



FOR IMMEDIATE RELEASE

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State of Greene County 2023 address



SPRINGFIELD, Mo. – Greene County Presiding Commissioner Bob Dixon gave his annual State of the County address Thursday morning, Oct. 5, at Hill City Church in Springfield.

This year's address at Good Morning Springfield! highlighted county projects that are working to solve mental health problems in the community. The following is Commissioner Dixon's speech verbatim:

“Today, I’m called here to inform you about the State of the County, and in this regard, I’ll be shockingly brief. The County is in a strong position because of the outstanding work of your elected officials, the staff and employees of the County.

It is also true that current revenues are declining, the Budget Office tells us recent sales tax receipts are down 9.40% from the same month last year, with now 4 running months of decline, and down 3% year-to-date.

We need to be mindful of early indications of economic changes on the horizon.

Still there is tremendous good work going on in the offices of our many elected leaders, but unlike in previous years, I will not be highlighting their individual work.

So, I am going to ask all of our officeholders, department heads, and employees to stand now for your applause. I will ask their forgiveness later. Please know, each one of these are doing outstanding work.



Now for the next 25 minutes, I will ask you to buckle up and hold on as I bring to our attention an issue affecting each of our elected offices, each staff person, each employee of the county, all of our cities and each one of you.

It’s a subject we usually just keep to ourselves. Perhaps we’ve been afraid to speak about it in public forums.

So, today, I will not boast anymore about our outstanding team. And today, you’ll even get another year where I will not sing.

I am here to call for our community to face the exasperating local mental health challenges facing citizens, caregivers and all those seeking to help others.

Many of us may have just shifted uncomfortably in our chairs thinking of a loved one, a friend, or a co-worker when I said the words “mental health challenges”.

You know what I’m about to say is true. Working together we can begin to break down the stigmas that all too often prevent getting help with mental health needs.

Just two weeks ago, we stood at a groundbreaking for a Youth Resiliency Center that will add capacity to our mental health community. I said then, I would not use that occasion to discuss the “abysmal state of mental health care in this country and state”.

We were there to celebrate the groundbreaking a step-in right direction, our first and largest ARPA award, a state-of-the-art facility that will do much good in our county. It was not the right time. We were there to thank all of our partners.



Now, however, I believe is the right time to acknowledge the need is much greater, the crisis is real, despite many outstanding local organizations providing services in a variety of areas. The unpleasant truth is many of our services are hard to navigate at best even by trained professionals and clinicians. It is just too hard to get the services people need.

The overall safety net of mental health services in our country is frayed, tattered, and a patch work system that our local programs are in need of vigorous examination if we are going to continue to grow and prosper as a community.

The Springfield-Greene County Health department tells us our suicide mortality rate is 60% higher than the national average. Locally, we have seen suicide deaths increase by 30% since 2015.

According to the 2022 Community Health Needs Assessment, poor mental health and the rate of depression in our community are higher than in Missouri.

Locally, men over age forty-five are at the highest risk for death by suicide. Veterans and law enforcement often have even greater risk.

This echoes national trends. In 2021, men in the United States were 3.9 times more likely to die by suicide than women.

These deaths are preventable when we take action before a person reaches a point of crisis.

Mental health stigma, and all the barriers stigma creates, has been a key factor in the jarring increase in suicide we've seen in our community, along with poor mental health overall.

The Healthy Living Alliance of the Ozarks, a healthcare alliance focused on improving community health, wants to help men embrace conversations about mental health.

They're doing so with the launch of an awareness campaign that encourages men to check in on other men in their life and to be open and honest about how they are feeling.

These conversations don't have to be formal; it can be as simple as asking a buddy, "Hey man, you good?" or "Hey ma'am, you good?". Here's a little transparency, it's what I promised you.

In the midst of the stressful days of the COVID-19 pandemic and all that entailed, like some other elected officials, I was the target of some not so veiled death threats. It was a time of heightened anxiety for a lot of us. I'm certain I wasn't the only one whose life changed in unpleasant ways.

Luckily during this time, a good friend basically asked "Hey, are you good?", when I wasn't really feeling that good. And then listened to me, and gave me encouragement to talk to someone about the anxiety and depression I was experiencing.

Okay. That's me doing my part to do away with the stigma.

It was just what I needed to get through those months. It may be uncomfortable or awkward, but the importance of discussing mental health with the people you care about cannot be overstated. It is a normal and healthy way to create mental wellbeing.

Let's explore some of the impacts on the larger scale.

Let me start with Sheriff Arnott's Office. We have 55 inmates on the waitlist to get into the State Psychiatric Hospital just to regain competency in order to stand trial. That is just one county!

The Sheriff's mental health unit at the jail is full, and the psychologist has told us 70% of those in the jail have a diagnosable mental illness.

