Executive Summary

We are pleased to present the first annual performance report for the Johnson County Mental Health Center. Staff titled the program Mental Health 360 as it provides a complete view of the department through primary indicators associated with each service area. The department began developing performance measures in 2016 and fully implemented its performance management system in 2017. Key Performance Indicators (KPI) identified on the department’s dashboard are used to identify the most important factors affecting Mental Health and how the department performs in these areas.

There were a number of changes and improvements made to the performance management system in 2018 that better illustrate the department’s performance. These measures function as a cohesive unit to identify areas of improvement and where additional resources should be allocated to address client needs.

The Organizational Scorecard was developed to show the four perspective areas (customer, financial, operational, and employee development) and seven Key Performance Areas (KPA). The KPIs are linked to the various KPAs and are weighted to identify areas of strength or improvement. In addition to the KPIs, all non-KPI measures tracked by management are listed in the final section of the report.

The Dashboard of Key Performance Indicators was updated to better reflect the challenges faced by the organization and the areas of priority.

The following measures were removed from the 2017 Dashboard:

- Suicides in Johnson County
- Deaths by overdose in Johnson County (non-suicides)
- % of clients receiving same day intake and psych.
- % of client satisfaction with services rated at 3 or above
- # of treatment admissions to center programs
- % of clients utilizing transportation services

The following measures were added to the 2018 Dashboard:

- % of adults not keeping appointments
- % of children not keeping appointments
- % of clients with myHP portal account
- % of clients accessing myHP within the past 30 days
- % of measures not meeting target that show improvement
- % of appointment reminder calls completed via automation
- % indicating confidence and trust shown in staff
- Total # of community presentations
- % of participants reporting increase in suicide prevention related skills, knowledge, and awareness
The following measure was modified from the 2017 Dashboard:

- % of accounts receivable over 120 days was changed to % of accounts receivable over 90 days

Over the past three years, Mental Health has seen improvements in its metrics, data collection, and use of data in decision making, which has led to better client outcomes as demonstrated by the KPIs. Staff also used these metrics to manage employee performance and identify efficiencies.

Mental Health has seen strong performance in Organizational Effectiveness and Organizational Development. This is the result of a strong commitment to using data and technology to track outcomes and build a culture of data-driven decision making throughout the department. Staff has also focused on building strong relationships with community partners and engaging staff at all levels through the Leadership Empowers All People (LEAP) philosophy developed by Johnson County Government.

The main challenges in 2018 were related to financial stability and maintaining high levels of care for clients. Many resources were redirected to serve the immediate needs of law enforcement agencies and school districts throughout Johnson County; in many instances, the method in which those services were delivered could not be reimbursed through the Medicaid system or private insurance.

As we move forward, our goals for 2019 are to continue instilling data-driven decision making in the operational thinking of supervisory staff, using the data to refine our operational processes, building a stronger financial position, and enhancing service delivery to clients.

Tanner Fortney
Director of Operations
# Organizational Scorecard

## Vision

Placing the needs of our clients first, we are committed to creating a high performing organization that builds a healthy community through excellence in mental health care.

## Mission

Improve the mental health and quality of life for Johnson County residents by providing mental health and substance use services tailored to the needs of those we service, which are of the highest quality and easily accessible.

## Business Objectives and Strategic Goals

### Financial Stability

- **Strengthen Our Financial Position**
  - Fee for service dollars
  - Account receivable balance over 90 days
  - % of fund balance to current year budget

### Client Satisfaction and Quality Care

- **Advance Quality of Care**
- **Enhance Client Satisfaction/Engagement**
  - Total unique clients served
  - Client suicides
  - % of adults competitively employed
  - % of CBS youth living in permanent home
  - % of youth regularly attending school
  - % clients showing improved CAFAS/HLA scores
  - # Crisis calls and Contacts
  - % of medical clients not keeping medical appointments
  - % of adults and children not keeping appointments

### Operational Effectiveness

- **Capitalize on Technology**
- **Maximize Data and Information**
  - % of clients with myHP portal account
  - % of clients accessing myHP within past 30 days
  - % of measures not meeting target that show improvement
  - % of appointment reminder calls completed via automation

### Organizational Development

- **Improve Staff Satisfaction**
- **Build Community Partnerships**
  - % indicating confidence and trust shown in staff
  - Total # of Community Presentations
  - % of participants reporting increase in suicide prevention related skills, knowledge, and awareness
# Dashboard of Key Performance Indicators

The Key Performance Indicator Dashboard represents a select set of 20 indicators that, when looked at together, provide a snapshot of the overall health and well-being of Johnson County Mental Health. The measures selected contain a mix of key indicators from various department outcome measures. Prior year trend information is provided.

