

COMMUNITY FORUM CONVENED BY  
THE MENTAL HEALTH CENTER BOARD  
AND THE COUNTY MANAGER OF JOHNSON COUNTY

IN RE: SOLICITATION OF )  
PUBLIC COMMENT ON THE )  
ADOLESCENT CENTER )  
FOR TREATMENT )

TRANSCRIPT OF PROCEEDINGS

BE IT REMEMBERED that on the 19th day of  
September, 2006, the above-entitled matter came on  
for public hearing at 11811 South Sunset Drive,  
Olathe, Kansas.

APPEARANCES

On the Panel: MR. DAVID WIEBE  
MR. HANNES ZACHARIAS  
MR. JACOB SWISHER  
MS. ANNE HODGDON  
MR. DOUG SIKKEL  
MS. SHARON LAWRENZ

County Commissioners: MS. ANNABETH SURBAUGH  
(CHAIRMAN)  
MR. DOUGLAS E. WOOD  
MS. DOLORES FURTADO

Also Present: MS. DELMIRA DE BOW  
MR. HOWARD SNYDER  
DR. RON MC NISH

Reported by:  
Caroline R. Castle, RDR, CRR, CSR

OFFICIAL REPORTER

(7:02 p.m.)

MR. WIEBE: Welcome to our community forum this evening to talk about the Mental Health Center's Adolescent Center for Treatment program.

I also wanted to welcome you to the newest County facility. It was just recently opened, and I think it's a facility that all of us in the community can take a great deal of pride in. I think that's just -- it's just a great facility.

My name is David Wiebe. I'm Executive Director of Johnson County Mental Health Center. And let me introduce the other people who are at the table with me.

To my right is Jacob Swisher. He is the chair of the Mental Health Center Board of Directors.

To my left is Hannes Zacharias, who is Deputy County Manager for Johnson County.

To his left is Anne Hodgdon, a member of the Board of the Mental Health Center.

And next to Jacob Swisher is Sharon Lawrenz, another Board member of the Mental Health Center.

And at the end of the table is Doug Sikkel, a member of the Board of the Mental Health

Center.

While I'm at it, let me just make a few other introductions.

On the very front row -- and you all can raise your hands -- there's Commissioner Doug Wood; Delmira DeBow, who is a member of the Mental Health Center Board of Directors; Dolores Furtado, County Commissioner; and Howard Snyder, a member of the Board of the Mental Health Center.

We really appreciate you coming to this meeting to give us the opportunity to hear from you about your thoughts and experiences and feelings about the Adolescent Center for Treatment.

Let me begin by giving a little bit of background to this, and so we have some context for our discussion this evening.

As part of the 2007 discussion of the County's budget, a question was raised about the possibility of converting the facility that houses the Adolescent Center for Treatment for use by Juvenile Corrections. There is a major serious problem of capacity and overcrowding at the Juvenile Corrections, Juvenile Detention Center, which is adjacent to the Mental Health Center's ACT program.

That, of course, raised the accompanying question about the relative value of ACT and whether or not the program should continue.

No decision was made as part of the '07 budget process, but the County Commission did request that a study of the issue, including a study of the operation of ACT and its value to the community, be undertaken. And that task was assigned to the Alcohol Center Governing Board.

So the Mental Health Center Governing Board undertook this. A Board committee was appointed by our chairman, Jacob Swisher, and those are the three board members who are here with me.

And Dolores Furtado, a liaison for the Mental Health Center Board, has been a part of that work group. Hannes Zacharias and I have both facilitated the group. Ron McNish, our clinical director; Barbara Burks, who is director of our substance abuse services; and Megan Laha, who is with the County Manager's Office, served as resource people.

So the work group is currently in the process of studying in depth the Adolescent Center for Treatment program. We do have a timetable that calls for a report and recommendation to be made to

the Mental Health Center Board by November.

Now, before we go on -- and I'm assuming just about everybody is here because of your interest in ACT. But in case there's some people who may not be aware of ACT or exactly what it is, let me just do a little thumbnail sketch of the ACT program.

This is a 20-bed residential substance abuse facility. It serves youth, age 12 to 18, who have serious problems with addiction to alcohol and other drugs. It's part of a continuum of treatment for youth. Also involves outpatient and after-care services.

The length of residential care at ACT ranges, generally, between 21 and 30 days. The program serves about 250 kids each year. It is open to youth from other parts of Kansas. Currently, just under 40 percent of the kids served are from Johnson County.

The program has an operating budget of about \$1-1/2 million, and just over \$300,000 of that comes from County funds.

The purpose of tonight's forum is really a very critical part of this study. We exist to serve the community and meet the needs of the

community. And I think we would not be doing our duty if we didn't ask the community for their opinion and what they thought about the ACT program and the role it plays in our community and in terms of treating youth who have problems of addiction.

Because we exist -- first and foremost -- to serve the needs of the community, we do need to hear from you.

We are doing this by posing three questions. And you should have this in front of you. This, I think, was circulated and I think there are a number of copies out there. And just let me go over those again.

What, if any, experience with or awareness of the ACT program do you have? Based on that experience, how would you assess the quality of the ACT program? And finally, what is the value of residential substance abuse treatment programs such as ACT in meeting the needs of abuse in our community?

So the process for tonight is really very simple. We want to hear from you, and we want to hear your response to those questions. You all signed in, and we got an indication of who wanted to speak and address us this evening and who did not.

And it looks like we have a pretty big lineup of folks who said they want to express their opinion. My last count was probably about 30 people.

So we have to set some kind of time limits. As we talked in the work group, we said let's say no more than five minutes each. So if you multiply 30 times five minutes, in my math that is 150 minutes. Is that right, Commissioner? You corrected my math before. Okay. Or about 2-1/2 hours.

So I think it's going to be important that the people who address us be specific and to the point and be as succinct as possible in making your comments.

We will take these in the order that people signed in. So it is kind of first come, first serve.

But before we start, let me ask if either Hannes Zacharias, my co-facilitator in this process, or any other members of the committee here or the Board would like to add to what I've said.

MR. ZACHARIAS: Thank you, David. I just want to say that I appreciate your attendance this evening. It obviously shows that you have an interest in ACT. I also want to make you aware

that we are having -- have a court reporter, so your comments will be memorialized in a report and, I guess, documented for us to have for future reference, whoever might want to look at that document in the future.

But we do appreciate you coming this evening. We are here to listen and to understand more what you think the value of ACT really is. So appreciate you being here.

MR. SWISHER: I would also like to thank everyone for coming. And we, as a Board, extremely value all of your comments and are looking forward to what you have to say tonight.

MR. WIEBE: Other members? Okay.

One just small housekeeping item. Rest rooms. If you walk out these doors and turn right, you'll see a wall that looks like latticework. Behind that wall there are rest rooms.

So why don't we just go ahead and get started. And I'm going to -- some of these names I may mispronounce because I can't read the handwriting.

But the first person who signed up, it looks like Jean Jacobs. Did I get that right?

MS. JACOBS: You did, indeed.

OFFICIAL REPORTER

MR. WIEBE: And if you would state your name and who you represent, please.

MS. JACOBS: My name is Jean Roth Jacobs.

I'm the president and CEO of the National Council on Alcoholism and Drug Dependence of greater Kansas City. NCADD-KC handles the crisis calls hotline for substance abuse issues across the greater Kansas City area. That includes Johnson County, Wyandotte County, Platte, Clay, Jackson and beyond.

We receive an average of 400 calls per month, and in August we received 478 calls. Each month approximately 10 percent of these calls originate in Johnson County, Kansas. Every call we receive for an adolescent in need of help we refer to the Adolescent Center for Treatment. We know that those young people will receive excellent care at that agency.

Johnson County is fortunate to have the Adolescent Center for Treatment. Adolescent services are rare throughout our general community, and ACT is the only residential center available for youth. The agency is held in high regard throughout the professional community and was just

given highest recognition for excellence in service by the State of Kansas.

In working in the community, I had the occasion to sit on commissions in which Barbara Burks, the director of the ACT program, is a member. At the Substance Abuse and Addictions Task Force of the Life Science Institute of greater Kansas City, Barb works diligently to increase awareness of adolescent treatment service and to build a bridge between research and treatment to ensure the use of the best practices available for the teens she serves.

At the Johnson County treatment providers' meetings at United Community Services, Barbara brings years of experience and awareness of the modern approaches to adolescent treatment for the benefit of all. She plays that role consistently across our community and within the provider treatment settings of the state of Kansas.

In 2004 NCADD-KC awarded Barbara Burks the Outstanding Professional Service Award, and we were honored to do so.

A group that provides funds always knows what they give to the agency to deliver services. What they often do not know is how that agency is

able to leverage the dollars they receive to attract additional dollars and services that further enrich the agency and expand the funder's investment.

A small example: NCADD and ACT are collaborating on a program for the parents of ACT youth with funding through the Johnson County Alcohol Tax Fund. NCADD provides to ACT parents our "How to Cope" program, an intensive educational program for adults living with someone with alcoholism or addiction.

It is important that as this panel considers its contributions to ACT and ACT's contributions to the community that it realizes the impact their dollars generate as the agency expands, serving the residents and the future of Johnson County with excellence.

It is in the teen years that we can make the biggest difference for human beings and for our community for those who are dealing with addiction. I suspect it is the best investment you make. I know it should be increased. The return on your investment will outweigh the cost for generations to come.

Thank you.

OFFICIAL REPORTER

MR. WIEBE: Thank you, Jean.

The next person would be Mary White.

Mary?

MS. MARY WHITE: I'm sorry. I didn't realize by getting here early that I would be, like, the second person to speak. I just was here for the chair.

MR. WIEBE: This is a very friendly group.

MS. MARY WHITE: Okay. I am Mary White, and I was a resident in the ACT facility twice. And I've been clean for 15 months. I am an addict.

And I think that ACT helped me substantially because it really -- you know, it takes you from where you are, and you're desperate and you're hopeless, and it gives you enough hope and enough strength to get out there and find an NA meeting or find an AA meeting or find, you know, a counselor or a therapist. You know, just some kind of an adult figure that you can talk to about drug and alcohol problems.

Because it's not something that you're going to go to school and talk about in the lunchroom. Because typically, that's just not what

kids our age are talking about.

And so I really think that it helped me to set me on the right track. Because 28 days without using drugs is like the biggest miracle there is, and I think it gives you a really good foundation to stay clean for longer periods of time.

And I'm done.

(Applause.)

MR. WIEBE: I see the next person is Sarah White. Would that be related to Mary?

MS. SARAH WHITE: No.

My name is Sarah White, and I am the mother of Mary White.

And there aren't enough children's treatment facilities anywhere in the state of Kansas. And if you don't catch them when they're desperate and they want to walk in through the doors, they could be out for another ten years using drugs and alcohol. And if you can get a bed for them and get them clean and sober, they have a chance.

And it may not be the first time, you know. This is a tough, tough disease that tells you you don't have a disease. But it gives them a seed planted in their head that there is help out

there.

It also treated the whole family, which is why I wanted to come and speak.

This is a family disease. Even if the parents aren't drug addicts and alcoholics -- which I bet you over 50 percent of them are, one parent or both -- it treats the whole family. If the whole family doesn't get well, the child doesn't stand a chance.

So they taught me how to be a better parent. You know, you think you know how to be a good parent. But it's not something that comes naturally. You need a manual. They gave it to us.

We went to outpatient treatment for six months, I think it was, and took lots of classes that you think are stupid at the time, but they benefit you.

