MENTAL HEALTH CENTER (MHC) ADVISORY BOARD  
Monday, May 20, 2019  
Olathe  
MINUTES

Members Present: Commissioner Becky Fast, Roger Cooper, Gordon Docking, Erin George, Nancy Ingram, Judge Michael Joyce, Michele Lockwood, Marilyn Scafe, Michael Seitz, Fabian Shepard, Anne Timmons, Scott Tschudy, Mike Walrod and Ken Whiteside (absent)

Staff Present: Tim DeWeese, Tanner Fortney, Susan Rome, Joe Connor, Chad VonAhnen, John Bergantine and Donna Berry

Guest(s) Present: Harry and Mary Bognich

Call to Order/Adoption of Agenda/Public Comments –

The meeting was called to order by Mr. Seitz at 5:30 pm. Mr. DeWeese introduced the newest member of our Advisory Board and the Executive Director of JCDS. Introductions were made for the benefit of our newest member. Our regular public attendees from the League of Women Voters commented that it has become a major focus to register voters and get them out to vote, currently working beyond registrations.

Mr. Shepard moved to approve the agenda as amended. Ms. Lockwood seconded. Motion carried.

Board Member Comments/Concerns –

The following comments were made by the members:

- Questions have been raised about the manner we do our work…why are we here? The conclusion was it is important that we are all on the same page. The July 22nd meeting will spend 30 minutes on MH business and 60 minutes (a mini retreat) on expectations of the BOCC and within the group. Please be prepared for this discussion.
- Facebook has been very busy due to it being Mental Health month.
- The Children’s Place in Brookside, Missouri has Sesame Street style resources that address issues affecting children today.

Meeting Minutes Approval –

Mr. Seitz entertained a motion to approve the March meeting minutes.

Ms. George moved to approve the minutes of March 25, 2019. Mr. Gordon seconded. Motion carried.

BOCC Liaison Report –

Commissioner Fast updated on issues being brought to the BOCC this week. Human Services needs are a priority. She encouraged members to attend the meeting on Thursday, if they are able.

2020 Budget Update –

Mr. DeWeese reviewed the budget document as distributed (see attached). He remarked that the comment he makes at community events is that we are addressing approximately 50% of the actual need in Johnson County. Also, the increase we receive from the state this year will get us to the 2008 funding level. The funds received are actually a re-allocation of funding lost in previous years.
Suggestions were made on how members of the Advisory Board can address the BOCC and/or the legislature as individuals, if they so choose.

**Performance Metrix Update** –
Mr. Fortney reviewed the first quarter report and scorecard (see attached). He will email the document to the group after the meeting as well.

**Director's Report** –
Mr. DeWeese reviewed the director's report as distributed (see attached).

Mr. Seitz entertained a motion to adjourn the meeting. Mr. Docking moved to adjourn. Ms. Lockwood seconded. Motion carried.

Meeting adjourned at 7:00 pm.

The next MHC Advisory Board meeting will begin at 5:30 p.m. Monday, July 22, 2019, at the Olathe offices (1125 W. Spruce, Olathe, KS).

Submitted by:

Donna Berry
May 2, 2019

Chairman Eilert and County Commissioners;

It is my pleasure to present the proposed Johnson County operating budget and capital improvement program for FY 2020. The budget ties the County’s financial plan to the goals and objectives of the Board and the organization. At its best, a budget reflects the needs and wishes of our residents, whom we all serve.

Our community indicators are largely positive as both our population and local economy continue to grow. There are signs that the economy may be slowing while community pressures and expectations show no sign of letting up. Challenges await in 2020 and beyond.

A New Decade Dawns; An Old Decade Winds Down

Just as 2020 marks the beginning of a new decade, 2019 marks the end of a decade that ten years ago found Johnson County, the country, and much of the world in a very different place. Fortunately, we took proactive steps in late 2008 to put the County in strong financial shape during 2009 while we were constructing our first budget under the shadow of the Great Recession. We were able to balance the County’s budget that year, and in the years following, with less ad valorem than the year before, with less staff, and without significant impact to services. The County’s population continued to grow, however, and along with it, demand. We worked collaboratively to find efficiencies wherever we could, eliminating positions through attrition so our remaining employees could focus on meeting increasing demands knowing the County was doing everything it could to avoid layoffs. All told, the County found $46 million in budget reductions, including the elimination of 428 positions – all without layoffs, while maintaining a constant mill levy throughout. You will hear more about that effort later in this message.

As the County emerged from the Great Recession, new challenges surfaced due to pent up demand and reductions in revenue from the State. So significant was the impact of the elimination of the Mortgage Registration Collection Fee, coupled with the after effects of the recession, the Board increased the mill levy in FY 2016 to offset the revenue loss and set the County on a positive trajectory into the future. The economy has been extremely solid in recent years and the Board has been able to roll back the mill levy over the past two budgets.