<table>
<thead>
<tr>
<th>Key Indicator</th>
<th>2016 Mth Avg</th>
<th>2017 Mth Avg</th>
<th>2018 Mth Avg</th>
<th>2018 Target Met or Exceeded</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fee for Service dollars</td>
<td>$784,974</td>
<td>$760,080</td>
<td>$645,090</td>
<td>&gt;= $760,080</td>
</tr>
<tr>
<td>2. % AR over 90 days</td>
<td>3.70%</td>
<td>1.42%</td>
<td>1.3%</td>
<td>&lt;= 15%</td>
</tr>
<tr>
<td>3. % of Fund Balance to Current Year Budget</td>
<td>3.07%</td>
<td>8.87%</td>
<td>7.61%</td>
<td>&gt;= 12%</td>
</tr>
<tr>
<td>4. Total unique clients served</td>
<td>3773</td>
<td>3700</td>
<td>3560</td>
<td>&gt;= 3700</td>
</tr>
<tr>
<td>5. JCMHC Client suicides</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>&lt; 1.0 /mo</td>
</tr>
<tr>
<td>6. % of Adult CBS clients competitively employed</td>
<td>39%</td>
<td>40%</td>
<td>39%</td>
<td>&gt;= 35%</td>
</tr>
<tr>
<td>7. % of CBS youth living in permanent home</td>
<td>76%</td>
<td>78%</td>
<td>79%</td>
<td>&gt;= 79%</td>
</tr>
<tr>
<td>8. % of youth regularly attending school</td>
<td>93%</td>
<td>90%</td>
<td>90%</td>
<td>&gt;= 90%</td>
</tr>
<tr>
<td>9. % of Clients showing positive change in CAFAS/DLA</td>
<td>53%</td>
<td>54%</td>
<td></td>
<td>&gt;= 50%</td>
</tr>
<tr>
<td>10. # Crisis calls and contacts</td>
<td>2137</td>
<td>2727</td>
<td>2647</td>
<td>N/A</td>
</tr>
<tr>
<td>11. % Medical Clients Not Keeping Med Appointment</td>
<td>13.65%</td>
<td>16.15%</td>
<td>15.86%</td>
<td>&lt;= 15%</td>
</tr>
<tr>
<td>12. % Adult Clients not Keeping Appointment</td>
<td>15.50%</td>
<td>17.27%</td>
<td>19.18%</td>
<td>&lt;= 15%</td>
</tr>
<tr>
<td>13. % Client Under 18 not keeping Appointment</td>
<td>10.46%</td>
<td>12.87%</td>
<td>13.75%</td>
<td>&lt;= 15%</td>
</tr>
<tr>
<td>14. % of Clients with myHP portal account</td>
<td>24.2%</td>
<td></td>
<td></td>
<td>&gt;= 15%</td>
</tr>
<tr>
<td>15. % of clients accessing portal within past 30 days</td>
<td>10%</td>
<td></td>
<td></td>
<td>&gt;= 5%</td>
</tr>
<tr>
<td>16. % of measures not meeting target that show improvement</td>
<td>55%</td>
<td>48%</td>
<td></td>
<td>&gt;= 50%</td>
</tr>
<tr>
<td>17. % of appointment reminder calls completed via automation</td>
<td>89%</td>
<td></td>
<td></td>
<td>&gt;= 85%</td>
</tr>
<tr>
<td>18. % indicating confidence and trust shown in staff (annual)</td>
<td>81.82%</td>
<td>86.12%</td>
<td></td>
<td>&gt;= 80%</td>
</tr>
<tr>
<td>19. Total # of community presentations per month</td>
<td>69</td>
<td>38</td>
<td></td>
<td>&gt;= 25</td>
</tr>
<tr>
<td>20. % of participants reporting increase in suicide prevention related skills, knowledge and awareness (bi-annual measure)</td>
<td>95%</td>
<td>92%</td>
<td></td>
<td>&gt;= 80%</td>
</tr>
<tr>
<td>Indicator</td>
<td>Description &amp; Target Source</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Total Fee for Service dollars</td>
<td>Based upon prior year avg. Adjusted for State Rev losses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. % of Fund Balance to Current Year Budget</td>
<td>Based on County directive for departments to maintain 8 to 12% fund balance. &gt;=10% is considered on target.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. % AR over 90 days</td>
<td>Expected collections from all guarantors of outstanding claims at the end of the accounting period. Was 120 days prior to 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Total unique clients served per month. (all Monthly Average)</td>
<td>Based upon Prior Year Average</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Total JCMHC Client suicides reported</td>
<td>Target is based upon estimate of 15% of persons who have been diagnosed with major depression die by suicide (<a href="http://depts.washington.edu/mhreport/facts_suicide.php">http://depts.washington.edu/mhreport/facts_suicide.php</a>). Given an average Life expectancy of 50 among the Mentally Ill (<a href="http://www.nimh.nih.gov/about/director/2011/no-health-without-mental-health.shtml">http://www.nimh.nih.gov/about/director/2011/no-health-without-mental-health.shtml</a>) and an average of 9000 clients served by JCMH that would equate to an average per month of 2.25 = (9000 * .15) / 50 / 12. Avg Suicides per Month = (Clients Served * Avg Suicides among Mentally Ill) / Average Life expectancy for Mentally Ill / Months in Year. Ultimate goal would always be zero.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. % of Adult CBS clients competitively employed</td>
<td>Percentage of eligible adult clients competitively employed during reporting period.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. % of CBS youth living in permanent home</td>
<td>% of Community Based Service Youth living in Permanent Home (defined as Family or Adoptive Home) based upon CSR Data</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. % of youth regularly attending school</td>
<td>% of CBS Youth with Regular School Attendance (defined as 0-2 absences per month). Target based on KDE Guidance of schools to meet 90% attendance.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. % of clients showing positive change in CAFAS/DLA</td>
<td>Mental Health center derived target based on prior trends</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. # Crisis calls (After hours calls, MCRT calls, open access) and contacts</td>
<td>For trend purposes only, no target. Many calls are non JoCo Mental Health Clients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. % Medical Clients Not Keeping Appointment (DNKA)</td>
<td>Mental Health center derived target based on prior trends</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. % Adult Clients not Keeping Appointment</td>
<td>Mental Health center derived target based on prior trends</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. % Client Under 18 not keeping Appointment</td>
<td>Mental Health center derived target based on prior trends</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. % of Clients with myHP portal</td>
<td>Percentage of monthly clients served with a myHP Portal account</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. % myHP clients accessing portal within past 30 days</td>
<td>Percentage of myHealthpoint portal Clients which have accessed their portal account in past 30 days. Target based on MU</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. % of measures not meeting target that show improvement</td>
<td>Percentage of measures not meeting target that show improvement over prior month. Target Center established</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. % of appointment reminder calls completed via automation</td>
<td>Percentage of appointment reminder calls completed via automated system saving staff time. Target Center established.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. % indicating confidence and trust shown in staff (annual)</td>
<td>How much confidence and trust is shown in staff from Organizational Characteristics survey conducted annually</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Total # of community presentations avg per month</td>
<td>Total # of community presentations/edu/outreach. This does not include booths/fairs where info is disseminated but not considered 'educational'</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. % of participants reporting increase in suicide prevention related skills, knowledge and awareness (semi-annual measure)</td>
<td>% of Responses of strongly agree/agree captured from school event surveys and aggregated on a semi-annual basis</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Green = Meeting or exceeding Target  
Yellow = Not meeting target but showing stable performance within acceptable level  
Red = Not meeting target
Key Performance Area: Strengthening Our Financial Position