And the long-term effect is that my daughter has had people -- she still struggles sometimes, not with drugs and alcohol, but just with staying strong on her own. And sometimes she needs an adult that's not her parents.

And it's hard to go to a school counselor, because you don't want to be labeled. And she has found a strong support system through

ACT, Johnson County Mental Health.

That has just saved her, saved her life.  
As you can see, she's doing awesome.

That's all I've got. Thank you.

(Applause.)

MR. WIEBE: Thank you, Sarah.

Next is Elaine Hanson with the Olathe  
schools. Elaine?

MS. HANSON: My name is Elaine  
Hanson, and I am reading this for Nancy Keith,  
Executive Director of General Administration for  
the Olathe School District.

I was disturbed to learn that the  
Adolescent Treatment Center might be closing. The  
Olathe School District has partnered with ACT for  
many years. Most recently, we have partnered on  
sobriety groups in our alternative program in high  
school.

Over the years we have used ACT as  
consultants on various drug- and alcohol-related  
issues. They have always been willing partners and  
community workers.

Barbara Burks has personally spoken to  
many parent groups, student groups and community  
groups. This facility is one of the few places to

send parents when they are confronted with drug-related issues. They have been on our list when we refer patients for drug screenings for many years.

The feedback we get from parents is always extremely positive. Barbara Burks has personally spoken to many parent groups, student groups, community groups.

This facility is one of the few places to send parents when we are confronted with drug-related issues. They have been on our list when we refer parents for drug screenings. The feedback we get from parents is always extremely positive.

In my opinion, to close ACT would do a disservice to our community. There are very few drug facilities anywhere. And to close this one, which we think does a superior job -- I am sorry that I was unable to speak in person but would invite any of you to give me a call if you would like more information from the school district's perspective.

Sincerely, Nancy Keith.

MR. WIEBE: Thank you.

Tom Buell with DCCCA. Tom?

OFFICIAL REPORTER

MR. BUELL: Hi. My name is Tom Buell.

Actually, by the time Mary and Sarah got finished speaking, there really wasn't any reason for the rest of us to even come tonight. One child, one success, is enough to keep ACT open.

My name is Tom Buell. I represent DCCCA, Incorporated which is one of the largest alcohol and drug providers in the state of Kansas. I also sit as a member of the Board of Directors for the Kansas Association of Addiction Professionals. And I'm the former director of the Options Youth Services Program in Wichita, Kansas.

So I am extremely aware of the programs across the state, as well as the difficulties in dealing with adolescent drug and alcohol abuse.

It's my understanding this program review was initiated in an effort to determine the value of the adolescent program here.

And this review can't simply be about ACT as a program. If you are determined to speak of value, then you have to talk about a lot of different layers, a lot of different things, and that can't -- cannot not include Barbara Burks, the kids at the program, her program staff, families of those kids, Johnson County and actually the entire

state of Kansas.

Before I got up here, Barb told me I wasn't supposed to talk about her, but to focus on the program. I don't obey rules.

Barbara Burks is a highly respected member of the treatment community and widely recognized as a knowledgeable and successful resource when it comes to adolescent treatment.

As a member of KAAP, the Kansas Association of Addiction Professionals, she has a history of active involvement and a visionary approach to moving the field forward with professionalism and competence.

Her communication skills have been extremely important in bringing legislative attention to the needs of the underserved populations. And all of this shines a bright and positive light on ACT, as well as Johnson County Mental Health.

Johnson County is known throughout the state as a progressive area to be modeled after in governance and economic growth and impact. Johnson County is also a wealthy county in comparison to much of the rest of the state.

You're discussing the viability of a

residential substance abuse program for adolescents, and part of that discussion may include whether it makes sense to partially fund it with County dollars. From the outside in, it appears Johnson County can afford that.

But more importantly, you cannot afford to let it go. Young people with chemical dependence do not come to treatment with singular problems. They're an extremely difficult, energy-consuming, attention-driven group who do not always get well the first time through, as we heard. Sometimes it takes two, three, five times of treatment to make it stick. And sadly, some of these kids are unreachable and will never recover.

But for those who do succeed based largely on the expertise of professionals like Barbara and her staff, they get a fresh start and the entire community reaps immeasurable benefits economically, socially and politically.

Without residential substance abuse beds, where would these kids go? Apparently, we have one option already on the table. That would be additional detention beds.

We know that it's indisputable that you will need these beds if treatment is no longer an

option. It sounds ridiculous to take away treatment of a medical condition so you can pay more in a multitude of social settings and have more warehousing room for the results of that action.

We already know what happens to kids that do not get treatment. Without adequate intensive treatment of adolescents, your jails and detention center populations will grow. Education will be disrupted more in the classrooms, test scores lower, tardy and absenteeism will increase. Hospitals, clinics and dentists' offices will become fuller. And if we close our eyes now, we put more young drivers on the road under the influence simply because they can't immediately get into treatment.

And "immediately" is an important word. Adolescents who need treatment need it now. Any effort that decreases the number of residential beds and increases the waiting list for other programs is a wrong thing to do.

In the entire state of Kansas you have approximately 60 residential beds for kids with serious substance abuse, addictions and dependence. You're now contemplating reducing that number by about one-third when, even with all current beds

filled, there are many, many other young people needing space every day.

I'm responsible for multiple programs in eight locations across Kansas. And without question, adolescents are the most difficult and behaviorally-challenged population that my staff deal with. Counselors are hard to find and keep. Youth care workers are underpaid to be cussed at and physically endangered by kids whose minds have shut down and their self-control uninhibited.

ACT -- rather, its director Barbara Burks -- has managed to do with what the other two youth programs have not, and that includes mine: build and stabilize a work force of competent caring counselors and technicians.

ACT is where I send my youth program coordinators and clinical supervisors to train, to shadow Barb's staff and pick her brain about how to be successful with adolescents.

ACT, Options Youth Services and Elm Acres all share clients. Yes, you may only serve 40 percent of Johnson County kids in your program. Some of those Johnson County kids also end up in Wichita, some end up in Pittsburg, simply because staying close to home is not the best place for

them to be.

We all share clients, we all share challenges, and we all share respect for each other. No two of us will ever be as effective as the three of us are together.

There are definitely things this state needs, that Johnson County needs. But none of them outweigh what our kids need. Is that a cell door or an open door to recovery?

If it's only outcomes you want to measure, that's hard. Because lifetime recovery is ultimately a personal choice. If you want positive seeds planted, information supplied and success celebrated, I choose treatment over detention every time.

With ACT and the other youth programs, we at least have a chance to see young persons get better, not just do their time and get older.

So what's the bottom line? Well, I would send my own kids to Barbara Burks at ACT with confidence. The State of Kansas, Johnson County and other providers and kids with addictions and troubled futures definitely need this program.

Regardless of the cost or they might not get what they want, keeping ACT open is the right

thing to do. Because they might save one child.

(Applause.)

MR. WIEBE: Thank you, Tom.

Our next person is Megan Toal from the community.

And let me just remind once again the folks who are commenting, let's try and keep it brief and focused and stay within our five-minute rule, or I'm going to have to start talking into this microphone.

MS. TOAL: I will be brief. I don't know how to follow the previous speakers.

My name is Megan Toal, and I'm a community resident, a community member. In a previous capacity, I had the opportunity to interact with Barbara Burks and the ACT and the ADU and review their proposals, review their outcome reports.

And from my experience, they were always very high quality. They exceeded their peers in terms of the data that they reflected on.

Most recently I was able to participate on a statewide what's called a CQI -- Continuous Quality Improvement -- committee that examined performance standards for substance abuse treatment

programs across the state.

And in doing so, I can tell you that the ACT does meet or exceed the standards that are held by scores of national organizations that set those continual quality improvement standards.

To me as a community resident, I strongly value having an infrastructure that would support early intervention and treatment. And it's not as opposed to juvenile detention or correctional facilities, but sort of as a first step.

And I would hope that if something happened with my kids that the infrastructure would be there and they would have that opportunity. And I, too, would have no qualms of sending my kids to the ACT.

MR. WIEBE: Thank you, Megan.

Next is Dalyn Schmitt.

MS. SCHMITT: My name is Dalyn Schmitt.

Thank you for allowing me to speak this evening.

I am the Executive Director and CEO of Heartland Regional Alcohol and Drug Assessment Center, which services 75 counties in Kansas. I'm also here as a Johnson County resident, a taxpayer

and a mother of four.

So I'm very, very committed and feel very passionately about substance abuse services in Kansas, and I've worked in this field for about 25 years. So it is an honor and a privilege to be here tonight.

I don't want to take long, because others have really said what I would say.

But I do want to say, number one, thank you for serving on the Board of Johnson County Mental Health. It is time-consuming, and the fact that you feel very committed to mental health and substance abuse is awesome. And I sit on boards myself, and I know what that takes. So thank you.

This is a disease in our community, an illness that can consume our youth if we do not pay attention to it. And that's what I want to state here tonight.

I do quality assurance for the State of Kansas, as well, and have supervised clinicians who have reviewed the files of Johnson County Adolescent Center for Treatment and the adult detox unit. And I would put your record, in terms of Johnson County Mental Health, up against anybody else's in this state.

The services that are provided are clinically driven. They're not driven by "We need a place to house these adolescent for the moment" or, "We need to house an indigent chronic alcoholic for the night at ADU." It is clinically driven. And for that you can be very, very proud.

Not only are Ron McNish and Barbara Burks both leaders in the field of mental health and substance abuse, but the staff at the Adolescent Center for Treatment provides mentoring as we look at work force development in the state of Kansas.

The substance abuse counseling field is an older work force, and we are needing to have new young workers come in to this field. We have a lot of colleges in Johnson County, in this area -- metropolitan area -- that need places to have clinical students. And ACT is one of those facilities that works very, very closely with mentoring. And we should be proud of that in Johnson County.

The other thing is that staff is very involved in all aspects -- whether it's Community Corrections, whether it's hospital work, whether it's with emergency services -- in other areas. And you can't measure that in terms of value.

\$300,000 is nothing compared to the value that this community gets back from the services that are provided.

The other thing that I do want to offer is living in this community, if I can help in any way -- as you go forward -- with more data, I would be happy to do that.

Mary, it was very courageous for you to come up here. This is an illness and a disease that is very stigmatizing. And we don't have 500 to 1,000 people here speaking about this. Because people don't come forward. And I want you to remember that, as we're doing a community forum.

This is not something that parents in Johnson County and kids are going to come up and say, "Yeah, I'm an addict and I've been through the program." It's harmful for them, sometimes, in some arenas to do that. So be respectful of that as you make discernment over this decision.

But we cannot afford to lose a substance abuse program in this county.

Thank you for your time.

MR. WIEBE: Thank you, Dalyn.

Next is Mary Fowler.

MS. FOWLER: Hi. I'm Mary Fowler.

I'm glad to be here tonight just to support ACT. I want to let you know that I have a couple of different perspectives on ACT. One is I work for the Olathe School District. I'm the homebound coordinator, which means I provide facilitative services for kids from Olathe schools who are resident at ACT, taking schoolbooks and materials back and forth.

I also for a time, when my own kids were growing up, worked at ACT part-time. To keep them in college, basically. So I've seen it from the inside, and I've seen it from the outside.

In my capacity as homebound coordinator for the Olathe District, I have worked with every psychiatric, every mental health, every substance abuse facility in the metropolitan area.

And I can tell you without a doubt my very favorite one to deal with is ACT, and it's because they're reliable to do what I need them to do to help the residents that they have. And the quality is there. And I know that because I worked there, and I know that because I see it as an outsider coming in.