Balancing the FY 2020 Budget brought with it its own set of challenges, some familiar, some unique. While the County’s key revenues continue to grow, that growth has slowed while demand in a number of areas has intensified. We were able to balance the budget within a constant mill levy and there are many positives to be found in this budget. Many challenges remain, however, with more on the horizon.

While no one can know with certainty what the future holds, we can look out into the coming decade and think about what we want our community to look like, what we want to accomplish, and how we will need to change. The constant for me is our commitment to do our part so that Johnson County remains a great place to live, to work, and to raise a family. With a new decade fast upon us, this is an ideal time to consider both next year and the next decade.
FY 2020 Proposed Budget Aligned with Resident and Board Priorities

I am proud of what we have accomplished within the FY 2020 Proposed Budget. We were able to maintain or even enhance our high level of quality services and programs within the means of a proposed constant mill levy for FY 2020. As our Community Survey reveals year after year, Johnson County sets the standard of service delivery compared to other communities of our size. Our 2019 survey revealed a 97% satisfaction rate for Johnson County as a place to live, and a 95% satisfaction rate as a place to raise children.

In addition to measuring satisfaction with our programs and services, we ask residents to let us know the services they consider the most important as well as the areas on which they wish us to prioritize in the future. In the 2019 survey, our services that ranked as “most important” included emergency services, including MED-ACT’s response to medical emergencies; Emergency Management and Communication dispatch of 911 first-responders; and the Sheriff’s Office. A few other key survey data points revealed:

- The County’s role in providing safety-net services to residents/families in need, the vulnerable population and low-income households received an 88% rate of importance.
- The County’s top priorities for the next five years should be personal safety and low crime.
- The survey asked why residents plan to stay in Johnson County for the next 10 years. By far, the top reason, with a 64% response, was a sense of feeling safe and a low-crime rate. Fortunately, 92% of respondents currently have an overall feeling of safety in Johnson County.

You will see in the Requests for On-Going Additional Resources I am proposing enhanced funding for public safety and criminal justice that align with these priorities voiced in the Community Survey.

Our residents’ desire for the County to provide safety-net services correlates with one of your top three priorities for 2019-2020, which is to strengthen and finance the appropriate level of service to meet the needs of the County’s vulnerable populations, pursuing innovative strategies. You will note below requests for Human Services and Mental Health in an effort to implement your priority as well as meet a desire of our residents.

Another of your top priorities for 2019-2020 is to develop a creative and innovative vision for a transit plan that is financially sustainable. The FY 2020 proposed budget includes an extension of the current microtransit pilot in the amount of $500,000.

Making decisions about what we can fund, and what we need to put on hold, is always complex. We made a conscience effort to fund the requests we could that aligned with both your priorities and those of our residents. Sometimes, we need to be decisive in order to have the best long-range outcomes. For example, this year’s CIP includes $54.7 million for a new combined Mental Health and Public Health building in Olathe to replace two aging, failing facilities. Staff has worked with Springsted, the County’s financial advisor to develop a financing plan so that we can utilize future debt capacity and minimize investment in the existing building by starting the project sooner rather than later.

With Requests for Additional Resources (RARs), we focused on honoring prior commitments and doing our best to meet the highest and most strategic needs. Following are the on-going RARs with County tax support that we addressed:
Requests for On-Going Additional Resources (County Tax Support)

**Funding for Prior Decisions**

<table>
<thead>
<tr>
<th>Department</th>
<th>Expenditure Type</th>
<th>FTEs</th>
<th>2020 Net Property Tax Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Environment</td>
<td>Medical Examiner</td>
<td>9.7</td>
<td>$907,337</td>
</tr>
<tr>
<td>Med-Act</td>
<td>JCFD Ambulance Service Transition</td>
<td>7.0</td>
<td>$606,398</td>
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**Funding in Proposed Budget**

<table>
<thead>
<tr>
<th>Department</th>
<th>Expenditure Type</th>
<th>FTEs</th>
<th>2020 Net Property Tax Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Attorney</td>
<td>Staffing</td>
<td>2.00</td>
<td>$184,791</td>
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<tr>
<td>District Court</td>
<td>Contractual Services</td>
<td>na</td>
<td>$100,482</td>
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<tr>
<td>JIMS</td>
<td>Maintenance Support</td>
<td>na</td>
<td>$285,200</td>
</tr>
<tr>
<td>Sheriff</td>
<td>Staffing, Contractual, &amp; Technology</td>
<td>7.00</td>
<td>$2,136,753</td>
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<tr>
<td>Human Services</td>
<td>Housing Program Shortfall</td>
<td>1.80</td>
<td>$141,876</td>
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<tr>
<td>Mental Health</td>
<td>Staffing</td>
<td>4.00</td>
<td>$292,732</td>
</tr>
<tr>
<td>Budget &amp; Financial Planning</td>
<td>Staffing</td>
<td>1.00</td>
<td>$144,238</td>
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<tr>
<td>Countywide</td>
<td>United Community Services Increase</td>
<td>na</td>
<td>$10,000</td>
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<tr>
<td>Facilities</td>
<td>Staffing</td>
<td>1.00</td>
<td>$72,883</td>
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<tr>
<td>Human Resources</td>
<td>Contractual Services</td>
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<td>$11,293</td>
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**Not Funded in Proposed Budget**