Key Performance Indicator: Fee for service dollars

Target Goal: $760,080 (monthly)

Target Status: Not Meeting Target

Measure details:
Fee for service dollars represent the total revenue generated by client payments, Medicaid reimbursement, and 3rd party reimbursement such as private insurance. The target goal is based on actual fee for service revenue received by the center in prior years.

Why is this measure important:
Approximately 35%-40% of total revenues for Mental Health Center come from fee for service dollars. It is important for these revenues to be stable and consistent so Mental Health can meet its financial obligations and pay for services provided by staff.

Detailed analysis and explanation:
Fee for service revenues have been below projections throughout 2018. This is due to the increased demand for support by local school districts and law enforcement agencies. Clinical staff has been repurposed to non-billable activities to meet this demand. In addition, the number of clients entering through Open Access has increased and additional clinicians have been transferred to this division as needed, thus reducing the number of client appointments.
Key Performance Area: Strengthening Our Financial Position

Key Performance Indicator: Accounts Receivable

Target Goal: \( \leq 15\% \) (monthly)

Target Status: Meeting Target

Measure details:

This is expected collections from all guarantors of outstanding claims at the end of the accounting period. The target used in this analysis is the industry standard for receivables under 120 days of 15%.

Why is this measure important:

Aged accounts receivable reflect how current claims are being processed by third party payers. The higher percentage of receivables under 90 days indicates a better revenue cycle and cash flow. Due to sustained low aged balances of 120 days and over, the measure was changed to focus on aged accounts over 90 days at the end of 2018. The same industry standard for aged receivables over 120 days is used as the target.

Detailed analysis and explanation:

Although the focus is now on aged accounts over 90 days, the percentage still remains well below the industry standard for 120 days and over. Accounts receivable are being properly managed to maximize cash flow for operations.
Key Performance Area: Strengthening Our Financial Position

Key Performance Indicator: % Fund Balance to current year budget

Target Goal: >=8%-12% (monthly)

Target Status: Not Meeting Target

Measure details:
Actual Year End Fund Balance with Monthly Projected Fund Balances as a percent of the current year budget.

Why is this measure important:
The County prefers the fund balance to be between 8% and 12% of budget. This is an indicator of the ability of MNH to handle ebbs and flows of revenue streams and expenditures.

Detailed analysis and explanation:
2017 saw a substantial increase in the fund balance to 7.5%. Due to unexpected decreases in revenue in 2018 resulting in reduction in fund balance at 12/31/2018 the percentage of fund balance to budget dropped to 6.27%. At this time staff will use any increases in State CMHC Grant funding during 2019 to replenish the fund balance to bring it back to the level preferred by the County.
Key Performance Area : Advance Quality of Care

Key Performance Indicator : Total Unique Clients Served

Target Goal : >=3,700 (monthly)

Target Status : Caution

Measure details:
Total Unique Clients Served. Illustrative of segment of total Johnson County Population served by Johnson County Mental Health.

Why is this measure important:
This measure serves as one gauge of penetration of Mental Health services across Johnson County trending over time.