Comparing them with other agencies, I can't give all the statistics that some of the

people have. But I can tell you what I feel and what I've seen.

As a worker there, I saw them save lives. Save lives. I saw kids who came in who, if they didn't have residential treatment away from their normal environment, would not be alive for very much longer.

And I don't see how people can think about not having ACT there and being residential. Some of those kids absolutely need that. Some of them may need to be farther away from their home communities, but some of them need to be here. They need to be where their parents are, so they can participate in the family therapies. They need to be here where we can help transition back into their home schools. And they need the residential treatment.

Kids are hard to work with. Teenagers think they're impervious to everything, and nothing that you say can threaten them or make them scared. They don't believe you.

But if you get them in a residential setting and you have them 24 hours, seven days a week, you can talk and talk and give positive role examples. I've seen that at ACT over and over.

And you can make a difference.

Like somebody else mentioned, we don't fix everyone. We don't cure anybody from an addiction. But you plant seeds. And those seeds are there, and they grow. And we have to continue doing it.

That's all I have to say.

MR. WIEBE: Thank you, Mary.

Arnie Aaron.

MR. AARON: Hi. I'm Arnie Aaron.

And it's appropriate that I follow Mary, because Mary coordinated with the ACT and the Olathe District Schools, and I was a volunteer. If the children at the ACT were either thrown out of school or they quit school, I would volunteer -- I think Marlene said more than five years. It was two days a week for three hours a day.

And I tell you, I wouldn't have spent that time away from the golf course if that wasn't such a worthwhile program.

I was a math tutor for these kids. And so I'm trying to figure out while you were talking about a \$1.5 million budget and Johnson County's part was \$300,000, 40 percent of 1.5 is \$600,000. So we're 300,000 shy of what our fair share should

have been.

(Applause.)

MR. AARON: I think that's correct math. Correct me if I'm wrong, Commissioner.

To the ACT.

Mary, you're a terrific girl. And you are not the exception to the program.

While I was there in that period of time, I saw kids like Mary. And I saw gang members with gang signs, bullet holes, scars, all kinds of things.

Now, these kids -- if we don't get them, like someone said earlier, now, we're going to pay a lot of money in the future either to incarcerate them or to -- in health problems, in -- and I'm a layperson here, so I don't know all those statistics.

All I know is that when I went into the ACT -- and it's not just Barbara Burks, although she is a terrific woman. But there's a whole group of people here that you don't know anything about. And, you know, maybe later you can acknowledge the people that work at the ACT. But they are terrific.

And if you could ever go there and see

them in context in working with those children, my god, these kids come in there sullen, withdrawn -- you know, you think you might have teenagers who are tough to work with, your own children.

Try going in the ACT and working with a kid who doesn't want to talk to anybody, who's mad at the world, who has an addiction problem, whose parents may have -- even had one girl who her parents gave her the drugs to sell to her friends at school.

I mean, there's a myriad of problems with these kids. And to watch the people at the ACT work with them, it's just terrific.

And that's all I have to say. Thank you.

(Applause.)

MR. WIEBE: Thank you.

We have finished our first page of -- of 4-1/2 pages here. So again let me remind you, let's be mindful of the time and get to the point. And I know people have a lot to say, and this is very helpful.

Dianne Asher.

MS. ASHER: Hi. My name's Dianne Asher. And I'm here wearing a multitude of hats, not the least of which I'm a Johnson County soccer

mom and I just came from practice.

I'm here as -- currently I work at the University of Kansas School of Social Welfare, and I am the state consultant and trainer. I'm responsible for designing and implementing programs to help people that are mentally ill and have a co-occurring substance disorder. I work with mental health centers not only through the state of Kansas, but I do a lot of work nationally, as well.

I'm also a former employee of Johnson County Mental Health, having worked as an outpatient counselor in the ACT program and as the mental health liaison to Juvenile Detention. I'm also a former Board member of Valley Hope Treatment Center, which is an inpatient center for adults.

But really, I'm here because I'm a mom. And I work in Lawrence, but I live in Johnson County. Because my kids are tied to this community. I can tell you from my drive this weekend, I've been to soccer fields across the county.

And I'm here because this is a proactive community, and it's where I want my kids to be raised. The schools are great, and the resources we put into our kids keep me here.

Is there a need for Corrections? Of course there is. I know. I've worked inside Corrections. But I want to be in a county that is proactive.

You know, I can tell you from working at ACT and working nationally that kids in the wealthiest households use drugs. I can tell you that it's easier for kids in this county today to buy marijuana than it is to go buy alcohol.

And, you know, alcohol and drug abuse has no class lines. It affects people on every economic spectrum. So it would be erroneous for us to think that this is somebody else's problem.

These are our kids. And I want to know that I live in a county where children are treated and just not housed.

You know, when I worked in Detention, there were far too few referrals to substance abuse treatment.

Now, is there a need for it? Certainly. But I can tell you the quality of the programming that happens in ACT is not only known statewide, but nationally. There are not that many programs designed for kids.

And as a Board member of a treatment

center that works specifically with adults, I can tell you that if my children need treatment, do I want my 14-year-old daughter in a bed with a 45-year-old woman, sharing a bedroom in a treatment center? I want a program that, again, is based on clinical principles. My daughter is not cognitively at the same place as a 45-year-old woman, and I want treatment that is specifically designed for her.

And ACT does that. And ACT -- it not only does it, but it does it very well.

I think it would be a huge step backward for this county if we were to change proactive treatment into housing. And I feel really strongly about this, having been an employee, seeing the inside of Corrections, seeing the inside of ACT, working nationally. But mostly, as a mom.

You know, if my kids needed help, I want to know that this county cares enough and puts its money into my children.

Thanks.

(Applause.)

MR. WIEBE: Thank you, Dianne.

Let me take a minute. After we began, Annabeth Surbaugh, Chairman of the County

Commission, joined us. And I just wanted to acknowledge and welcome Annabeth to this community forum.

CHAIRMAN SURBAUGH: Thank you. I just got back in town.

MR. WIEBE: Our next person is Karen Wulfkuhle from United Community Services.

And to help keep this moving, let me say that the person after Karen will be Cheryl Carpenter-Davis. So, Cheryl, if you'd just get ready when you see Karen winding down, then you can just move toward the podium.

MS. WULFKUHLE: I'm Karen Wulfkuhle, Executive Director of United Community Services of Johnson County. We are a human service community planning organization.

And in 1985 the Board of County Commissioners asked United Community Services to study and prepare a written report concerning the development of a residential treatment program in Johnson County for juvenile substance abusers. The County was trying to determine whether to respond to a new statewide RFP to create a juvenile substance abuse program.

In that report UCS concluded that,

OFFICIAL REPORTER

indeed, there was the need for treatment for Johnson County youth who were unable to afford services and that Johnson County funding would be required to supplement the program. And as we all know, the then-sitting County Commissioners made the commitment to support substance abuse treatment for adolescents.

At UCS we believe it was the right decision then and that it's the right decision now. And let me share three reasons why the county government's investment in ACT has value for our community.

First, the need for quality substance abuse treatment for Johnson County youth still exists, as it did in 1985. While there is good news in some of the data on youth substance abuse trends, in many cases use of illegal substances in Johnson County exceeds those statewide averages.

All too many youth will require substance abuse treatment. And if youth need treatment, close to home is usually the best option. With more than 68,000 youth between the ages of 10 and 19 -- or nearly one out of every five Kansas youth living here in Johnson County -- this is the best place for a facility.

Additionally, this facility benefits youth from our neighboring counties. A third of all this state's youth live in our neighboring counties. These youth will eventually become our county's work force, either living in or commuting into Johnson County. Don't we want all young people to be prepared to be a part of our county's economy, rather than a drain on the economy?

The second reason ACT has value for our community is that not all youth that require treatment can afford it. The number of families struggling financially in our community has dramatically increased over the last two decades.

5 percent of Johnson County's families with children live below the federal poverty level, and for single-parent households that number is 17 percent. Without ACT these families and many others with marginal incomes would not have a viable option, should their child need treatment.

And finally, the third reason I want to share is one that UCS didn't even consider when we did that study in 1985. And that's the long-term benefit of the County's investment in youth substance abuse treatment.

I'd like to cite a National Institute of

Drug Abuse and a National Institute on Alcohol Abuse and Alcoholism study.

"The effective treatment of drug abuse and addiction can save communities money and reduce crime. Untreated substance abuse adds significant costs to communities including violent and property crimes, prison expenses, court and criminal costs, emergency room visits, child abuse and neglect, lost child support, foster care and welfare costs, reduced productivity, unemployment and victimization."

The study found that these costs are borne primarily by governments.

A study by Vanderbilt University Professor Mark Cohen determined that the cost savings to American communities by providing early treatment and support for one high-risk youth is more than five times the estimated cost of early treatment.

Under the leadership of the Mental Health Center, ACT has a solid track record of quality treatment and collaborative community partnerships that benefits Johnson County residents, builds a vital work force and reduces future costs to county government.

Thank you.

(Applause.)

MS. CARPENTER-DAVIS: Hi. My name is Cheryl Carpenter-Davis, and I appreciate the opportunity to speak to you.

I currently serve as the president of the Drug and Alcohol Council of Johnson County and was appointed to the Council in 2001 by the City of Mission.

The Council is a program of the United Community Services, and for more than 25 years the Council has worked with cities and county government to allocate alcohol excise tax dollars to programs serving Johnson County residents that address substance abuse, detoxification, education, intervention, prevention and treatment.

For nearly 20 years the Council has recommended allocating a portion of these dollars to ACT.

These funding recommendations reflect the high quality of ACT's programming, the quantifiable need for residential adolescent treatment services to be located here locally in Johnson County, and the continued responsiveness of the ACT to the changing need of adolescents and families it

serves.

I have served on this grant review committee of the Council for a number of years and have seen a lot of different applications. I have familiarity with the ACT's program offerings.

It is apparent to me and the Council as a whole that ACT offers high-quality programming and that staff utilizes program outcome data for an ongoing program development and improvement.

In addition, the ACT works proactively in the provider community and collaboratively with other community partners to leverage the impact of their programs and services.

Recent notable examples include partnering with the National Council on Alcoholism and Drug Dependence to offer a series of classes for parents of adolescents receiving treatment at the ACT. This program affords parents with the tools to help their child succeed in their recovery from substance abuse.

The ACT also began a partnership with the Blue Valley School District several years ago to provide clinical support for students in recovery from substance abuse. High school students have the opportunity to participate in weekly sobriety

support groups that reinforce clear standards and encourage the positive social interaction associated with the long-term recovery.

Because the need for this weekly program existed throughout the district, that program is now offered at each of the five district high school buildings. That's phenomenal.

The ACT is the only residential treatment program for adolescents in Johnson County and one of only two treatment providers authorized to deliver substance abuse services to State-funded clients. The ACT is the only provider in Johnson County authorized to serve Kansas HealthWave clients.

In conclusion, I emphasize the value associated with the availability of residential adolescent substance abuse treatment services to the adolescents, families and community as a whole.

Just as our child welfare system has recognized that children in the foster care system who remain in the home county and local school district realize more positive long-term outcomes in reunifying families, research reflects the same is true for adolescents recovering from substance abuse with treatment such as ACT delivers. When

families are in proximity to participate in their child's recovery and learn how to support their child when treatment is completed, the results are more positive with long-term outcomes.

Thank you for your time.

(Applause.)