In a related issue, the Office of Pretrial Services has supplied the Greene County Courts with 1,066 Public Safety Assessments just this year. The average amount of time a defendant has spent on supervision during this time frame is almost 300 days.

And at a slightly earlier age our Juvenile Office was responsible for the creation of the Youth Mental Health Collaborative that brings together a collaborative body of over 30 folks including hospitals, mental health facilities, schools, Children's Division, Law Enforcement, the Division of Youth Services to collaboratively address mental health services for "justice involved" youth and youth who are in foster care.

Our Greene County Human Resources has experienced record-breaking attendance and participation in our Venture Wellness Program this year, specifically our lunch & learns, wellness challenges, and the wellness expo.

Our theme for the whole year is a Better Mind, Better Me in 2023, focusing on mental health and wellness.

And our Public Administrator oversees nearly 1,000 wards of the county entrusted by the courts to her oversight. One resident of a local nursing home called in a bomb threat that had to be investigated.

Not all of the lives she oversees are adversely impacted by mental health issues, however, we do not have adequate services systems in place to address the extreme circumstances that arise.

I want to highlight a mental health issue our Prosecutor Dan Patterson has addressed from his office. The Greene County Family Justice Center is a key County program addressing domestic violence.

Alongside the mental health issues, domestic abuse can cause employees to be distracted at work, miss work, arrive late or leave early, and increase staff turnover. Exposure to domestic violence has a significant impact on children's mental health.

54% percent of employers have reported that domestic abuse caused the quality of the employee's work to suffer, and 56% percent said it led to absenteeism.

The Family Justice Center opened in record time, while other communities spent 5 to 10 years in the planning process, our Center opened in 2018 in less than a year.

Perhaps as an indication of the level of need in our community, the Family Justice Center and its partners have provided tens of thousands of services to victims of domestic violence in the past five years.

This is the middle of my address to you, and in a moment, I'm going to show a short video of a National Association of Counties (NACo) presentation about some history of how we got here nationally.

75% of America's 3069 counties reported an increase in the incidents of behavioral health conditions over the past year and 72% of counties reported a serious shortage of behavioral health care workers.

This speaker, Dr. Drew Pinsky has spent decades practicing internal medicine. He worked for approximately 30 years at the Los Encinas Hospital, which is a full spectrum psychiatric facility for, he served as director of the medical services department and became Director for Chemical Dependency Services.

He is double board certified by the American Board of Internal Medicine and the American Board of Addictive Medicine, where he is also a fellow. He served many years as an assistant clinical professor at Keck USC School of Medicine in both the departments of medicine and psychiatry.

[Click here](#) to play the video that starts at the 4:00 minute mark. Below is the transcript from the video:

'I worked in a psychiatric hospital for nearly 35 years. I've seen trends come and go. I know these illnesses intimately, and I have been screaming about the mental health crisis and homelessness in this country for 20 years.

I am equivalent to a surgeon who knows how to fix a specific thing, and he walks out in the street and is seeing that thing everywhere he goes and is not allowed or permitted to not only intervene, but can't even say anything about it. It has been driving me crazy.

So, thank you for making this a brighter. Now it is time. It is too long. It's odd that we in this country treat illnesses in the cranium, this organ different than every other organ in the body. Our lungs get sick, our brains get sick. They have medical management, their physicians dedicated to the practice of psychiatry.

They need the opportunity to do their work, and we need more of them. We will talk about that a little bit.

Now the reality is that the United States does not, the Constitution doesn't provide for, the privilege of providing mental health services.

It's always been relegated to the states. In 1945, young psychiatrist named Robert Felix proposed to employ the prestige and resources of the national government to redirect mental health priorities. This was a massive shift. A young politician by the name of Kennedy, who was sympathetic to these issues because of his sister Rosemary, which, you know, she had some sort of mental illness and went through a lobotomy.

Rose Kennedy, the mom has said that was the greatest tragedy of her life, more so even than what happened to her sons. Her testimony when men were coming back from World War II shined a bit of a light on the fact that the men that were being excluded from military action were due to mental illness, brain disorders.

The Congress allowed for the Neuropsychiatric Institute and National Mental Health Plan. And Dr. Felix at that point, was the doctor advocating for all of this. And he later recounted, I wanted this bill. He was driving this, a non-elected official.

That's what I want to get, get across to everyone. This psychoanalyst. By the way, psychoanalysis had a grip on American psychiatry for 50 years only in this country. And so, physicians for a minute forgot that they were medical doctors, and he's, by the way, because they, as psychoanalysts felt, they knew the answers to everything. They were also big social engineers, and he wanted these acts to be as broad as possible.