Detailed analysis and explanation:
The penetration of clients entering services has remained fairly steady over the last 5 years. With the population increase in Johnson County, staff would expect the clients served to increase, but not necessarily the overall rate. Over the last two years staff increased efforts to partner with other community providers so that we can remain the safety net, serving those with severe mental illness, and refer those with less chronic needs to other providers.
Key Performance Area: Advance Quality of Care

Key Performance Indicator: JCMH Client Suicides

Target Goal: <=One

Target Status: Caution

Measure details:
Number of Johnson County Mental Health Center Client Suicide Deaths based on police reports and other information provided to Mental Health staff. Target is based upon an estimate of 15% of persons who have been diagnosed with major depression die by suicide (http://depts.washington.edu/mhreports/facts_suicide.php). Given an average life expectancy of 50 among the Mentally Ill (http://www.nimh.nih.gov/about/director/2011/no-health-without-mental-health.shtml) and an average of 9000 clients served by JCMH that would equate to an average per month of 2.25 = (9000 * 0.15) / 50 / 12. Avg Suicides per Month = (Clients Served * Avg Suicides among Mentally Ill) / Average Life expectancy for Mentally Ill) / Months in Year.

Why is this measure important:
This measure helps track trends related to death by suicide in Johnson County and helps determine how to appropriately allocate resources for prevention, intervention and postvention in our community.

Detailed analysis and explanation:
Suicide rates have increased both locally and nationally over the past few years. Staff has worked with school districts, law enforcement organizations (LEO), and other community partners to combat this epidemic, especially through increases in the co-responder program.
### Key Performance Area: Advance Quality of Care

**Key Performance Indicator:** % of Adult CBS Clients Competitively Employed

**Target Goal:** >=35%

**Target Status:** Meeting Target

**Measure details:**
Percentage of eligible adult CBS clients competitively employed during reporting period.

**Why is this measure important:**
This measure looks at the number of adults that are in Mental Health Services and competitively employed. Stable employment promotes recovery for persons with severe mental illness by enhancing income and quality of life.

**Detailed analysis and explanation:**
Mental Health continues to be above our 35% target rate for employment; the competitive employment for 2018 was 39% for the organization. The national average is between 30-40% and the state average is 20%.
Key Performance Area : Advance Quality of Care

**Key Performance Indicator : % of CBS Youth Living in Permanent Home**

**Target Goal : >= 79%**

**Target Status : Meeting Target**

**Measure details:**

% of Community Based Service Youth living in Permanent Home (defined as Family or Adoptive Home) CSR Data for this measure not available prior to Apr 2015. Target based on rolling average of prior 12 months. According to HHS’s Substance Abuse and Mental Health Services Administration (SAMHSA), approximately 1.6 million youth (7%) ages 12 to 17 had run away from home and slept on the street in a 12-month period (in 2002).

**Why is this measure important:**

Our goal is to help clients remain in their home and community. Youth who live in a permanent home have an increased sense of stability and security, which leads to an increase in their mental health and well-being.

**Detailed analysis and explanation:**

2018 ended with Mental Health meeting its target of 79% or more of youth living in permanent home. Staff expect this to remain constants in 2019. Not all clients in services are in a permanent home as many clients are in foster care or other temporary living situation and are later integrated into a permanent living situation.
Key Performance Area : Advance Quality of Care

Key Performance Indicator : % of Youth Attending School Regularly

Target Goal : \( >=90\% \)

Target Status : Meeting Target

Measure details:

% of Community Based Services Youth with Regular School Attendance (defined as 0-2 absences per month) CSR Data for this measure not available prior to Apr 2015. Target is based on KDE Guidance stating Elementary and middle schools, districts and the state must meet the attendance rate of 90% or show improvement.

Why is this measure important:

Low school attendance is an indication of increased risk, including an increased risk for suicide. Regular school attendance is associated with many positive outcomes, including higher graduation rates, fewer contacts with the legal system, and higher rates of employment after high school. This measure helps us determine if additional services are needed to assist in supporting school attendance.

Detailed analysis and explanation:

Many youth are referred to services because of school issues such including truancy. Staff typically see a struggle with attendance shortly after the start of a semester and again at the close of a semester. Staff regularly collaborate with schools, monitor attendance, and provide additional supports to clients and families as needed to ensure the client in successfully meeting his/her goals.
Key Performance Area: Advance Quality of Care

Key Performance Indicator: % Clients Showing Improved CAFAS/DLA Scores

Target Goal: >= 50%

Target Status: Meeting Target

Measure details:
% of clients showing positive change in CAFAS/DLA scores. Combined CAFAS and DLA scores showing increase over prior assessment.

Why is this measure important:
This measure indicates how effective overall Mental Health services are in helping clients move towards stability/recovery.

Detailed analysis and explanation:
This successful outcomes for this measure are reflective of a larger focus in shorter-term strengths-based work. The CAFAS/DLA assists in tracking progress through treatment and transitioning clients back to the community. We anticipate the positive outcomes associated with this measure to continue throughout 2019.
Key Performance Area: Advance Quality of Care

Key Performance Indicator: # of Crisis Calls and Contacts

Target Goal: No Target

Target Status: N/A

Measure details:

# Crisis (After hours calls, MCRT calls, open access) calls and contacts as documented via Call Details. No target is set for this measure as no specific number of calls is desired or anticipated.