<table>
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<tr>
<th>Department</th>
<th>Expenditure Type</th>
<th>FTEs</th>
<th>2020 Net Property Tax Impact</th>
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</thead>
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<tr>
<td>Corrections</td>
<td>Staffing</td>
<td>2.00</td>
<td>$166,896</td>
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<tr>
<td>District Attorney</td>
<td>Staffing</td>
<td>1.00</td>
<td>$96,670</td>
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<tr>
<td>District Court</td>
<td>Staffing &amp; Pay</td>
<td>3.00</td>
<td>$247,626</td>
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<tr>
<td>Emergency Mgmt &amp; Comm</td>
<td>Staffing</td>
<td>1.00</td>
<td>$79,505</td>
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<tr>
<td>Med-Act</td>
<td>Staffing</td>
<td>16.00</td>
<td>$1,659,299</td>
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<tr>
<td>Sheriff</td>
<td>Staffing</td>
<td>7.00</td>
<td>$689,378</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Staffing &amp; Contractual Services</td>
<td>6.00</td>
<td>$466,355</td>
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<tr>
<td>Facilities</td>
<td>Janitorial Services</td>
<td>na</td>
<td>$175,000</td>
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<tr>
<td>Human Resources</td>
<td>Talent Acquisition and Strategy Specialist</td>
<td>2.75</td>
<td>$271,948</td>
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<tr>
<td>Technology &amp; Innovation</td>
<td>Contractual Services &amp; Commodities</td>
<td>na</td>
<td>$380,620</td>
</tr>
</tbody>
</table>
2020 Budget Summary: By the Numbers

The FY 2020 Budget is $1.26 billion, comprised of $934.5 million in expenditures and $331.4 million in reserves.

A total of 4,065.62 FTEs is included in the FY 2020 Budget, including 31.68 new positions that are County tax support funded, and 3.0 FTE funded with existing resources. The remaining new positions are 9 for Wastewater and 10.35 FTEs for the Park and Recreation District’s operating and Legacy Plan needs, all of which fall outside of the County Taxing District.

The FY 2020 Budget includes $5.3 million in ongoing additional resources from County property tax support and approximately $8.2 million in one-time expenses funded from excess reserves in a number of departments and agencies to address inflationary increases and pent up demand.

Aligning excess reserves with one-time expenditures is a key strategy to balancing budgets in each year of the Five Year Forecast, as well as the FY 2020 Budget. The use of $8.2 million in reserves, $3.9 million of which are in the County’s General Fund, primarily to fund one-time capital expenditures has been included in the FY 2020 Budget.

Wastewater customers receive a combined bill that includes user charges for Operations and Maintenance and a capital finance charge that funds debt service related to the JCW capital improvement plan. Revenues for FY 2020 are projected to increase 6.5% over FY 2019 to cover operating and capital costs. It should be noted that the increase is in aggregate and that individual billing customer classes may rise by differing amounts. The need for revenue growth is driven primarily by inflationary pressures and costs associated with the Tomahawk plant construction phase; debt service on capital projects, treatment chemicals, and personal services that have been included in the FY 2020 budget. Even with the increases, JCW rates remain among the lowest of the six major metropolitan area sewer providers.

Also included in the FY 2020 Budget is the FY 2020 - 2024 Capital Improvement Plan (CIP). The FY 2020 CIP is $253.8 million. Excluding Stormwater, Wastewater and other projects that have dedicated funding sources, the FY 2019 CIP includes a total of $66.9 million for various capital projects. Historically staff attempts to align one-time revenues with one-time capital needs. Information on specific projects is included in the CIP section of the Overview and department sections.

Multi-Year Revenue Forecast and Demand for the Future

The County has long presented a balanced five-year financial revenue plan with a constant mill levy and expenses that manage to it. It provides a high-level picture of revenue trends as well as major outliers, such as the $335 million Wastewater Tomahawk plant expansion currently underway, known to be on the horizon. I would urge you to keep in mind that this forecast does not leave much room to address challenges and pressures that we know are coming or have already arrived, which I will address in the next section. Accordingly, below is the County’s current Five-Year Financial Forecast under a constant mill levy.
One Million Residents in Our Future

We currently have approximately 604,000 residents in our County, with about 95,000 residents 65 and over. Research from Wichita State University predicts that we will reach one million residents in just over 30 years from now. Over the next two decades, our senior population is expected to double.