MR. WIEBE: Thank you for that.

Kathy Harmon is next. And immediately following Kathy is Deborah -- I'm going to mess this up -- Shildham (sic)? So, Deborah, have I got that name halfway right? All right.

MS. HARMON: My name is Kathy Harmon, and I'm speaking tonight representing the Mid-America Addiction Technology Transfer Center.

My agency is one of 14 regional technology transfer centers funded through the National Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment. And our mission is to unify science, education and services to transform lives.

One of our goals is to disseminate science-based addiction research to policymakers, communities and service providers.

Our research folk at our agency have produced a brief summary of some of the research

called "The Facts About Adolescent Addiction Treatment," and that was just handed out to the panel. And there are additional copies available, and they'll be out on the table.

We think you will appreciate some of the national research that has been done. I'm going to be referring to some of that, but I'm not going to go through and read all of it at this time.

MR. WIEBE: Thank you, Kathy.

MS. HARMON: Yeah. But you all can have it.

I do want to talk more directly about the Adolescent Center for Treatment.

I first became acquainted with this program back in 1987 when I worked in the state of Kansas as an addiction services provider.

Through the years as my roles changed from addiction services provider, to mental health provider, to provider for co-occurring substance abuse in mental health, to being a state policymaker at SRS, the ACT program continued to be held in high regard and has a reputation of excellence in providing research-based services to the specialized group of both adolescents.

And at a national level now, as I do

national policy work and technical assistance to four states and beyond, this program -- ACT -- is mentioned and is cited on a national level.

Some of the unique characteristics of the ACT program include having master-level clinicians who are certified substance abuse counselors. That is, many times, unique.

Also, they work with the KU Medical Center and have residents and fellows work at their facility, making sure that in a holistic fashion the needs of adolescents are met.

One of the things that I do want to refer to as to the research and talk about how it relates to ACT is the wide range of services and treatment approaches that the ACT program uses including family therapies, group therapies, twelve-step therapies, school-based outreach and continuing care programs, motivational enhancement, conflict-to-behavioral strategies.

All of these are part of the evidence-based practices for adolescent treatment facilities, and the ACT program uses all of these evidence-based research practices.

They also are very much involved in innovation. They have adopted and adapted some of

the programs and the treatment milieus that are most frequently associated with adult treatment. They have adapted those for adolescents and, in doing so, are now creating the precedence for other adolescent treatment programs.

They have become a teaching arena. They just last week received the Andrew O'Donovan Kansas Addictions Treatment Program of Excellence award.

There's a shortage of these facilities. In the information that I handed out, one of the studies I will cite will say that the treatment milieus that are used by the ACT program, indeed, have been effective in reducing drug use, criminal activity, family problems and other risky behaviors in adolescents, in addition to improving school and job functioning.

However, only 10 percent of adolescents who need substance abuse treatment currently receive it. And of those 10 percent, only 25 percent receive as much as they need.

A program such as ACT is cost-effective. There is information and statistics about that.

But the bottom line that I think we need to be talking about today -- this isn't just as an employee of Mid-America Addiction Technology

Transfer Center. It's being a resident of the state of Kansas. It's being a lay youth minister for 30 years, most of those years in Kansas.

The adolescents in the state of Kansas need this program. There are times for all of us that we need transformation. In adolescent life when drug use becomes an issue, it is absolutely necessary that there is a place like ACT.

According to the research, the real conversation tonight is how we can have more of these programs. There's a national shortage. There is a shortage in Kansas. Our adolescents need this program.

It is science based. It is the epitome of the research. It is cutting edge. It is a teaching facility. It offers multi-dimensional array of services for our children including residential, but not to minimize at all the absolute importance of all of the work they do in continuing care and their work in our high schools that in some ways can be defined as prevention for those adolescents that are watching what's going on.

Early intervention, prevention, a wide array of services. That's the science. And the ACT program is walking the walk of the science in

transforming lives.

(Applause.)

MR. WIEBE: Deborah, and following will be Pegi Denton.

And let me remind us again there's still over 20 people who want to provide comments, so please keep it as brief as possible.

MS. STIDHAM: David, I've been editing mine while at my chair.

Good evening. I'm Deborah Stidham.

I'm proud to be here tonight on behalf of Johnson County Mental Health Center and ACT.

Currently I'm the special assistant to Deputy Secretary Ray Dalton with Health Care Policy with the Department of Social and Rehabilitation Services. Prior to that appointment I worked in Addiction Prevention Services, the single state authority that is responsible for substance abuse in Kansas.

Addiction Prevention Services currently funds Johnson County Mental Health Center and ACT for social detox, as well as their adolescent program.

Last year alone, ACT -- well, Johnson County Mental Health Center provided over \$180,000

in free services. This is services they provided that they were not reimbursed for.

Let me provide a brief overview of the substance abuse treatment funding in Kansas. Our treatment block grant that was provided to us by the federal government is about \$12 million. You add to that the State's share, which is about 8 million. You can add another about 14 million Medicaid. So that comes to about \$34 million.

That's the total of our budget to treat all the indigent -- 200 percent of federal poverty and below -- in Kansas for all their treatment needs. It's a pretty small budget.

In spite of the small budget and because of the extraordinary efforts of substance abuse providers across this state, we have been able to build a solid infrastructure of treatment services for those who need them.

The number of new residential programs across the state has stayed relatively static. In fact, there's probably been a slight decrease over time because residential programs are extremely expensive to start up and maintain.

Residential programs that can somehow survive just on private funding just don't exist

anymore. Not only in Kansas, but across the nation.

The underlying theme to this fiscal review is that there isn't a lot of money. Without the addition of city and county funds to address local needs, many providers would not be able to remain fiscally solvent and provide the services they do. Without them, many individuals and communities across the state would not be able to access the services they so desperately need.

In 2005 Addiction Prevention Services commissioned a treatment needs study to identify just what the level of substance abuse treatment is across the state. The results of that study are available to the public and accessible from the APS web site, which I'm sure Barbara can direct you to.

To illustrate how critical just one program can be towards the efforts listed, here are but some of the highlights.

155,000 adults and 15,000 adolescents needed treatment for some type of substance abuse treatment problem that did not receive it. This is Kansas.

The highest numbers of unmet treatment needs for adults and adolescents were clustered in

the more populated counties. Leading the list is Johnson County, where over 2,000 adolescents were identified by the study as needing treatment and not receiving it. If one adds the numbers of adolescents in Wyandotte, Douglas, Leavenworth, Franklin and Miami Counties to the total, that number of adolescents grows to nearly 4,000.

There are but three adolescent treatment programs that offer residential services. The Center for Substance Abuse Treatment, the folks that give us our block grant, they've identified that increasing the availability of adolescent treatment is one of its priorities on the national level.

SRS and Addiction Prevention Services have experienced Johnson County Mental Health Center to be among its providers in the lead, as evidenced through the licensing scores. For the last two years they have received a hundred percent marks on every section of their site visit.

As the previous supervisor of the licensing staff, I can attest that's pretty unusual that even one year, let alone two in a row. These scores suggest a high degree of commitment and dedication on the part of Johnson County Mental

Health's administration and staff towards the clients which they serve.

It was already mentioned that ACT was recognized by the Kansas Citizens' Committee on Alcohol and Drugs. One of the qualities cited for the program -- which was mentioned earlier tonight but I want to repeat it again -- was that they have a good quality-assurance program, that they have a program driven by client outcomes and a database decision-making process. The value of that cannot be overstated.

The importance of measuring a program's impact on the clients it serves is critical for many reasons. ACT has identified and collected data to evaluate their effectiveness with the clients they serve. That data is then used for improvement purposes, a critical component of a client-centered program.

Longer-term outcomes, while desirable, can be difficult to obtain and when applied over a longer period of time are not as confidently attributed to the specific services of one program.

Johnson County Mental Health Center has a long-standing history of providing quality services, coupled with meeting the treatment needs

of Kansas and Johnson County's adults and youth.  
Their efforts are commended by SRS.

Thank you, ACT, for setting such a high  
standard and demonstrating such dedication to those  
you serve.

Thank you for the opportunity to present  
this information to such a distinguished audience.

(Applause.)

MR. WIEBE: Next we have Pegi Denton,  
to be followed by Linda Hendrix.

MS. DENTON: Hello. Pegi Denton.

I've been working as a volunteer with  
troubled families in this county for 24 years.  
First it was Toughlove and now Stand-Up Parenting.  
And through those years I've seen many, many  
families that have benefited from the Adolescent  
Center for Treatment.

And on a personal level, ACT was  
instrumental in the recovery of my own son from  
substance abuse. Thank you, Barbara Burks and all  
your staff, for what you did for our son. He was  
headed towards becoming a high school dropout.

Subsequently, he did get his bachelor's  
degree. He did serve for ten years as a substance  
abuse counselor and subsequently has gotten his

master's degree and is now achieving his dream job with a nonprofit organization. And that was all because he was turned around in some of the programs we have, especially ACT.

So thank you for that.

(Applause.)

MS. DENTON: When I heard that the Board of County Commissioners was considering withdrawing their support from this much-needed resource, frankly I was flabbergasted. I'm at a loss to understand the thinking behind withdrawing support from the only affordable inpatient substance abuse treatment center for our region.

What kind of thinking is behind giving up this quality program that has the potential for youth to prevent further involvement in drug abuse in favor of something that would require them to become court-involved in order to get services that they need?

The idea makes no sense to me at all. And I know that I am speaking for many, many parents, many families, when I urge you to conclude that this idea is at least ill-conceived and should receive no further consideration.

To do so, to reallocate \$300,000 from

this program is not in the best interests of Johnson County families, and I urge you to forget doing so.

Thank you very much.

(Applause.)

MR. WIEBE: Linda Hendrix. And Linda will be followed by Dr. John and Virginia Tucker.

MS. HENDRIX: Good evening. My name is Linda Hendrix.

I am currently the administrative manager for Sheriff LeRoy Green in Wyandotte County. Most of the time when I come before groups like this, it's to ask for money for my department. I'm very pleased to be here tonight, having been a member of the substance abuse treatment community for about the past fifteen years and a member of the criminal justice system for the past six years.

As a member of the criminal justice system for the past several years, I know firsthand the importance of having quality substance abuse treatment available to assist and support the criminal justice continuum. It was long ago recognized that the criminal justice community and the treatment community must work hand in hand, especially when it comes to our children.

The relationship between those two entities, unfortunately, gets tested when financial resources become scarce and each element in that equation seems overwhelming. It is only through the understanding and appreciation of the delicate and necessary balance which must exist between clinical intervention and criminal justice that we can work together and provide a rational and appropriate decision as to how to address problems.

I understood earlier from the opening remarks that there is consideration of utilizing the current ACT building to house Juvenile Detention residents. I completely understand, working with the sheriff's office in Wyandotte County, the tremendous budgetary impact that housing of residents has on a community. I am completely aware of the problems that it presents.

Just last week I was farming out 200 adults. That was an undercapacity in the number of juveniles in our facility.

There's been some mention made tonight of ACT serving folks outside of our community. In Kansas counties that we serve in our Juvenile Detention facility, Johnson County juvenile residents are number two in those that are guests

in our detention center.

None of us live in a vacuum here. I'm your neighbor. I grew up here. I'm a graduate of Shawnee Mission South High School. I lived here most of my life, and now I'm your neighbor.

Neighbors help each other. Neighbors share.