Why is this measure important:

This measure reflects the number of service contacts on the crisis line or in-person by Emergency Services staff and serves as one indicator of community need for services, some clients of which may not come on site for services.

Detailed analysis and explanation:

Following a significant increase from 2016 to 2017 of 22%, 2018 call details documented contacts decreased by 3%. The decrease is likely accounted for by a change in the Mobile Crisis Response Team’s documentation from call details to progress notes. Staff anticipates this number increasing as the crisis line call volume increases and the addition of four co-responder positions in 2019.
Key Performance Area: Enhance Client Satisfaction/Engagement

Key Performance Indicator: % of Medical Clients Not Keeping Medical Appointments

Target Goal: <=15%

Target Status: Caution

Measure details:
Percentage of medical Clients that Do Not Keep scheduled Medical Appointment (aka DNKA)

Why is this measure important:
This measure serves as a way to track whether clients are attending their scheduled appointments and remaining actively engaged in their treatment and recovery.

Detailed analysis and explanation:
The DNKA rate for 2018 was slightly above the target, but has significantly improved over the past 5 years. Improving client engagement through changes to service over the next year will help decrease the DNKA rate further.
Key Performance Area: Enhance Client Satisfaction/Engagement

Key Performance Indicator: % of Adult Clients Not Keeping Appointment (DNKA Rate)

Target Goal: <=15%

Target Status: Caution

Measure details:
Percentage of Clients that Do Not Keep scheduled appointments (aka DNKA) with Adult teams. “Actual” value is aggregated of all Adult teams.

Why is this measure important:
This measure serves as a way to track whether clients are attending their scheduled appointments and remaining actively engaged in their treatment and recovery.

Detailed analysis and explanation:
The DNKA rate for 2018 was slightly above target, but has increased over the past 3 years. Staff is evaluating this measure to determine the changes needed to reverse this trend in 2019. A continued focus on client engagement will also help to improve this outcome.
Key Performance Area: Enhance Client Satisfaction/Engagement

Key Performance Indicator: % of Clients Under 18 Not Keeping Appointment (DNKA Rate)

Target Goal: <=15%

Target Status: Caution

Measure details:
Percentage of Clients that Do Not Keep scheduled appointments (aka DNKA) with Children and Family Services teams. “Actual” value is aggregated of all Family Focus teams.

Why is this measure important:
This measure serves as a way to track whether clients are attending their scheduled appointments and remaining engaged in treatment and recovery.

Detailed analysis and explanation:
The DNKA rate for Children and Family services was under 15% each quarter of 2018, which is the target goal.
Key Performance Area: Capitalize on Technology

**Key Performance Indicator:** % of Clients With myHP Portal Account

**Target Goal:** \( \geq 15 \% \)

**Target Status:** Meeting Target

**Measure details:**
Percentage of monthly clients served with a myHP (myHealthPointe) Portal account.

**Why is this measure important:**
The patient portal provides our clients with access to their healthcare information as well as electronically secured access to their service providers. This measure tracks the total number of clients who have registered for the patient portal. This measure was also a part of an outcomes incentive program with CMS referred to as Meaningful Use.

**Detailed analysis and explanation:**
The number of clients registering for MyHealthPointe (MyHP) continues to increase. By implementing value added functions such as secured messaging and appointment requests, we hope to increase the number of clients who register for MyHP to over 50% in 2019.
Key Performance Area : Capitalize on Technology

Key Performance Indicator : % of Clients Accessing myHP Within Past 30 Days

Target Goal : >=5 %

Target Status : ✔️ Meeting Target

Measure details:
Percentage of myHealthpoint portal Clients which have accessed their portal account in past 30 days. Target based on Meaningful Use outcome.

Why is this measure important:
The patient portal provides our clients with access to their healthcare information as well as electronically secured access to their service providers. This measure tracks the total number of clients who have access the portal in the last 30 days which may indicate a greater level of engagement. This measure was also a part of an outcomes incentive program with CMS referred to as Meaningful Use.

Detailed analysis and explanation:
The rate of which clients are accessing the portal during the second half of 2018 fluctuated dramatically. Sending notices to clients about changes in staffing and procedure to access medical services may have been a reason for the increase in portal use in Q2 and Q4 of 2018. We anticipate as value added functions are enabled, clients accessing MyHP will increase in 2019.
Key Performance Area: Maximize Data and Information

Key Performance Indicator: % of Measures Not Meeting Target That Show Improvement

Target Goal: >=50 %
Target Status: Caution

Measure details:
Percentage of measures not meeting target that show improvement over prior month

Why is this measure important:
This measure helps indicate the overall effectiveness of the scorecard, dashboard and associated measures in identifying and addressing areas that are not meeting their designated targets.