This is the time to start thinking about how, not too far into the future, the population growth, and growing needs for our vulnerable populations, will put increased pressure on our programs and services. As our population ages, we can expect more frequent calls for ambulances, additional people needing the Mental Health services, and the need for additional staff to support clients with intellectual and developmental disabilities as their caregiving parents age, are some examples.

Some projected future needs include:

- $4 million annually for four additional MED-ACT stations: the transition of two stations in Overland Park and two new stations: one each in southern and western Johnson County due to growth in those areas.
- $3.5 million annually to open remaining jail units, in addition to those requested for FY 2020, due to the rising average daily population of inmates, with the jail projected to reach capacity in the next five to six years.
- $103 million over the next ten years for additional Park & Recreation District funding to refurbish, revitalize, and upgrade their sports complexes across the County and institute a safety program.
- $4.5 to $6 million annually to fully fund the original Comprehensive Library Master Plan.
- $850,000 to $1.7 million annually to increase employee merit pool from 3% to 3.5% or 4% in order to keep up with the local government market.
• Developmental Supports is seeing increased needs for additional services related to age-related illnesses such as Alzheimer’s and dementia. Additionally, federal and state guidelines are moving toward more individualized supports which will necessitate additional staffing. The State's waiting list for services in Johnson County continues grow and is currently over 500, which equates to a five year wait.
• Additional staffing for Mental Health to meet surging demand. Recent years have averaged 8 to 9 additional staff, with about half of the funding coming from the County.

External Pressures

In addition to the challenges and pressures that will come with increased population, we face the unknown of several external pressures.

Looming on the horizon are growing challenges to the current methodology for appraising commercial properties throughout several states, including Kansas. Appeals on commercial properties are up significantly this year. Early rulings from the state Board of Tax Appeals lowered the valuation for several retail chains in Johnson County by 30% using the Hypothetical Lease Theory. While circumstances can vary for each property, a preliminary estimate of a 30% valuation reduction across the County for similarly classified properties has been estimated to reduce County, Parks, and Library ad valorem by an estimated $21 million at our current mill levy rates. A significant reduction to commercial property values would also reduce ratio of commercial to residential property tax overall in much the same way as the 2006 exemption phasing out personal property taxes paid by business on machinery and equipment.

FY 2020 is the County’s third year under an ad valorem tax lid imposed by the state of Kansas. The tax lid limits increases in ad valorem levied by a simple formula accounting for new construction and improvements and the consumer price index. The law does provide for a few exemptions, including law enforcement and emergency services, which, in tandem with the County’s new valuation, has allowed us to stay within the lid limits thus far. This is critical because it has allowed the BoCC to exercise fully its budgetary responsibilities. Additional exemptions for items largely out of the County’s control would serve to align the intent of the law more realistically with its impacts.

Many County programs are in partnership with and partially funded by the federal and state grants. While funding has somewhat stabilized in recent years, it has not always kept up with inflation and demand. The FY 2020 Budget includes increased local funding for Housing Services to offset lack of growth in federal funding.

A History of Stewardship; a Culture of Improvement

The potential impact to the County's five-year outlook of the items listed above is significant with the potential to necessitate changes to the mill levy. Before the mill levy can be considered, we must insure that we are doing all that we can with what we have, and that services we are providing are the ones we should be providing.

Since the onset of the Great Recession, the County has maintained service levels for more residents with less staff. As noted earlier, the County reduced 428 FTEs during those years while the County continued to grow. As a result, the County’s ratio of FTEs to population dropped. In fact, the FY 2020 Budget includes 4066 FTEs, still below the count of 4100 in 2008, despite the County’s population growing by approximately 78,000 during that time. One way to look at that is that those new residents together would constitute Kansas’ 7th largest County.
Put in more practical terms, if the County had continued to add FTEs commensurate with population growth, we would have 638 more FTEs in FY 2020. Clearly, we are doing more with less.