What I'm hearing earlier from your opening remarks was that this was an issue about bricks and mortar. I'm not sure that we would be having a discussion about the qualifications of ACT -- which, if you ask experts in the arena throughout the state of Kansas and throughout the nation, with a few phone calls, would support the quality of work they've done for a long time -- if we didn't have a bricks and mortar issue.

If ACT happened to be housed someplace other than what was conveniently located next-door to your current Juvenile Detention facility, I'm not sure we would all be here having this discussion.

I understand that bricks and mortar are expensive. I understand that creating a balance between the criminal justice system and the treatment community is imperative.

But you have to maintain that balance. To fail to do that, to go back to those old days where we just decided to lock them up and throw away the keys, folks, everyone in this room, you know that's more expensive. Do you know that? You have to know that.

(Applause.)

MS. HENDRIX: You know, because of ACT when I look at the Juvenile Detention roster tomorrow morning, I'm not going to see Mary White's name on there. And you know who else? I'm not going to see at least ten of her friends, because she's talked to them. And I'm not going to see at least ten of those friends that belong to the ten of her friends, because she spread the news that way too.

Mary, congratulations. And if you can't get hold of anyone at ACT, please come talk to me. I think you're fantastic, and it's wonderful for you to be here tonight.

Incarceration does not equal behavioral change. Do you want the kids incarcerated, or do you want them to change their behavior? Don't you want them to change their behavior?

Me, too. I can tell you it's not

happening in a detention facility. It won't happen there. It happens through interested adults. It happens through devoted people. It happens through highly qualified, dedicated and passionate clinicians using state-of-the-art clinical practices in the work that they do.

We face many of the same problems in Wyandotte County in housing our offenders, both juvenile and adult, that you're having here. I'm going to be having these same conversations with the powers-that-be in my own community.

I will continue to preach to them as I am to you tonight, please do not forget as my daddy used to say -- and he was a pretty smart man -- you don't throw out the baby with the bath water.

Thank you.

(Applause.)

MR. WIEBE: Ron and Virginia Tucker, and they will be followed by Chris King.

DR. VIRGINIA TUCKER: Thank you. My name is Dr. Virginia Tucker. I am a clinical professor at the University of Kansas Medical Center.

And we used the ACT, and I with Barbara Burks was able to publish two articles in the

"Clinical Current Pediatric Therapy." And this was in Volume 16 and Volume 17. Volume 17 was published in 2004 and is the most current of the ones that have been published.

I would like to say that I, as a doctor and a pediatrician in the Department of Pediatrics at the University of Kansas Medical Center, was able to publish these articles with Barbara Burks. And these are, to my knowledge, the first articles that Barbara Burks has had published. And this is in an international journal.

And my husband, thank god he's -- he is quite vocal, and he's able to give this information to you.

But the only thing that I could add to what's already been stated in favor of ACT is that I was head of the adolescent unit at the medical center. And we used this as an opportunity to bring residents and medical students out to see how it really works. And it was my opportunity to participate in this.

And I certainly am very grateful to Barbara and what she did for me as I progressed up the academic ladder at the medical center.

The one thing that I would like to say

about our publications is that when we were reviewing the literature in order to try to publish this, we found only one study that reported social research and that at the University of Michigan that they had interviewed some 50,000 students, which represented about 400 different schools in Michigan.

And nearly one-quarter of eighth graders and 40 percent of tenth graders and 50 percent of seniors stated that they had experienced alcohol or some other drug abuse sometime during the 30 days that they had been assessed.

And we went ahead and published this "Assessment and Management of Drug-Using Adolescents." And we quoted this study at that time.

I'd like to turn this over to my husband, Dr. Donald Tucker, who is excellent.

DR. DONALD TUCKER: I don't have time to argue with that.

I'm Don Tucker, and I'm obviously the senior physician down at Osawatomie State Hospital. I handle internal medicine and I do addictionology and have been doing so for about 16 or 17 years.

I don't have much to say about ACT,

except that it's been a real pleasure to work with Barbara and her staff. And I would only say that as those of you that have been in the field for a while realize and know, it's hard to collect data over a long period of time because of stigma related to the disease, as well as the federal regulations which make it darn near impossible to say who went where and when without stepping on somebody's toes and being reported.

But at any rate, what I would like to say is in this time, working at Osawatomie and seeing most of the chemically-dependent people that come in there, there is a trend.

And the trend is that you have people who have had a long-term relationship with alcohol or other drugs of dependency who come to our place in early adulthood -- I'd say between 25 and 40 -- that most of those people may have had some other previous treatment. But by and large -- and I polled the counselors today, because you can't keep statistics on this -- but it has been probably 15 years since we saw anybody who had previous treatment at ACT who wound up down at our place for treatment later in life. And I think this is kind of homespun, but it's important.

Now, I also have another hat that I wear. I volunteer at the Corrections facility in Johnson County. We don't quite live in Johnson County; we live one mile into Miami. But we pay school taxes to Johnson County because we're that close. So when we say "community," we're the community of whatever.

But at any rate, I have the opportunity to have observed by being a volunteer at Corrections in Gardner. And the treatment facility for those people is effective, and it's an impressive program.

But you cannot adapt it to the circumstances and surroundings and training that is being expected when you're treating adolescents. And Barbara and her co-workers have done this, and I think done so in a marvelous way, on what I'm coming to understand has been kind of a slim budget.

We'll stop there. Thank you.

(Applause.)

MR. WIEBE: We have Chris King. And Chris will be followed by -- and I hope I get this name right, interpreting it -- Gloria Nepote. Does that sound close?

MR. KING: My name is Chris King.  
And I'm a former resident of JDC, and I've also  
been to ACT. I'm a little nervous.

But -- I don't know. ACT did wonders for  
me, and I got it at a great time. And without it,  
I don't know if I'd be alive. You know, I got it  
at a point where I hit my rock bottom, and that was  
okay at the time. If I'd got it before, I would  
have went back to doing the same things I was doing.

And I'm thankful for all the people that  
work there and the court system. But sitting at  
JDC doesn't do anything for you. Because the kids  
that are in there, a good percentage of them don't  
want to change. At least at the time, they don't  
realize it.

There needs to be more places like ACT  
for the kids to go, and there's not. It's a good  
foundation for kids, and it's a good place to go to  
learn the coping skills. Because without it, I  
wouldn't be standing here talking to you.

You know, it's helped me a lot. It  
didn't just do anything for me. It helped my mom,  
you know. Up until then, you know, I was a  
horrible person to her. And there are things that  
I did to my family and things that I did to

everyone around me and to myself that were horrible. And now I spend so much time with my mom and I love her to death, and I don't want to change anything.

And I have a lot of growing still, and I still make my mistakes. But I'm learning from it. It's going to be like that the rest of my life, I know. I'm not perfect. Nobody else is perfect. And that's something I've come to realize.

I just really hope that, you know, the decision will be made to keep it open and to grow on it. You know, there's so many kids that need the help, and there's not enough places. I can't -- I can't express that enough.

You know, we put so much research into everything. And addiction is a disease, too. It's not just, you know, a choice. You know, I couldn't control it. It's not something that I chose to have. I couldn't control how I used and the things I did.

And, you know, I'm happy that I got to learn the coping skills I did. Because now it helped me out, and it's going to help me later in life. And it's going to help me to help other people.

And I just want to say thanks to ACT for the things that they did and everybody that's, you know, given me support in the past and to my mom. I just really hope that the decision will be made to keep it open.

(Applause.)

MR. WIEBE: Following Gloria will be Carol Cornelius.

MS. NEPOTE: Mary and Chris, first I just honor you both. Awesome.

I am Gloria Nepote, the Family Services Director for the National Council on Alcoholism and Drug Dependency.

And I've been privileged, for the last 15 years, to work with the staff at ACT. I have sent many children there who kicked and screamed and yelled and said I was out of my mind, they didn't need to go there, yada-yada-yada.

And ACT has this way because they have a staff that has passion and compassion for what they do. Plus, they're skilled. You've heard that already tonight, how highly skilled they are. It's not about a paycheck. They don't work off the clock. You don't call them just between 8:00 and 4:30. It's 24/7.

And they're there to help families and children, our young people, to do the next right thing or to come back to treatment, get into treatment. They give them the key to hope. And in that hope, they're able to embrace the healing with which we fight this disease which is so cunning, powerful and baffling.

It's a disease like -- I think, Sarah, you said this. It's a disease that says that you don't have a disease.

And I have been so honored to work with this staff and to have the opportunity to use this facility. And it's my hope that the voices are heard tonight -- because you heard voices from the finest in the state of Kansas -- and that you will consider very seriously not to rob our kids of a chance.

(Applause.)

MR. WIEBE: Carol, and after Carol will be David Ruhlen from DCCCA.

MS. CORNELIUS: Hi. I'm Carol Cornelius.

And we had a little stint with ACT this summer. My son spent 28 days out there. And I've been a resident my entire life in Johnson County,

never heard of ACT, never had any knowledge of any of this. But it's amazing how when you have a child that's in crisis, you'll find out real quickly about these types of facilities or lack thereof.

We really had nowhere to go. There was no place that would take him. And our entire household was dismantling, so it was a really bad situation.

And there is an angel named Marlene, and she's one of the staff members out there. And I really feel like if we hadn't had her this summer, I don't know what we would have done.

And our son's in a boarding school now in Mississippi. He's making straight A's, on the golf team, doing fabulous. But I really don't think that would have happened if we had not had access to this facility.

And I cannot tell you, as a parent, what it has meant to me and how proud I am to be a part of a county that offers these types of facilities. And I would urge you, please, to not take away something that is of such value in our community.

Thank you.

(Applause.)

OFFICIAL REPORTER

MR. WIEBE: Thank you, Carol.

David, and following David will be Brenda Cameron.

MR. RUHLEN: I'm David Ruhlen from DCCCA Outpatient in Lawrence, Douglas County, sometimes known as "little Johnson County."

I'm surprised. I really think that we should think about moving detention into the facility there. I think that absolutely is a great idea. I think they should move them in there as soon as they build the new ACT facility and should expand it to 100 beds that the other 4,000 kids can all use --

(Applause.)

MR. RUHLEN: -- brilliant thinking.

I'm part of that older work force that someone was talking about earlier there. We need those younger ones. I'm getting tired.

You know, some of the national surveys in Kansas -- and Kansas surveys and stats and stuff have been quoted a little bit. One of the ones that's real scary to me is that for years prevention has shown us that use was going down and use was going down, and now it's starting to not go down but creep up. And the really scary thing is

that girls are getting more involved. Girls are outstripping guys lately in getting into teenage substance abuse. So we need probably female-only adolescent treatment, and we don't have a place I'm aware of.

I work with kids from Johnson County. We work with them over there at DCCCA. They wind up over there in group homes, and we try to treat them on an outpatient basis. We often have to make the decision to what we call bump the level of care: "He's not doing well enough in that, and he needs to go inpatient."

And when they're from Johnson County and we can send them to ACT, they can see their families. Where if we had to make the decision to send them to Wichita and Pittsburg, that oftentimes wouldn't be possible and probably often wouldn't happen.

I also worked with teenagers at Vallejo Recovery Center (phon.) in Topeka, and before that I worked for six years at Northeast Kansas Community -- I'm sorry, Northeast Kansas -- well, we called it the Guidance Center in Leavenworth and Atchison and Jefferson County.

Through those years I have worked with a

lot of the kids that didn't stay sober after they got done with ACT or one of the other programs, that went two or three times and then continued to have problems with that and came to see me as an adult.

Overall, what I have generally found is those people had less resistance, they were more open, they were more often successful.