Detailed analysis and explanation:
Overall this demonstrates KPI dashboard measures not meeting target in a given month are often addressed and showing improvement. While some show improvement another may drop meaning that a consistent 100% would be difficult to achieve. The 48% YTD avg. does indicate a consistent improvement trend meaning measures typically do not remain in an area of poor performance for a prolonged period.
Key Performance Area : Maximize Data and Information

Key Performance Indicator : % of Appointment Reminder Calls Completed Via Automation

Target Goal : >=85%

Target Status : Meeting Target

Measure details:
Percentage of reminder calls completed via Automated Cisco calling system. Based upon Cisco call log of calls defined as “Completed”.

Why is this measure important:
This measure serves as a way to track the number of reminder calls completed by the automated system. Appointment reminder calls help reduce the number of appointments missed by clients keeping them more engaged in their treatment.

Detailed analysis and explanation:
Target was consistently met throughout 2018 and would anticipate maintaining the rate in 2019.
Key Performance Area: Improve Staff Satisfaction

Key Performance Indicator: How Much Confidence and Trust is Shown From Organizational Characteristics Survey

Target Goal: >=80%

Target Status: Meeting Target

Measure details:
How much confidence and trust is shown in staff from Organizational Characteristics survey which is conducted on an annual basis.

Why is this measure important:
Trust and confidence has a direct correlation to employee engagement, which builds staff motivation and satisfaction with their work, contributing to our overall organizations success.

Detailed analysis and explanation:
With ongoing efforts from the Engagement Coordinator, the Engagement and Empowerment Committee, the StrengthSquad, CLT training, and ELT listening sessions, staff expect this rate to remain at or above the target rate in 2019.
Key Performance Area: Build Community Partnerships

Key Performance Indicator:
Total # of community Presentations

Target Goal: >=25 Monthly

Target Status: Meeting Target

Measure details:
Total number of community presentations/education/outreach. This does not include booths and fairs where information is disseminated but not considered a 'educational' opportunity.

Why is this measure important:
Outreach through presentations has a variety of positive outcomes including: strengthening community partnerships, familiarizing the community with mental health services, providing education on behavioral health, increasing competency in helping someone in a behavioral health crisis, and reducing stigma.

Detailed analysis and explanation:
In 2018, staff provided 332 community presentations, reaching 16,076 individuals in our community including 7,450 Adults and 8,626 youth. Staff anticipates the number of requests to continue to increase and Mental Health will continue to meet or exceed this target in 2019. It should be noted the data for 2017 was only available for last 3 months of the year.
Key Performance Area: Build Community Partnerships

Key Performance Indicator: % of Participants Reporting Increase in Suicide Prevention Related Skills, Knowledge, and Awareness

Target Goal: >=80%

Target Status: Meeting Target

Measure details:
Johnson County Suicide Prevention Coalition events/trainings Evaluations capturing responses to survey question regarding participants perception of their increase of knowledge and awareness of suicide prevention. The % in this measures reflects the responses of strongly agree/agree to the event increasing their skills, knowledge and awareness of suicide prevention. Data is collected twice per year.

Why is this measure important:
As suicide rates continue to rise, it is important as the CMHC to provide education and skills for individuals in our community to become for comfortable and confident in supporting someone who is at risk of suicide.