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</tr>
</thead>
<tbody>
<tr>
<td>Actual FTEs</td>
<td>4,127</td>
<td>4,093</td>
<td>4,013</td>
<td>3,902</td>
<td>3,860</td>
<td>3,871</td>
<td>3,822</td>
<td>3,841</td>
<td>3,884</td>
<td>3,951</td>
<td>4,008</td>
<td>4,066</td>
</tr>
<tr>
<td>FTEs @ 2008 Ratio</td>
<td>4,176</td>
<td>4,205</td>
<td>4,259</td>
<td>4,311</td>
<td>4,364</td>
<td>4,415</td>
<td>4,459</td>
<td>4,503</td>
<td>4,554</td>
<td>4,606</td>
<td>4,657</td>
<td>4,704</td>
</tr>
</tbody>
</table>

In addition to serving more residents with fewer employees, the County also went a number of years with decreasing ad valorem collections due to maintaining a constant mill levy throughout the Great Recession despite drops in assessed valuation. To truly appreciate the following chart and table, it is important to remember that, as an employer of over 4000, salary and benefit costs generally rise well above other types of inflation, such as the ‘basket of goods’ the federal government utilizes to monitor the Consumer Price Index (CPI).

It is even more impressive then to look at what the County has achieved since the onset of the Great Recession by looking at the trend of ad valorem, or revenue, collected compared to the expense drivers of CPI and population growth. If the County had simply levied ad valorem each year based on population and CPI, we would have levied an additional $213 million since 2009. Further, if we had levied for growth in CPI and population, and also for the impact of the State phasing out the Mortgage Registration Collection Fee, the additional ad valorem levied would grow to over $250 million.
A look across the State provides another comparison. Johnson County has long had the lowest County Taxing District mill levy in the State. Below is how Johnson County stacks up with the five counties with lowest mill levy in Kansas. Home values play a big part in Johnson County’s ability to provide high quality services with the lowest mill levy in the State.

<table>
<thead>
<tr>
<th>Kansas County</th>
<th>Mill Rate</th>
<th>Difference</th>
<th>Percent Greater than Johnson County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnson</td>
<td>19.024</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pottawatomie</td>
<td>29.983</td>
<td>10.959</td>
<td>37.3%</td>
</tr>
<tr>
<td>McPherson</td>
<td>31.414</td>
<td>12.390</td>
<td>41.3%</td>
</tr>
<tr>
<td>Brown</td>
<td>31.938</td>
<td>12.914</td>
<td>41.1%</td>
</tr>
<tr>
<td>Butler</td>
<td>34.274</td>
<td>15.250</td>
<td>47.7%</td>
</tr>
<tr>
<td>Sedgwick</td>
<td>29.383</td>
<td>10.359</td>
<td>54.5%</td>
</tr>
</tbody>
</table>
However, when other factors are taken into account, an affordability index of sorts can be developed that paints a fuller picture of how Johnson County compares amongst the five most populous counties in the State:

<table>
<thead>
<tr>
<th>Kansas County</th>
<th>Median Household Income</th>
<th>Median Value Owner Occupied Homes</th>
<th>Mill Rate</th>
<th>Estimated Median County Tax</th>
<th>County Tax as % of Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Johnson</td>
<td>$81,121</td>
<td>$232,500</td>
<td>19.024</td>
<td>$509</td>
<td>0.63%</td>
</tr>
<tr>
<td>Sedgwick</td>
<td>$52,841</td>
<td>$130,900</td>
<td>29.383</td>
<td>$442</td>
<td>0.84%</td>
</tr>
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<td>Wyandotte</td>
<td>$42,783</td>
<td>$92,800</td>
<td>39.011</td>
<td>$416</td>
<td>0.97%</td>
</tr>
<tr>
<td>Douglas</td>
<td>$54,370</td>
<td>$188,100</td>
<td>46.015</td>
<td>$995</td>
<td>1.83%</td>
</tr>
<tr>
<td>Shawnee</td>
<td>$54,667</td>
<td>$127,600</td>
<td>48.194</td>
<td>$707</td>
<td>1.29%</td>
</tr>
</tbody>
</table>

Resiliency, Creativity and Innovation

Prioritizing our services, finding efficiencies and being good stewards of taxpayer dollars is nothing new for this organization. In the aftermath of the recession we held Strategic Program Area budget reduction meetings for the FY 2010 – FY 2013 budgets, where staff prioritized services to reduce expenditures where they could. Department leaders prioritized the needs of other departments ahead of their own in many cases.

We saved Johnson County taxpayers a collective $1 million annually by merging Emergency Management and Emergency Communications, the Departments of Health and Environment, the Johnson County Museum into the Johnson County Park and Recreation District and our management agreement with KCATA for transit.

While we have experienced a better economy in the past 3-5 years, the spirit of stewardship remains strong. It is woven into the fabric of our culture as one of five operational values in our Pillars of Performance, right alongside another value, continuous improvement. Here are some examples of those values in action.

- $2 million has been saved by partnering with various governmental entities within the county to expand the fiber optic network to county facilities using shared resources, producing approximately 300 miles of usable City, School District and County fiber, of which the county has invested/constructed only 20 miles of that fiber.

- In 2018 the Department of Technology began implementing centralized IT purchasing across departments not serviced by JIMS which, through early March, 2019 has saved the County over $210,000.