So, there was literally nothing he couldn't do. Pretty scary. So, they passed it very quickly though, Dr. Felix changed the name to the National Institute of Mental Health, steering this away for any consideration of mental illness.

His consideration was that they were going to create community mental health centers to prevent mental illness. Now, the commission that was put together by Dr. Felix was mostly an ideological, and I would dare say theological document.

They presented the following recommendations. Number one, state mental health hospitals, state mental hospitals were beyond remedy. The future services should be coordinated by community, mental health center and financial participation by the federal government, which was a new concept. Once elected, John Kennedy appointed the Interagency Committee on Mental Health.

The committee was making recommendations for mental illness services, and there were some breakthroughs at the time that changed things a little bit. The advent of Thorazine changed bit. Felix was assisted into the committee by two National Institute of Mental Health, psychiatrist Stanley Olis, who would succeed Felix as the director of National Institute of Mental Health.

And Dr. Brown, who would succeed him after he made some inappropriate comments about federal drug policies and was fired. So, from 1946 to 1970, the mental health policies of the federal government was dominated by three unelected psychoanalysts.

And none of them had ever been in a hospital that treated mental illness, particularly not chronic mental illness. Felix, well, he worked once, once summer in a Colorado State Hospital. Brown was a pediatrician who briefly visited a couple of state hospitals in Massachusetts.

And Olis was a parasitologist who eventually went to medical school. He did his residency at the Federal Narcotics Treatment Center. This was actually sort of the opioid farm. This is where they got into trouble with experimenting on people with LSD. Three men charged with determining the destiny of resources that had been maintained for hundreds of years in this country.

Those three men determined the future. At the same time, our culture ran amuck. The myth of mental illness was published. Goffman argued that symptoms of mental illness were created by hospitalization.

That there was nothing a ton specific about the brain that could get sick unless you put somebody in institution. Felix agreed with this, and then the movie *One Flew Over the Cuckoo's Nest* came out in 1962.

The American public thought they were looking at a documentary. I just recently reviewed that movie, and it was a million miles from what psychiatric hospitals are like. In October of 1963, President Kennedy signs that community Mental Health Centers Act. One of the last things he did before going on his fateful trip to Dallas. No plan for what would happen as a result of dismantling the state hospitals, right? This was focused on prevention.

Also, Medicare, Medicaid came along, and Medicaid specifically excluded patients in mental institutions, which became known as the IMD exclusion, which we'll talk about a little bit. And the fact was, now we had no resources for people with chronic mental illness.

And the patients who were requiring, many of them institutional custodial care, were subjected and belched into the streets, the nursing homes, and the prisons. And they have remained there since.

This history is critically important. Then on top of that, several legal decisions were made to make it impossible to take people from the streets to the hospital. Ultimately, the ACLU says the goal should be nothing less than the abolition of involuntary hospitalization. So as this one psychiatrist said, with the knowledge that the state hospitals required hundreds of years to achieve their maximum size, the precipitous attempt to move large numbers of their charges into the settings that did not exist must be seen as incompetent, as best and criminal at worst.

There is something called anosognosia that is a feature of serious mental illness brain disorders. It was coined by Dr. Bobinski. It was coined to describe what happens to stroke patients, particularly left sided, right middle cerebral artery, left sided paralysis, where you can show people their paralyzed limb.

And they seem to have no awareness of it. In fact, leftness entirely becomes absent. Left side of clock, left side of room, they're gone. It's called anosognosia. Serious mental illness causes anosognosia.

The person with these brain diseases loses the ability to see what is happening to them. It's called lack of insight. More common name is denial. It has a biological basis to it in serious mental illness, stroke, schizophrenia, bipolar disorder, dementia. It's in all these situations. Yes, the

oddest thing in the world is when dementia causes anosognosia, and we don't rush in and help that person if they become delirious and start walking in the street.

We are guilty of elder abuse if we don't intervene. While, if bipolar disorder, schizophrenia creates the same symptom complex, they're living their best life, stay away from them. How dare you. Who are you to say?

It is a lack of understanding of how the brain works, what psychiatry is, what doctors do to treat serious mental illness. And right now, we are getting in big, big trouble, right?

Here's mental illness defined as medical, mental, behavioral, emotional disorder resulting in serious impairment, okay? And that's the prevalence right there by age. And look at this. This is the number of people that actually, with those illnesses that get to care, very few.

And again, this is a map of the deficiency of psychiatric services, psychiatrists, doctors who know how to treat brain disorders. This is showing the increase in opioid deaths.

We're not talking about addiction specifically here, but 20% now in the 20 to 29 age group of all-cause deaths is attributable to opioid addiction and death. This is years of life lost due to opioid toxicity.

Look at 2021 there, that darker area is 3 million years of life lost. The probability of death from COVID in the 18 to 29-year-old is 0.000015%.