Detailed analysis and explanation:
At 92% Mental Health has exceeded the 2018 target and are creating a suicide-safe community by building a community of helpers. Staff anticipate the increased awareness provided through these programs will help to reduce the suicide rate (KPI-5).
<table>
<thead>
<tr>
<th>Non-Key Indicator</th>
<th>2016 Mth Avg</th>
<th>2017 Mth Avg</th>
<th>2018 Mth Avg</th>
<th>2018 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>% clients achieving positive change in DLA score (level of functioning)</td>
<td>n/a</td>
<td>52.90%</td>
<td>51.88%</td>
<td>50.00</td>
</tr>
<tr>
<td>% of All clients utilizing transportation services</td>
<td>5.21%</td>
<td>4.78%</td>
<td>4.34%</td>
<td>4.40%</td>
</tr>
<tr>
<td>% of clients living independently</td>
<td>82.22%</td>
<td>78.63%</td>
<td>75.37%</td>
<td>75.00</td>
</tr>
<tr>
<td>% of clients participating in educational activity</td>
<td>12.41%</td>
<td>13.41%</td>
<td>11.23%</td>
<td>15.00%</td>
</tr>
<tr>
<td># of Adult Hospital Admissions</td>
<td>38</td>
<td>40</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>% of Adult CBS clients with Active Case Manager assigned</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
<td>100.00%</td>
</tr>
<tr>
<td>% of Adult CBS Clients receiving Peer Support</td>
<td>1.66%</td>
<td>1.25%</td>
<td>0.79%</td>
<td>2.00%</td>
</tr>
<tr>
<td>% Adult CBS Client Positive Discharges by Reason</td>
<td>61.48%</td>
<td>57.94%</td>
<td>55.22%</td>
<td>50.00%</td>
</tr>
<tr>
<td>% of clients in Vocational activity</td>
<td>34.84%</td>
<td>35.78%</td>
<td>35.46%</td>
<td>35.00%</td>
</tr>
<tr>
<td>% of CBS adult clients with Gen Psych hospital admission</td>
<td>2.78%</td>
<td>2.82%</td>
<td>2.77%</td>
<td>5.00%</td>
</tr>
<tr>
<td>% of CBS adult clients with State hospital admission</td>
<td>1.09%</td>
<td>1.04%</td>
<td>1.01%</td>
<td>5.00%</td>
</tr>
<tr>
<td>Number of Clients diverted from Arrest by Mental Health Co-responder Program</td>
<td>3</td>
<td>3</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td># of crisis calls and contacts</td>
<td>2,137</td>
<td>2,727</td>
<td>2,647</td>
<td></td>
</tr>
<tr>
<td>RSI admissions</td>
<td>n/a</td>
<td>18</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>% of CBS clients receiving grade &quot;C&quot; or above on school report card</td>
<td>60.64%</td>
<td>63.43%</td>
<td>60.34%</td>
<td>65.00%</td>
</tr>
<tr>
<td># Youth in Community Based Services</td>
<td>563</td>
<td>588</td>
<td>571</td>
<td></td>
</tr>
<tr>
<td># SED Youth receiving waiver services</td>
<td>972</td>
<td>754</td>
<td>713</td>
<td></td>
</tr>
<tr>
<td>Non-Key Indicator</td>
<td>2016 Mth Avg</td>
<td>2017 Mth Avg</td>
<td>2018 Mth Avg</td>
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</tr>
<tr>
<td>------------------</td>
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<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td>% clients achieving positive change in CAFAS score</td>
<td>42.80%</td>
<td>54.01%</td>
<td>58.91%</td>
<td>50.00%</td>
</tr>
<tr>
<td>% clients receiving CAFAS assessment on schedule</td>
<td>30.53%</td>
<td>46.66%</td>
<td>57.74%</td>
<td>50.00%</td>
</tr>
<tr>
<td>% of CBS clients seen/outreached within 7 days of intake</td>
<td>n/a</td>
<td>68.69%</td>
<td>57.55%</td>
<td>75.00%</td>
</tr>
<tr>
<td>% of therapy clients seen/outreached within 7 days of intake</td>
<td>n/a</td>
<td>37.31%</td>
<td>46.51%</td>
<td>75.00%</td>
</tr>
<tr>
<td>% of Appointment reminders completed via automation</td>
<td>n/a</td>
<td>n/a</td>
<td>89.07%</td>
<td>85.00%</td>
</tr>
<tr>
<td>Percentage of all measures with a Status not meeting target</td>
<td>27.75%</td>
<td>28.89%</td>
<td>33.11%</td>
<td>20.00%</td>
</tr>
<tr>
<td>% of reprocessed claims resulting in payment for services provided</td>
<td>103.52%</td>
<td>90.83%</td>
<td>41.40%</td>
<td>75.00%</td>
</tr>
<tr>
<td>Average wait time</td>
<td>25.17</td>
<td>17.08</td>
<td>17.42</td>
<td>28.00</td>
</tr>
<tr>
<td>Abandon rate</td>
<td>10.77%</td>
<td>8.52%</td>
<td>9.00%</td>
<td>5.00%</td>
</tr>
<tr>
<td>% of All clients utilizing transportation services</td>
<td>5.21%</td>
<td>4.78%</td>
<td>4.34%</td>
<td>4.40%</td>
</tr>
<tr>
<td># of monthly CSR submissions that meet requirement on first submission</td>
<td>968</td>
<td>1,026</td>
<td>1,012</td>
<td></td>
</tr>
<tr>
<td>% of monthly State CSR submissions that meet requirement on first submission</td>
<td>95.21%</td>
<td>97.28%</td>
<td>97.23%</td>
<td>95.00%</td>
</tr>
<tr>
<td># of clients utilizing transportation services</td>
<td>197</td>
<td>177</td>
<td>154</td>
<td></td>
</tr>
<tr>
<td>% Clinical Claim Accuracy</td>
<td>93.96%</td>