- The Sheriff’s Office has cut staffing cost by eliminating in person roll calls and replacing them with “Roll call notes”. This results in an ongoing annual cost savings of approximately $160,000. The Sheriff also eliminated a number of posts on the midnight shift, when inmates are sleeping, resulting in ongoing savings in overtime of approximately $715,400 annually.
• The consolidation of Fleet Services since 2013 has resulted in over $2 million in one-time savings and $200,000 in annual ongoing funds.

• Efficiencies were gained through the JCPRD Regional Park management approach in that a maintenance facility is not being constructed at each park, saving potentially millions of dollars in building construction and infrastructure costs.

• The Medical Examiner's Office (MEO) and the Toxicology Lab within the Johnson County Crime Lab will combine staffing and equipment. By sharing equipment, the County will save at least $860,000 in start-up costs. In addition to equipment, one toxicology scientist position will be shared by both the MEO and Crime Lab.

• By replacing an oversized postcard with a smaller version, the Election Office saved $140,000 in postage and printing, which will become an ongoing savings for the County.

• MED-ACT has begun remounting existing ambulance modules on new cabs and chassis. In 2018 this saved about $100,000 compared to the price of a new ambulance. In 2019 MED-ACT will save about $122,000 spread among two ambulances.

• A Public Works Road Maintenance Worker identified a lack of efficiency in a shoulder rocking process, recommended a piece of equipment as a solution, and quadrupled his team's productivity.

• Staff has developed a new Health Care Fund reserving strategy designed to increase the County's flexibility in managing and increase the utilization of reserve funds.

I wanted to share other examples of staff excellence, innovation and creativity.

An employee team developed a new performance management system, the Pillars of Performance and Development (PPD), which provides a more responsive and proactive way to monitor performance. Based on the foundational elements of teamwork, job proficiency, learning & development, and leadership practices, PPD emphasizes coaching and accountability, focusing on future goals, to insure on-going improvement.

Other employee teams coming from all corners and levels of the organization are looking at other systems and structures, such as our benefits package and our leave policies, with a fresh set of eyes through the lens of today's competitive job market. This work will ensure that we optimize budget dollars dedicated to pay and benefits to attract and retain the best workforce possible.

In 2018, we launched the Leadership in Action program to recognize and reward outstanding contributions. Thirty-nine employees, which translates to one percent of our workforce, were honored. We rewarded employees for finding efficiencies, saving money, and going above and beyond to cover the work of others when needed. This program identified stories such as a Public Works employee whose creativity and consultation saved the County $250,000 on a construction project, and a Johnson County Library branch manager, who, while performing his existing workload, created new operational procedures and built a staff training program in preparation to open the Monticello Library.

We recently repurposed existing staff resources to dedicate two employees to our new Innovation Initiative. The goal is to tap into and foster the innovation, creativity and passion that already exists throughout the organization and help lead in order to solve problems and find efficiencies to improve service delivery and stewardship. The team is partnering on several department and process-specific projects as well as working with
Mental Health staff to assist in developing performance scorecards across County departments, agencies and offices with a consistent, meaningful format.

Investing in the Future Pays Off Today: Board Top Priority

While I take pride in what our workforce has accomplished, the success of the County also relies on the vision of our Board. In the FY 2016 budget, you as the Board made the commitment to raise the mill levy for the first time in a decade, including increases for Johnson County Library and Johnson County Park & Recreation District to partially fund their master plans. Today you are seeing completion or progress on several major projects, on time and on budget, that are already improving the life for our residents now and in the coming years.

Construction is underway on the expansion to the Tomahawk Wastewater Treatment Plant that will save us $25 million a year in operational costs. The long-term infrastructure investment will utilize the latest proven technologies, protect the environment, and improve water quality in Indian Creek and for downstream communities.

In 2018, as part of its Legacy Plan, JCPRD used its mill levy increase to open Big Bull Creek Park, now the largest park in its system. 2019 will see the opening of Meadowbrook Park, with many amenities including a new clubhouse. Recent activity in the Library Master Plan includes the opening of the Monticello Library in western Shawnee in 2018, and the June 2019 relocation of Lackman Branch to the Lenexa City Center.

In 2016, Johnson County voters approved a ten-year quarter-cent public safety sales tax. Today, we are seeing the benefits of those investments. A much-needed new courthouse is emerging in downtown Olathe, and just a few miles away, construction is proceeding on the County’s first-ever medical examiner facility.

Conclusion

As discussed earlier in this budget message, our annual Community Survey is one tool that measures how well we are serving our residents. Another important tool is our Employee Engagement survey. We make it a priority to measure the engagement and satisfaction of our workforce in order to provide the programs, services and customer service our residents deserve. While departments, agencies and offices track their own performance measures, we are working towards an organization-wide system of performance measures to help us increase communication, consistency, and accountability.