And one of the real joys I've had is a couple of these young people that I've worked with went on to become substance abuse counselors themselves or worked in the service field.

Again, I think the new building would be great and I'll pass.

(Applause.)

MR. WIEBE: We have Brenda Cameron. I think that would be Judge Brenda Cameron. Is that correct?

JUDGE CAMERON: It is.

I'm Brenda Cameron, and I am a juvenile court judge here in Johnson County. I have a juvenile offender docket. Mike Farley is also here. He has a juvenile offender docket. And Kathleen Sloan is our third juvenile judge. She wished she could be here, but she does share in

these thoughts, as well, and our concern about losing ACT.

When I first took the bench almost four years ago, Barbara invited me over to tour ACT. It was all new to me, this juvenile offender stuff. And I went and I toured. And I was very impressed not only with Barbara but with the facility, all the people there.

But not as impressed as I have been since that day. Because day in and day out in my courtroom in the juvenile courts in Johnson County, I see kids with huge substance abuse problems.

It is huge. I had no idea. And I think residents here don't realize the enormous problem that we have with substance abuse for these kids. And when I send somebody to ACT, it's like I can breathe a sigh of relief. Because I know that they're going to be safe, and they're going to be healthy, and they're going to do well.

Because before that, they keep coming back. They keep coming back. We try and try. They're taking UAs, they're failing, they're using. And they keep coming back.

They go to ACT. And at the end of that time, I usually review their case. I review all

the documents from ACT, the discharge summaries, and I talk to the kids about it: "When are you going to your first meeting?"

"Tonight."

They always have an answer: "I'm going to Safe and Serene tonight at 7 o'clock. After-care is Thursday, 7 o'clock."

They know where they're going. They know their plan.

I talk to them about -- "Talk to me about these risks that you have. You've noted all this. Tell me about it."

They know. And it's not the same for other programs that I see.

But the best part is I don't see those kids back very often. And that's amazing. Because the level of problems that these kids have, the level of their substance abuse and their addiction, the fact that they're making it after ACT is really amazing.

And I would see them back because I put them back on probation. I make sure they're clean, that they're taking their UAs, that they're going to their meetings, that they're going to their after-care. And if they don't, they come back on a

probation violation.

I'm grateful for ACT. The juvenile court judges here fully appreciate what we have in this community. We're grateful for it. We're very, very thankful, and we would hate to lose it.

(Applause.)

MR. WIEBE: Thank you, Judge Cameron.

Next is Mitzi Miller, and she will be followed by Bev Larkin.

Mitzi.

MS. MITZI MILLER: Mizti Miller.

I'm not a professional. I'm not going to dispute that there's a need and that ACT is qualified. I'm up here as a mom.

My daughter, Laura was in ACT in 2002 and 2003. I just want to express that my daughter was in a lot of pain when she was in trouble. She did not need to be punished; she needed to be taught how to take care of her problems. ACT did that. I'm nervous here.

ACT didn't cure my child. She still struggled after ACT. But they gave her a foundation, and people talked about that seed that was planted. They did that. They opened her mind to, "I have some other choices, some options here."

They worked with the family, which was huge. Marlene is a life-saver. They worked to repair family relationships and rebuild relationships. And I've been able to have several years of a close, loving relationship with my daughter.

And as far as whether they make a difference, they made a huge difference. Because in May of this year my daughter was killed in a car accident -- not drug- or alcohol-related -- and I would not have had that time with her if it wasn't for the foundation that ACT provided.

So it's just a no-brainer to keep this program going.

(Applause.)

MR. WIEBE: Thank you, Mitzi.

Bev, and Bev will be followed by Alex -- I hope you know who you are, because I can't pronounce your last name.

MS. LARKIN: My name is Beverly Larkin. I'm with Shawnee Mission Medical Center.

For 8-1/2 years I had the privilege of working also with ACT, because I ran the adolescent outpatient program at Shawnee Mission Medical Center. And sadly, 15-1/2 months ago the hospital

decided to close that program after probably, I guess, about 18 years that we were providing service for the community. And that was one year following their decision to close the psychiatric adolescent unit. So, therefore, at this time our hospital does not offer any services for any adolescent.

Throughout the 8-1/2 years that I ran the adolescent substance abuse program at Shawnee Mission Medical Center I had lots of kids that got lots of help from the ACT program. And still today, 15-1/2 months later, every week I get an average of two to six phone calls, crisis calls from families in the community, asking for referrals where to go because of all the programs that no longer exist for adolescents.

Not only that. I also have a lot of those adolescents who are now young adults. They come to visit me many times because they've given birth on the second floor and want me to come see their baby. And I see their parents at the grocery store -- I'm a Johnson County resident -- and at the mall. And I see the kids at the mall, too, who say, "I didn't make it at your program, but I made it after ACT. And, look, I'm doing what I'm

supposed to be doing. I'm in college." And it's really neat to see that.

And it would really be sad to close this program. It's the only thing we've got, as far as residential goes, for substance abuse for adolescents. And I agree with what the others said. You would never want to put an adolescent in an adult program. It just does not work, and it's not safe. And I truly believe that the earlier intervention that we do does pay off down the road.

So with that, that's it.

(Applause.)

MR. WIEBE: Thank you, Bev.

Yes, Alex. And after Alex will be Debbie Bottoms.

MR. BARAJAS: Good evening. My name is Alex Barajas. I'm with the Mid-America ATTC. As you found out, I'm with the same agency that Kathy Harmon is working with.

And I just want to stress that an adolescent becoming an adult is developing, going through changes. And it's a very dramatic stage. And, well -- the changes that also the use of drugs or alcohol cause in the brain chemistry are more dramatic, and I think it's more important to be

that -- address it early, at an early age. And it would be a more dramatic effect than if you start using as an adult.

So to me, it makes more sense to have more centers treating adolescents than treating adults. I'm not saying that we don't need to treat adults. Of course we do. But I agree with Kathy Harmon that the question here should be how could we make more places like ACT more than should we keep it or not.

There is enough evidence in the science that there are effective treatments. The researchers have been continually developing and evaluating new ways of treatment. And that's, you know, a field that is being -- let's say it's in progress. And if it's not perfect, it's a lot of -- there is a lot of work ahead in order to completely, fully understand all around the addictions field.

If there is something that is -- it's effective, it can be used. And we have here, like people have talked about directly, not science, not the reports that I'm quoting in these papers, but real people that are here telling their stories. Which are also very wonderful and more important

than this.

At the end, that's what we want to do -- right? -- is to change lives.

And the other thing I would like to stress is a society that takes care of its youth is a society with a future. If we don't look at the youth -- I mean, the future of the society are them -- where is this going to go?

That's all. Thank you.

(Applause.)

MR. WIEBE: Debbie Bottoms. And following Debbie will be Janine Gracy.

MS. BOTTOMS: Hi. My name is Debbie Bottoms, and I'm a social worker. I've been a social worker for 36 years. Not all of that time in Johnson County, but a majority of that time. Not only that, but I was raised in Johnson County so I know an awful lot about it.

I've worked at Chanute, I've worked in Osawatomie, I've worked in Wyandotte County, I worked 14 years for SRS, and the last 22 years of my career -- and I hope to finish there -- with the DeSoto School District.

I've worked with high-income families, low-income families, people with insurance and

without, people with some hope, people without hope at all.

I want to give you an example of how I use ACT.

I had a mother come in last week. We had a student who we thought was probably under the influence in one of our middle schools. He's 13 years old. Mom came in to talk to us, a single mom, working poor, no insurance, no medical, had no way to get treatment for her child.

We talked a long time. One of her comments to me was, "I didn't start until I was 18." So for her to have a 13-year-old using, she said, "I just don't know if I believe that or not."

She took him for a drug screen. Everything was positive. He had several different chemicals in his system. And she was amazed that the screening was two days later.

I called -- the day that we met with her I called Barbara and said, "Help me. What's out there? Give me some suggestions. He's 13 years old."

And, I mean, immediately, "These are some resources. Think about this. Try this." Because right now as a social worker, there's nowhere to

refer people. And especially people who don't have medical insurance and can't go out of the area, a single mom trying to hold a job and support two children and be able to get to a facility that she can participate in treatment.

After we met with her, she -- after I called Barbara, we talked. And she said, "Send her here. We'll talk to her. We'll see what we can do." And they did an interview.

And the most positive part for me is that Mom came back to me the next day and said, "I'm so thankful you sent my son and I there. We got what we need. I have the confidence we can get through this, and they're going to help us."

You know, there's no more to say than that. Every family that I've ever sent there -- and believe me, in my 22 years in the school district there have been a few families, all different kinds -- whether they want to believe or not, once they finish the program they believe.

I could name family after family and just look at them and know that their kids are doing so much better. And we don't have to send them to Girard or to Pittsburg or Wichita. They can stay here and be close enough to participate in the

treatment. And that's a huge part of their success.

Thank you.

(Applause.)

MR. WIEBE: Thank you, Debbie.

Janine Gracy. Janine will be followed by Colleen Nilson.

MS. GRACY: I'm Janine Gracy, Director of the Regional Prevention Center.

And what can I say that hasn't already been said? But I do want to be just really frank with you. When I was driving over here tonight, I thought: Why in the world are we having to do this? But you know what? I'm glad we did. Because I think we have gotten a lot of great positive feedback about ACT and all the wonderful things that they have done for the families of Johnson County.

I'm here tonight as not only the Director of the Regional Prevention Center, but as a School Board member for the DeSoto School District, as well as my most important job, and that is a mom.

I understand about being an elected official and that you have some tough financial decisions to make. You are the stewards of the

public trust. You have been entrusted to make good decisions regarding our county's Social Services, as well.

ACT is a place for our most vulnerable citizens, our children, who have no voice in the political system. So tonight I'll be their voice.

And before making any decision, I would hope that any board would ask the question: Is it good for the children?

Addiction is not something that we like to talk about. It is not, nor ever has been, the kind of disease that we would walk 20 miles a day for three days to cure. Nor has it been given the stature of the Katie Couric colonoscopies that is now dinnertime conversation. Addiction is not a neat, pretty package, especially when it affects our kids. We'd rather not talk about it.

But you know what? These kids deserve their own place for treatment. They can't be put into an adult treatment center.

Johnson County is one of the richest counties in the nation. I pride myself by being a resident of Johnson County for the past few years and an employee of Johnson County. And I pride that because I believe our leaders do make good

decisions, and they know how to do the right thing.

But you know what? It is no secret that we do have a reputation across the state of Kansas. We're known as a bunch of rich snobs driving SUVs, not worried about anyone less fortunate. I would hope that we become very careful about what message we send to the citizens of our county and our state when it comes to making decisions about the health of our children.

It's been said before tonight. But if one of my own children needed substance abuse treatment, I would not hesitate to find the best treatment available. And you know what? It is wonderful that I wouldn't have to look further than my own backyard. I would send my child to Barbara and her staff, the award-winning Adolescent Center for Treatment.

Thank you.

(Applause.)

MR. WIEBE: Thank you, Janine.

Colleen, and Colleen will be followed by Carmela and Harry -- and I'm going to defer on the last name again.

MS. NILSON: Hi. My name is Colleen Nilson, and I'm a single mother here in Johnson

County.

About two years ago, my son started getting in trouble with the law. Which at first seemed like a very horrible thing, but then it really turned into a blessing. He's been before Judge Farley and Judge Cameron. I've seen his probation officer in the back.

And I am fortunate enough -- I'm a single mom. But I am fortunate enough to have an insurance policy that I thought was pretty good. And it helped us for a year. It paid part of his outpatient treatment.