And yet we're totally focused on that condition for young adults. While the one that is causing a 20% of all-cause mortality, we're allowing those people to die in the streets.

It is a level of difficulty, insanity. Let's call it what it is. I don't understand it. As somebody worked in a psychiatric hospital for all those decades it's not that hard to treat. We know how to do this. We just need the resources.

We need the beds, we need the psychiatrist. I could build a program tomorrow that would actively reverse the course of these illnesses' addiction.

I'll say with one last thing. We have all these contingencies on how we're going to deal with addiction and opioid addiction.

And we're going to send nurses out. We're going to have injection sites. There's, in addition to missing the feature of Anosognosia as a feature of mental illness, we also seem to miss one other feature about addiction, particularly opioid addiction, is that it is progressive in all settings.

Even if I administer the heroin to the patient, they will progress. And the progression ends in death, period.' (End of the video transcription)

Nursing Homes, Jails & the Streets. He goes on to say there is no panacea, but that we have gone from one extreme to the other and we're paying for it dearly in dollars, lost productivity but most importantly in lost lives.

As I have said before, we all have friends, neighbors, children, and other family members who have faced mental health challenges. Sometimes we can all feel overwhelmed and not know what to do, but the more we talk about it the more we can overcome the stigma, because as Dr. Pinsky has noted there's a risk of a diminished quality of life, including the progression of mental health concerns to the point of death.

Those who work on a daily basis in the mental health field will impress upon you mental illness does not necessarily result in criminal behavior. And I know that is true.

But, I do want to return briefly to once again praise all of our public safety officials and first responders across our county. Sometimes they are called into mental health situations with far reaching implications.

If you're serving us in law enforcement, public safety, a first responder of any kind or you work in the courts or justice system or in healthcare – stand up. All across this room. I also want to include educators in this. You're also involved in care. You have our gratitude! Thank you! Some of you might have thought I was preparing for an altar call there. No.



Our public safety officials are often a first point of contact for people suffering certain severe mental illnesses.

Recently, the Florida Bureau of Investigations contacted our local Greene County Fugitive Apprehension Unit to make us aware of an ongoing investigation with a suspect that was residing in Greene County.

A person who had moved into our county was making numerous online posts in regard to murdering politicians, and asserting they possessed the weapons to act on these threats.

The person was residing in a pull behind camper at a RV park in Greene County. Our Sheriff's deputies developed a plan to safely secure him. This person fought in an extreme fashion, injuring officers and even K9 resources.

Once he was secured, his family members confirmed he had an untreated serious mental health diagnosis and due to his illness, he believed he was on a "spiritual mission" to cleanse the United States. Later in the investigation, it was confirmed this person did in fact have firearms and ammunition in his camper.

Deputies intervened in a safe and effective well thought out fashion before a mental health crisis triggered an unfortunate event; their actions prevented at least a murder and possibly a mass shooting.

This person is currently receiving mental health services and is still going through the court process and is, of course, innocent until proven guilty of their charges.

Ok. I need to wrap up for today. So, let me sum this up. Not addressing the mental health crisis is costing us not just millions of dollars in money spent cleaning up the misfortunes of unaddressed needs, but also its costing us quality of life, and actual lives.

Many of us have personally seen the impact of untreated mental health issues on family and friends. We see it in many ways every day. We do not yet have all the resources, all the answers, maybe we don't even have all the right questions.

But we can see and we must go upstream. The Commission is dedicated to working with anyone in order to develop broader solutions. We thank everyone who is doing anything!

As a community, we cannot accept the abysmal mental health care anymore in this country. We begin here and take care of ourselves first. We must scale up. We have so many good pieces of a health system, but we have gaping holes and systemic problems. We are a healthcare hub, but we could be a mecca. It would change our paradigm and business opportunities for a generation.

We have to look forward to the future and not just conceive of a better way, but make a better system of mental health care for all of our people.

We have a good start. May today be the start of community conversations that change tomorrow in a way none of us might dream of on our own. Together we can. Thank You!”



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Greene County is the State of Missouri’s fourth most populous county, serving approximately 295,000 people. Its mission is to provide all citizens of Greene County, including those in its cities, a safe and thriving community through excellent customer service, unparalleled dedication, and the efficient use of taxpayer dollars. The Greene County Commission is the executive body of Greene County operating under guidelines established in the Revised Statutes of the State of Missouri. Within that authority the Commission enacts ordinances, resolutions and policies, supervises the activities of county departments, fixes salaries, adopts the annual budget, provides for construction and other services, and conducts hearings on planning and zoning matters.

For additional information, contact Robert Jehle, Public Information Officer, at 417-844-4311 or rjehle@greencountymo.gov.