I have outlined the many challenges we are facing in the not-too-distant future. Some of those challenges are already making an impact. While there is much to celebrate in this year’s 2019 Community Survey, a few results gave me pause. We saw a decrease in a few areas, including the overall quality of services. Overall satisfaction is still high; however, we need to be mindful going forward.

It is important to bring two perspectives, one for FY 2020, and one for the longer-term. My hope is that this budget will position us for both. We’ve prioritized our decisions by looking at what we deemed to be critical and essential, but we’ve also tried to consider what was fundamental to moving the organization forward.

At the dawn of a new decade, it is logical to look out farther. There is reason to be optimistic, but we must be clear-eyed as well, realistic about the challenges and the weight of the decisions that await us in the near future. I am proud of this proposed budget. I feel it includes the right balance of stewardship with providing the quality
level of services our community expects and deserves. We need to begin discussions this year about challenges for the next few years.

In conclusion, I would like to thank the Budget and Financial Planning Department, the staff in the County Manager’s Office, as well as the department directors and their staff for their diligence efforts in the preparation of the FY 2020 Budget. Much time and effort went into its development.

Respectfully submitted,

Penny Postoak Ferguson
County Manager
MENTAL HEALTH
KEY POINTS

➢ Mental Health Fund Balance is below 8.0%

➢ Revenues unable to keep pace with expenditures due to funding stream volatility

➢ Growing demand for mental health in the community and from non-traditional Stakeholders.

➢ Stabilizing revenues without reducing services is not possible without additional resources
MENTAL HEALTH

Total Published Budget Excluding Cost Allocation & Risk Management

- 2018: $27.92 M
- 2019: $31.85 M
- 2020: $32.33 M

Budget excluding Cost Allocation & Risk Management
Local Tax Support

Budgeted FTEs

- 2018: 307.63
- 2019: 322.38
- 2020: 329.60
MENTAL HEALTH PROPOSED CHANGES

Funded RARs:

- **After Hours Clinician**
  - $96,589 for 1.0 FTE After Hours Clinician.
  - The After Hours team responds to mental health crisis throughout Johnson County via our crisis line, in-person and video assessment during non-business hours.

- **UHC Transportation Expansion (Funded with revenue)**
  - $250,000 to Expand the United Health Care transportation initiative.

- **Mobile Crisis Response Team Clinician**
  - $96,588 for 1.0 FTE MCRT Clinician.
  - The MCRT Team responds to mental Health Crisis throughout Johnson County.

- **Case Managers 3.0 FTE (Partially funded with revenue)**
  - $48,428 to pay for 1.0 FTE Case Manager.
  - The Case Manager will provide Community based services to clients living independently in Johnson County.

- **Deaf Services Clinician (Funded with revenue)**
  - $51,128 for 1.0 FTE for a Deaf Services Clinician.
  - Provide therapy services to children and adults in Johnson County who are deaf or hard of hearing.
Unfunded Requests:

Voice to Text EHR Software: $36,410
Case Managers BJMHS: 2.0 FTE $164,521.
Pediatric Team Leader: 1.0 FTE $121,238
Positive Behavioral Supports Team Leader: 1.0 FTE $121,238
Furniture Replacement: $490,000
# 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.

<table>
<thead>
<tr>
<th>Business Objectives and Strategic Goals</th>
<th>Key Performance Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial Stability</strong></td>
<td>• Fee for service dollars</td>
</tr>
<tr>
<td></td>
<td>• Account receivable balance over 90 days</td>
</tr>
<tr>
<td></td>
<td>• % of fund balance to current year budget</td>
</tr>
<tr>
<td><strong>Client Satisfaction and Quality Care</strong></td>
<td>• Total unique clients served</td>
</tr>
<tr>
<td></td>
<td>• Client suicides</td>
</tr>
<tr>
<td></td>
<td>• % of adults competitively employed</td>
</tr>
<tr>
<td></td>
<td>• % of CBS youth living in permanent home</td>
</tr>
<tr>
<td></td>
<td>• % of youth regularly attending school</td>
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<tr>
<td></td>
<td>• % clients showing improved CAFAS/DLA scores</td>
</tr>
<tr>
<td></td>
<td>• # Crisis calls and Contacts</td>
</tr>
<tr>
<td></td>
<td>• % of medical clients not keeping medical appointments</td>
</tr>
<tr>
<td></td>
<td>• % of adults and children not keeping appointments</td>
</tr>
<tr>
<td><strong>Operational Effectiveness</strong></td>
<td>• % of clients with myHP portal account</td>
</tr>
<tr>
<td></td>
<td>• % of clients accessing myHP within past 30 days</td>
</tr>
<tr>
<td></td>
<td>• % of measures not meeting target that show improvement</td>
</tr>
<tr>
<td></td>
<td>• % of appointment reminder calls completed via automation</td>
</tr>
<tr>
<td><strong>Organizational Development</strong></td>
<td>• % indicating confidence and trust shown in staff</td>
</tr>
<tr>
<td></td>
<td>• Total # of Community Presentations</td>
</tr>
<tr>
<td></td>
<td>• % of participants reporting increase in suicide prevention related skills, knowledge, and awareness</td>
</tr>
</tbody>
</table>
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.