But, of course, my son thought he was smarter than all of us and continued to use and fail UAs. So he did end up in the Juvenile Detention Center for about a week and a half before a bed came open over at ACT. So he would have had one of those beds one way or the other.

But after his 30 days at ACT, you know, both he and I learned a lot of skills. He was able to stay clean and sober and finish up his probation.

He's in school. He has a part-time job. I'm not sure that his dance with drug abuse is over yet, but at least we have some tools. He knows the

phone number. He knows people out there, the same people that were there when he was there. So it's not like he has to go make a new relationship.

So I'm very grateful for the Johnson County juvenile justice system and ACT. And, you know, I have friends in other metropolitan areas -- in other areas of the metropolitan area here, and they envy the help I got here with my son.

So thanks.

(Applause.)

MR. WIEBE: Thank you, Colleen.

Carmela and Harry.

MR. MC ALEAVY: Carmela's staying in her seat. Harry McAleavy.

First, Judge Cameron and Judge Farley, thank you very much for standing up for ACT.

Everybody knows about the higher power? The higher power works in funny ways. The higher power, I think, moved the Board of Commissioners to ask for this investigative study, and I hope you're hearing what you came to hear.

I am father of Andrew, who was a resident client, as we call them, at ACT this summer. And I'm also a representative of the alumni and current enrollees in the school of hard knocks.

Twenty beds? Twenty beds. This is a very nice-sized conference room, and I'm sure there are a few others like it in this building. With a little marginal cost and partitioning, we could probably fit 20 beds in this building.

Where the Commissioners, when they did the assessment to build this building, why didn't they ask the question about Juvenile Detention then?

Anyhow, addiction is not a crime or a character flaw, but an illness. Thanks to the concern and empathy and teaching of hard knocks that my son got at ACT, he has a chance. He has a fighting chance now.

I just jotted down a little thing here.  
ACT: Five weeks -- and Andrew was one of the first ones to spend five weeks there instead of four -- five weeks, plus twelve steps, plus TLC equals a fighting chance.

Then on the other side of the coin, with respect to detention: Six months and neglect equals a less than zero chance.

So I was appalled also when I first heard about this action, this investigative study. And my first reaction was we should be -- as others said tonight, we should be looking not to close,

but to expand ACT.

ACT is a miracle, and higher power forbid we reject the gift of that miracle.

I thank you all for your time and ask you to use your heads, use your hearts, know your soul and save ACT.

Thanks.

(Applause.)

MR. WIEBE: Thank you, Harry.

I neglected to say who was on deck. And that would be Terri Shelton? Am I close?

MS. STREETER: Streeter, maybe?

MR. WIEBE: Yes. Go for it.

MS. STREETER: Terri Streeter.

I'm a school nurse at Blue Valley North High School.

And I have been facilitator for support groups for about the last 16 years for students that are recovering from substance abuse. And I have given many, many parents ACT as a referral. They're always one of the referrals that I give. And I tend not to refer parents anywhere that I don't have personal experience and don't believe that they do a good job.

I just want to give a personal testimony

to what I've seen and what I've heard and what I've witnessed. Because much has already been said. But I would say that of all the kids that I've seen come and go in our support groups, the ones that have had longevity in their sobriety are those that have been at ACT. And many have maybe gone through the program a couple of times, but -- and they would tell the other kids maybe it didn't work -- there was one student, I remember him saying this. It took four times. But, you know, he finally got there.

But they seem to have the longest in sobriety. I think they do a neutral, objective assessment. There's good communication with the school.

I also coordinate the homebound for our school, and so I've had opportunity to have experience with many of the treatment centers. I also worked PRN in adolescent psych for several years in a lot of the treatment centers that have since closed.

And I can tell you that it's real frustrating when you have parents that are searching for help and there is nothing to give them. ACT is the only inpatient treatment. And I

have to say if you want to change behaviors and if you want to change habits, they say it takes 21 days. And kids need consistency. And they just don't get that when they are in the same playground and with the same playmates.

So I just feel like the inpatient is so much more effective.

The other thing is it's very hard for parents to make the decision to hospitalize their kids, even when they know they need it. And if they have to go outside of the city and they have to drop them from the school because we can't provide homebound because they're not in our community, then chances are they're not going to make that decision to do that.

I also -- one of the other benefits. I know that sobriety and treatment and attention to the addiction is the priority, and academics is secondary. But also, it's important that they continue with their academics and the education that they get there. Pam Jansmore (phon.) I've worked with for several years, does a great job of communicating with me and providing that consistency and working with our homebound teacher.

So I would have to agree. When I was

asked to come tonight last week -- and I had to give up a dinner date to do this -- but when I heard that ACT was thinking -- or not ACT, but the Commissioners were even thinking about closing ACT, I was just so surprised. I just -- I could hardly believe that they would consider doing that, especially since it's the only treatment facility.

And I can tell you that I never fail to have candidates for support group every year, because we have a lot of kids that have addiction issues. And it doesn't start in the high school; it starts in the middle school. And we're just trying to pick up the pieces when they get to the high school.

And if we can't provide them some kind of support, if they don't get the treatment, they're not going to have success stories like Mary and like Mr. King.

(Applause.)

MR. WIEBE: Thank you.

Folks, we are down to the elite eight, the final elite eight of the people who have signed up to speak.

Let me also take a moment. When people signed up and came in, you were offered the

opportunity to fill out a card if you had questions about the program or other questions. And I don't know if anyone did or took advantage of that.

But if you did, for starters, I would like Ron McNish, our clinical director, to collect those cards. Ron, you want to raise your hand? If you have cards with questions, if you could give them to Ron.

DR. MC NISH: Any cards?

MR. WIEBE: All right. Our next person is Kathleen Rieth. And Kathleen will be followed by Sandra Miller.

MS. RIETH: Hi. I'm Kathleen Rieth with Court Services, and it's a pleasure to be here.

And I wanted to say to Barbara, whoever she is, that I was really concerned that people didn't get it that we had this wonderful resource in Johnson County called ACT. But I'm feeling a whole lot better tonight that there has been a whole group of people who do get it.

At Court Services -- I've been there a long time. I have been there -- in fact, I started back in 1977. And I would tell you that the character of kids that I've worked with over those

years has changed.

And unfortunately, there is more and more of a drug and alcohol problem. It's starting -- it's expanded to more serious drugs besides alcohol, more serious usage of alcohol, and kids are starting at a younger and younger age.

I do a group once a month called the Juvenile Peer Panel. And I have speakers who -- some of whom have been through ACT and have at least six months of sobriety, talking about their experiences to try to get the kids in the audience educated about drug- and alcohol-related issues. And those speakers try to make sure they have good reasons to not get further into the system and not use drugs and alcohol.

And I've asked the kids in the audience at times during the past year, "So what's the age of first use?" And the age is getting lower and lower.

And the kids in the audience -- again, 50 to 60 kids every month, different kids every time because, you know, it's not -- they only go one time to this group. Those kids will tell you that the age of first use now is 12 or younger.

So sometimes when we have kids come into

the courtroom and now they can be very young, we can have them at age 10 or 11 for a juvenile offense because it goes down that low.

And the judges will refer them for a drug screen, and the parents have a fit: "You think my 10-year-old, my 11-year-old is using drugs?"

Well, yeah. Sometimes they are.

So I'm so grateful that we have ACT. I'm so grateful that we have Barbara Burks and her staff. They are very caring. They are very good.

Barbara loans her time in many different directions. She speaks at different things. She has been involved in our Drug and Alcohol Advisory Board since its inception. In fact, I've known Barbara Burks since she first started at ACT. It's a wonderful program. It is truly a gem.

If you think we don't need it -- oh, my gosh, we're going to need it so much more in the future. It is getting more -- the problem is getting more and more serious.

Thank you.

(Applause.)

MR. WIEBE: Thank you.

Sandra Miller, and following Sandra will be Karen Arnold-Burger.

UNIDENTIFIED VOICE: Karen had to leave.

MS. SANDRA MILLER: My name is Sandra Miller. I work for Johnson County Juvenile Court Services. I am a juvenile probation officer.

I am so thrilled that so many people showed up tonight to lend their support. When I first heard about it, I thought to myself: I have so many kids on my caseload that I don't have any idea what they would do without that resource.

I have worked with so many kids that I think, had they not had the benefit of ACT, probably would have been dead. I can think of a couple of kids, off the top of my head, that -- one of which attempted suicide on Mother's Day. And if he had not had the benefit of the ACT program, I don't think he would be here today.

I don't think that people in the community who have not been involved with the juvenile justice system or had substance abuse issues have any idea about the need for the program.

However, being someone who works with adolescents in this community, I can tell you the need is very great. When Kathleen says that the

age is getting much younger, she is very correct. I interview kids all the time. And the age of first use is getting so much younger with all of the kids that I talk with.

I also sit on the board for the Johnson County Stop Underage Drinking Project. There are an awful lot of kids in my caseload who do public speaking for us. They tell me that along with the treatment that they've received, they find that to be very therapeutic because they get the opportunity to help other parents within the community whose kids are not involved in any court-related issues.

But they have an opportunity to ask a kid, "What can I do? What can I do as a parent? What services would you recommend for my kids?"

And those kids are able to offer some assistance to the parents who would have no idea how to find assistance for their own children if those facilities were not available.

Thank you.

(Applause.)

MR. WIEBE: Thank you.

Next, and I am going to mangle this name, I know. It looks like Jan C-a -- okay. I'll let

you take it from there.

DR. CAMPBELL: I am an addiction psychiatrist, which means that I'm a physician. So I get to write any way I want. I was trained for that.

I'm on the faculty at KU Medical Center. I'm responsible for training the psychiatry residents in addiction.

And the ACT program is one of our training sites. It's a training site because of the quality of the personnel, the quality of the program. And they have an additional component that is really hard to find: that's a child psychiatrist who knows something about addictions. That's -- I think there are five addictions psychiatrists in Kansas City. One is a child psychiatrist. So ACT has that person, and that's a critical issue.

I wanted to comment just real quickly on the need for the residential capacity. And it's easy to misunderstand that. Kids who come in -- well, adults who come in have impaired brains. You know, they're not thinking with the same brain that they're going to be thinking with 30 days into recovery. They can't make decisions. They can't

make appropriate decisions. They need a substitute brain.

And that's what treatment providers are for. They need to be sequestered in a protected environment. It takes time -- sometimes a month, sometimes six weeks -- to get that brain chemistry turned around to the point where the individual can hear. And they need that period of time.

In addition to that, the strongest influence on a kid's behavior, unfortunately, is not a parent and not an adult. It's a peer. So if you put kids in a peer setting where recovery is not the issue and where the goal is not to get clean and to get back to a reasonable life-style and the goal is, instead, to share war stories about what it's like on the street and what new drugs there are in the community and all the new different routes of getting substances into all the various orifices of the body and that's what takes place in non-recovery settings, that's the influence that those kids are going to have.

So the residential component gets them with their peers but with guidance. It gives them a period of time to get their brain chemistry straightened out, and then they're accessible.

Then they can hear. Then they can learn.

So please keep the residential component. Without it, it's impossible to get that process underway.

MR. WIEBE: Thank you, Jan.

Karen Wulfkuhle, did you sign up twice? You can only speak once.

Okay, folks. Three more left.

Valerie from Blue Valley. And following Valerie will be Clay Johnson.

MS. JENNINGS: I'm Valerie Jennings.