<td>95.12%</td>
<td>94.62%</td>
<td>90.00%</td>
</tr>
<tr>
<td>% of Quality Reviews meeting LOC</td>
<td>100.00%</td>
<td>70.57%</td>
<td>86.96%</td>
<td>90.00%</td>
</tr>
<tr>
<td>% Client rating satisfaction with information about JCMH center services as strongly agree or agree</td>
<td>60.00%</td>
<td>80.59%</td>
<td>77.85%</td>
<td>80.00%</td>
</tr>
<tr>
<td># of printed materials distributed</td>
<td>n/a</td>
<td>20,200</td>
<td>39,852</td>
<td>4,000.00</td>
</tr>
<tr>
<td>Non-Key Indicator</td>
<td>2016 Mth Avg</td>
<td>2017 Mth Avg</td>
<td>2018 Mth Avg</td>
<td>2018 Target</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>---------------</td>
<td>---------------</td>
<td>---------------</td>
<td>--------------</td>
</tr>
<tr>
<td>% of participants reporting client forums provide useful information (strongly agree/agree)</td>
<td>87.37%</td>
<td>86.31%</td>
<td>91.59%</td>
<td>80.00%</td>
</tr>
<tr>
<td>% increase reach in Facebook current month vs prior month</td>
<td>21.81%</td>
<td>19.57%</td>
<td>164.91%</td>
<td>5.00%</td>
</tr>
<tr>
<td>% of JoCo cities with at least 1 Cohort site</td>
<td>15.00%</td>
<td>15.00%</td>
<td>20.00%</td>
<td>25.00%</td>
</tr>
<tr>
<td>% of participants rating experience with ASIST at an 7 or above</td>
<td>98.46%</td>
<td>95.77%</td>
<td>98.91%</td>
<td>80.00%</td>
</tr>
<tr>
<td>ACT # of discharged monthly</td>
<td>19</td>
<td>22</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>ACT # of clients Admitted Monthly</td>
<td>20</td>
<td>23</td>
<td>20</td>
<td>17</td>
</tr>
<tr>
<td>ACT - # of clients who rate overall services as satisfactory or above (Average of 4 out of 5 rating)</td>
<td>83.25%</td>
<td>82.00%</td>
<td>78.41%</td>
<td>80.00%</td>
</tr>
<tr>
<td>ACT - % clients re-admitted YTD</td>
<td>n/a</td>
<td>4.09%</td>
<td>7.83%</td>
<td>10.00%</td>
</tr>
<tr>
<td>ACT- % of Re-admission staying 14 days or more</td>
<td>n/a</td>
<td>85.71%</td>
<td>72.02%</td>
<td>75.00%</td>
</tr>
<tr>
<td>ACT- % of 1st admits staying 21 days or more</td>
<td>n/a</td>
<td>76.84%</td>
<td>70.05%</td>
<td>75.00%</td>
</tr>
<tr>
<td>ACT - % Successful Discharges</td>
<td>82.76%</td>
<td>84.40%</td>
<td>79.52%</td>
<td>80.00%</td>
</tr>
<tr>
<td>ACT Elopements as % of total discharges</td>
<td>4.74%</td>
<td>3.96%</td>
<td>6.96%</td>
<td>5.00%</td>
</tr>
<tr>
<td>ADU # of clients Admitted Monthly</td>
<td>88</td>
<td>82</td>
<td>94</td>
<td>80</td>
</tr>
<tr>
<td>ADU # of unique clients served YTD</td>
<td>521</td>
<td>494</td>
<td>482</td>
<td>499</td>
</tr>
<tr>
<td>ADU - Percentage of clients who rate overall services as satisfactory or above</td>
<td>93.23%</td>
<td>91.37%</td>
<td>92.88%</td>
<td>80.00%</td>
</tr>
<tr>
<td>ADU - % of clients successfully discharged</td>
<td>n/a</td>
<td>75.54%</td>
<td>78.23%</td>
<td>75.00%</td>
</tr>
<tr>
<td>DDOP # of clients served annually</td>
<td>380</td>
<td>434</td>
<td>277</td>
<td>360.00</td>
</tr>
<tr>
<td>Non-Key Indicator</td>
<td>2016 Mth Avg</td>
<td>2017 Mth Avg</td>
<td>2018 Mth Avg</td>
<td>2018 Target</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
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<td>--------------</td>
<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td>DDOP - % of clients who complete at least 8 sessions of treatment</td>
<td>55.34%</td>
<td>50.13%</td>
<td>60.60%</td>
<td>65.00%</td>
</tr>
<tr>
<td>DDOP - % Clients not keeping appointment (DNKA Rate)</td>
<td>11.14%</td>
<td>16.79%</td>
<td>23.36%</td>
<td>15.00%</td>
</tr>
<tr>
<td>DDOP - % of client with no new legal charges in the last 30 days</td>
<td>96.75%</td>
<td>98.51%</td>
<td>96.70%</td>
<td>80.00%</td>
</tr>
<tr>
<td>DDOP % of clients with no substance use in the last 30 days</td>
<td>79.05%</td>
<td>82.93%</td>
<td>88.69%</td>
<td>70.00%</td>
</tr>
<tr>
<td>DDOP % of high priority clients who are offered a session or are provided interim services in required time frame</td>
<td>100%</td>
<td>96.39%</td>
<td>100%</td>
<td>95.00%</td>
</tr>
<tr>
<td>DDOP % of documents completed timely</td>
<td>88.50%</td>
<td>94.08%</td>
<td>91.50%</td>
<td>85.00%</td>
</tr>
<tr>
<td>DDOP % of clients who engage in DDOP serves</td>
<td>72.32%</td>
<td>58.74%</td>
<td>54.65%</td>
<td>60.00%</td>
</tr>
<tr>
<td>DDOP # of clients who participate in Medication Assisted Treatment (MAT)</td>
<td>17</td>
<td>19</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>DDOP % Clients served in DDOP compared to Adult Mental Health</td>
<td>n/a</td>
<td>9%</td>
<td>6%</td>
<td>39.00%</td>
</tr>
<tr>
<td># of clients who receive follow up</td>
<td>n/a</td>
<td>n/a</td>
<td>78.00%</td>
<td>80.00%</td>
</tr>
</tbody>
</table>