bob Tryanski and the County Counsel, have been substantially devoted to this work over the last several months.
- In late September, the BHP proposed a number of changes to their structure to create more independence of BHP from their member/owner/subcontractors of LMH Health and Bert Nash. These are important actions for the health and sustainability of the TRC.
- In that same correspondence, the BHP board invited Connections to return to Lawrence as soon as possible for a series of meetings with Dr. Thompson, LMH Health, Bert Nash, and other TRC staff to outline the needs of the TRC and BHP and learn more about the support Connections can offer as we approach opening

and that they looked forward to this opportunity and they welcome the additional resources and expertise.

- I want to talk a little bit about Connections. As we discussed last week, LMH Health, Bert Nash, BHP and the County has been working with Connections since March 2019. This relationship precedes the formation of BHP as an entity.
- Connections has been engaged in the development, operation and planning of crisis services for 20 years. They have pioneered the model of crisis treatment being implemented here in Douglas County and across the country. They are the foremost subject matter experts in the planning and operations of these facilities and their work has been devoted to supporting public sector partners in serving the most vulnerable persons in need of behavioral healthcare.
- LMH Health, Bert Nash, BHP and the County has visited their facilities in Arizona multiple times.
- Connections has been our collective role model in this work. It is unfair to characterize them as anything less than that in this work.
- Some analogies have been made to this project and a 2020 effort by LMH Health to replace a local physicians group that oversaw the hospital's emergency department with a large national firms – Envision Physician Services.
- This is where this situation differs substantially from that effort:
 - In that situation, LMH Health tried to replace local doctors with out of town doctors.
 - In this situation, Connections would replace administrative functions, like IT and Finance functions that were going to be subcontracted to LMH Health. All clinical services will be led by Dr. Thompson.
 - In that situation, LMH Health tried to replace local expertise with out of town expertise
 - In this situation, the County wants to supplement local expertise with national expertise. Not replace.
- As we discussed last week, the decision to operate the TRC under a provisional Private Psychiatric Hospital license created additional potential hurdles to opening. LMH facilities staff have recently identified several potential safety and compliance issues, including the need to retrofit card readers, door hinges and plumbing fixtures to comply with higher level anti-ligature requirements of a psychiatric hospital. County staff estimate that it could take a minimum of eight weeks to order and install the equipment required.
- That being said, I am eager to work with Dr. Thompson to learn more about what he learned from his work with Connections last week and share a plan for opening with the community as soon as possible.

- There has been a lot of talk about the County's recommendation on this issues. I prepare the County Commission agenda every week. If staff is ready to make a recommendation, I will put it on the agenda. Until that time, we are still working, refining, developing, etc. We do this every week.
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- Once staff prepares a recommendation, the Commission makes the decision. And even after that, we are still working to implement and shape our work in the community.
- I am committed to working with BHP and our community partners to make the TRC successful. We are meeting daily to work through issues, identify road blocks, and determine structures and services are needed to best serve the community.
- I will report back to the Commission frequently on this critical project. I stand for any questions.