And I can't top what everybody else has said. I've been in Blue Valley for 20 years as a practitioner and an educator. About 18 years of those I was a school psychologist at Blue Valley North, and the past couple of years I've been an administrator with Blue Valley North.

I've dealt with lots of kids, lots of families. I have kids in my office every day. I think that the touching stories really make the difference.

And I had kids in my office the other day that I have been talking to their parents about treatment, and the treatment choice is residential for this particular student. Oftentimes students,

by the time they're reaching high school they're actively using daily. I have co-facilitated groups with Terri Streeter for many years. And what we have found is that those students who are in outpatient provider services do not make the change that kids who go through ACT and are in a setting that's protected, that's safe, that gives them a chance to think about what they're doing in a clean environment -- those are the ones that really had helped us with our groups, helped other students to think about what they're doing.

And it would be a crime if we made a decision in this county to do away with, really, the one facility that we have that really makes a difference for kids that are abusing alcohol and drugs.

And I'm with a number of other people who have said here tonight that we shouldn't be looking at closing the program; we should be looking at expanding it. Because I can tell you that I see so many students who are actively using and need help and there are very, very few options available for those kids and for those families.

And for -- I'm a parent, as well. And my kids, their friends -- when kids are in trouble,

ACT is usually where I tell these parents, teachers, whoever, where to go. And it's always ACT.

So please reconsider.

(Applause.)

MR. WIEBE: Thank you, Valerie.

Clay Johnson.

MR. JOHNSON: Thank you. I'll be briefer.

I'm Clay Johnson. I've worked with Two Rivers Psychiatric Hospital for 14 years. I've been the assistant CEO there.

I wanted to make a couple of comments. One thing, you wish you could go back in time. I used to run an adolescent treatment program years ago in Leavenworth, Kansas, called The Family Center.

We wanted to expand that treatment program. I had to speak with the top brass of a chain of not-for-profit hospitals. I was asking for this expansion, and it was going to cost about \$225,000. I felt very shamed at even asking. It was fed back to me, "You're asking for \$225,000 for this?"

If I could go back in time, I'd scream --

you know, I feel like screaming: "Hasn't the Surgeon General, year after year, named alcoholism and drug addiction as the largest threat to Americans?" You know, they have. I've noticed this. "And isn't it really the largest threat to children, to adolescents: alcoholism and drug addiction?"

You know, if I could go back in time, I probably wouldn't scream it, but I'd certainly try to communicate it as assertively as I could.

That sticks with me. And I know people drove that home today.

One of my thoughts tonight I just wanted to share with you. A neighbor I had was a DEA agent. He told me that people in Johnson County don't realize that just 20 minutes away is one of the most dangerous spots in the world. And he'd been everywhere. He'd been to Mexico and some real dangerous spots.

And I thought, you know -- in fact, I did tell him, I go, "Some of the best treatment programs exist right here in Kansas City." And ACT is one of those treatment programs. I have no doubt about it.

I'm -- I wanted to say I think that

Michael Douglas, I thought, if you ever saw the movie "Traffic," he said, "How do you fight a war against drugs, on drugs, when the enemy might be a member of your own family?"

You know, this is a tough business. And, you know, I heard a candidate for President actually describe an alcohol and drug counselor as a hero. First time I'd ever heard anything like that. But I definitely believe it.

I hope and I pray that the adolescent program will be given its due. And I believe they not only need to survive, but they need more than what we currently are giving them.

And that's my two cents. Thank you very much.

(Applause.)

MR. WIEBE: Thank you. The last person who signed up stating they wanted to speak is Eric Christensen. Eva, excuse me. I guess it's fitting that I messed up on the last name, as well.

MS. CHRISTENSEN: Eva Christensen.

First of all, I didn't think I'd be coming to address who I was addressing tonight. I thought I was coming to Johnson County Mental Health to address some parents to support your

program.

But I am raising a second family, which is two grandchildren. One we received at the age of 14-1/2, the other one at age 9.

We've had these children for over four years. Our oldest granddaughter had been in eight schools -- well, both of them have been -- in less than two years.

We gained custody through the courts in Missouri. We still have our grandson. Our granddaughter, through the help of ACT and Pam and their staff, went through the program not only one time for 30 days, but she liked it so well she went back for another week and a half. And our car automatically went to ACT. So that's why we were late and the last speaker.

Anyhow, if it wouldn't be for ACT and the guidance and support that they gave us as a family and Amber as a resource -- they gave her confidence. They taught her goals. As late as last week -- and she is now 18-1/2 -- she still calls ACT for support, and they still talk to her.

And I do not doubt for one minute if it wasn't for them that she would not be alive today. She was a runaway. She was into drugs. Her

parents had given up on her just -- we gave up on her parents. They gave up on their parents.

And she has now graduated from high school, and she is going to move into her own apartment next weekend. So without them, I don't think she'd be here.

And her brother went along to the meetings, and he learned from watching what his sister was going through.

And so it is important to have this program because there are a lot of Ambers out there that need help. And we had no access to any insurance. My husband's company would not insure the children. My company that I worked for would not insure the children.

These are two of the biggest businesses in the county. They would not cover them because we only have custody; we have not adopted them. So we had to figure out through a long process of trying to get insurance -- we got Blue Cross, which was limited on what we could afford.

Finally, through Johnson County Mental Health they appointed us through HealthWave. HealthWave is accepted by ACT. Without that, Amber wouldn't be here.

So this program is just very, very valuable to every member of Johnson County.

Thank you.

(Applause)

MR. WIEBE: Thank you, Eva. And my apologies for getting that wrong.

Is there anyone in the room who did not have a chance to speak but may have signed up? Anybody that we may have missed?

Commissioner Wood.

COMMISSIONER WOOD: Well, first of all, I'd like to thank everyone for being here tonight. It's good to see old friends, high school graduation friends. I won't name who that is. She looks younger than I did.

Second, what I appreciate most is hearing or receiving confirmation about the ACT program and especially Barbara Burks, who has taken the time to enlighten me. And part of what is of value -- and you've all touched on it -- is the quality of the program, which I acknowledge. That program has benefit.

And the question I had in my mind, coming here tonight and proposing to review this program, is whether or not we could accomplish the same

result without having a residential program. I think Dr. Campbell has adequately satisfied that question in my mind, and the answer was "No."

The program has value, and its quality is based upon several things. One person talked about it being scientifically based, which I have read and understand and appreciate that Barbara and her staff have accomplished that.

The program, to be successful, has to have several components. And you've all touched on it, likewise. And that is the one -- I forgot the lady that brought the handouts about it being scientifically based. But it -- it's supported by the notion that there's family involvement, that the counseling is long enough to stabilize an individual and that the issues surrounding the child -- whether it's trouble at school or in the courts -- also deals with the alcohol and drug issue.

But in addition, that it's long enough, as I said. But it teaches me, from what I've read and studied, that one of the key factors is the staff. A staff that has a wide range of experience which, from my estimation and from what I've heard from representatives of DCCCA and Valley Hope team members and all that, is the staff that has that

experience. And with Dr. Campbell pointing out that we have a psychiatrist on the staff, that this makes a very valuable program that we would hate to lose.

And the next question becomes -- well, first of all, I would challenge all of you to stay engaged. I'm not looking to destroy a program that's of value. When my daughter -- one of my three daughters was growing up and a teenager, she had an alcohol problem. And I did not know about ACT. But we did find a residential treatment facility that addressed the issue.

I have served also on the Kansas Behavioral Sciences Regulatory Board when Dr. McNish was on the advisory council of that board as a psychologist representative.

The -- what is clear is that the need is greater than the resources that are available, and the program needs to be expanded or the resources more coordinated to reach all of those that are here in Johnson County.

Now, as a Commissioner, my first priority is to Johnson County residents. Now, I would hope that for the program to expand that other counties that benefit through ACT might actually step up to

the plate and help share in that cost.

In addition, what prompted the review is also another need. And that is Juvenile Detention. Juvenile Services currently exists such that we're farming out to other juvenile detention facilities roughly 30 youngsters every month while at the same time, we have 20-some juveniles that are in detention that are there because judges don't feel comfortable referring certain of those individuals to other facilities.

And these youngsters are in a program that's been highly rated and very much supported by the courts and the mental health community. And that's Crossroads and Sanction House.

Now, that's what prompted the idea of transferring the services of ACT to an outpatient basis, so as to take those that have to be in detention or a secure facility into this facility, so as to bring the inmates from other juvenile detention facilities back to Johnson County with the thought that this would, A, save roughly \$60,000 a year; and, B, avoid or delay the construction of the \$6- or \$7 million expansion.

So the point that I would make is, A, I'm sympathetic to the mental health and psychological

needs of our youngsters here in Johnson County. B, that those needs are not being met. And C, that since you all have been kind enough to show up tonight to show your interest, that you also support more County Commissioners in meeting the needs by supporting our search for additional funding to build a 20-bed facility for juveniles and also an expansion of the ACT program.

So stay engaged, stay involved and write your County Commissioner.

(Applause.)

MR. WIEBE: Well, thank you, Commissioner Wood.

Commissioner --

CHAIRMAN SURBAUGH: I'm sorry. I apologize. This is a public hearing, and I thought we were here to hear the public.

I also want you to know that as a County Commissioner, I think we're still clearly looking at this issue. And I don't believe -- I guess what I'm saying is Commissioner Wood's opinions are his own. I think we all have our individual opinions, and we'll conclude some conclusion in the future. I understand this is also one part of the whole endeavor we are going through.

What I wanted to say and was going to say but had made second thought of it -- and the young people aren't here, I did talk with them in the hall -- was how much courage it took for the two young people to speak. Was it only two? I only heard two that spoke and kind of bared their souls.

We have had people at our budget public hearings that talk about having to use welfare for the first time in their life. It takes a lot of courage for people to come and tell the dark side to help others see the bright side, and I really want to thank the two kids.

(Applause.)

MR. WIEBE: And thank you,  
Commissioner Surbaugh.

I want to thank each of you for taking the time -- and this has been a long evening -- to come out and express your point of view about substance abuse services. I think your presence just speaks volumes about your own personal commitment to the whole issue of our youth who struggle with addiction in this community. And I can't help but think that you, collectively, are probably one of the biggest resources we have in terms of addressing that issue.

ACT is certainly a part of that, and it sounds like an important part of that, in your minds.

As Commissioner Surbaugh said, we are in the process of conducting an evaluation and review of the ACT. This was an extraordinarily important part of that. Because, as I mentioned when we started, we exist to serve the community. And we need to hear from the community in terms of what your view is and how you see the need.

But I want to thank you again. I also want to see, Hannes, if you had anything to add or if any of our other members of the panel had anything to add.

MR. ZACHARIAS: No.

MR. WIEBE: With that, thank you again so much for being here and sharing your views with us.

(Whereupon the proceedings were concluded.)

(9:35 p.m.)

## C E R T I F I C A T E

I, Caroline R. Castle, Certified Shorthand Reporter, and the regularly appointed, qualified, and acting Official Reporter of Division No. 9 of the Tenth Judicial District of the State of Kansas, do hereby certify that as such Official Reporter, I was present at and reported in machine shorthand the above and foregoing proceedings.

I further certify that a transcript of my shorthand notes was typed and that the foregoing transcript is a true and correct transcript of my notes in said proceedings, to the best of my knowledge and ability.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal at Olathe, Johnson County, Kansas, this 25th day of September, 2006.

---

Caroline R. Castle, RDR, CRR, CSR  
Official Court Reporter

OFFICIAL REPORTER