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Fee for Service dollars</td>
<td>$760,080</td>
<td>$645,090</td>
<td>$778,100</td>
<td>$608,379</td>
<td>$607,901</td>
<td>&gt;=871,738</td>
</tr>
<tr>
<td>2. % AR over 90 days</td>
<td>1.42%</td>
<td>1.3%</td>
<td>2.54%</td>
<td>1.38%</td>
<td>-.39%</td>
<td>&lt;=15%</td>
</tr>
<tr>
<td>3. % of Fund Balance to Current Year Budget</td>
<td>8.87%</td>
<td>7.61%</td>
<td>3.96%</td>
<td>6.44%</td>
<td>6.23%</td>
<td>&gt;=10%</td>
</tr>
<tr>
<td>4. Total unique clients served</td>
<td>3700</td>
<td>3560</td>
<td>3362</td>
<td>3236</td>
<td>3212</td>
<td>&gt;=3559</td>
</tr>
<tr>
<td>5. JCMHC Client suicides</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>&lt;1.0 /mo</td>
</tr>
<tr>
<td>6. % of Adult CBS clients competitively employed</td>
<td>40%</td>
<td>39%</td>
<td>39%</td>
<td>39%</td>
<td>38%</td>
<td>&gt;=35%</td>
</tr>
<tr>
<td>7. % of CBS youth living in permanent home</td>
<td>78%</td>
<td>79%</td>
<td>77%</td>
<td>77%</td>
<td>78%</td>
<td>&gt;=79%</td>
</tr>
<tr>
<td>8. % of youth regularly attending school</td>
<td>90%</td>
<td>90%</td>
<td>88%</td>
<td>86%</td>
<td>87%</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>55%</td>
<td>58%</td>
<td>52%</td>
<td>&gt;=50%</td>
</tr>
<tr>
<td>10. # Crisis calls and contacts</td>
<td>2727</td>
<td>2647</td>
<td>2,647</td>
<td>2,556</td>
<td>2,712</td>
<td>N/A</td>
</tr>
<tr>
<td>11. % Medical Clients Not Keeping Med Appointment</td>
<td>16.15%</td>
<td>15.86%</td>
<td>17.53%%</td>
<td>20.10%</td>
<td>14.53%</td>
<td>&lt;=15%</td>
</tr>
<tr>
<td>12. % Adult Clients not Keeping Appointment</td>
<td>17.27%</td>
<td>19.18%</td>
<td>19.95%</td>
<td>20.70%</td>
<td>17.14%</td>
<td>&lt;=15%</td>
</tr>
<tr>
<td>13. % Client Under 18 not keeping Appointment</td>
<td>12.87%</td>
<td>13.75%</td>
<td>15.23%</td>
<td>16.33%</td>
<td>14.10%</td>
<td>&lt;=15%</td>
</tr>
<tr>
<td>14. % of Clients with myHP portal account</td>
<td>24.2%</td>
<td>33.40%</td>
<td>42.03%</td>
<td>35.74%</td>
<td></td>
<td>&gt;=15%</td>
</tr>
<tr>
<td>15. % myHP clients accessing portal within past 30 days</td>
<td>10%</td>
<td>24.13%</td>
<td>7.57%</td>
<td>16.90%</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>0%</td>
<td>50%</td>
<td>40%</td>
<td>&gt;=50%</td>
</tr>
<tr>
<td>17. % of JIT reminder calls completed via automation</td>
<td>89%</td>
<td>96%</td>
<td>94%</td>
<td>94%</td>
<td></td>
<td>&gt;=90%</td>
</tr>
<tr>
<td>18. % indicating confidence and trust shown in staff (annual)</td>
<td>81.82%</td>
<td>86.12%</td>
<td>86.12%</td>
<td></td>
<td></td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>19. Total # of community presentations</td>
<td>61</td>
<td>28</td>
<td>23</td>
<td>11</td>
<td>19</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>92%</td>
<td>92%</td>
<td>92%</td>
<td>80%</td>
</tr>
<tr>
<td>Indicator</td>
<td>Target Source</td>
<td></td>
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<tr>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>1. Total Fee for Service dollars</td>
<td>Based upon annual MNH fee for service ‘Budgeted’ amount in County adopted budget</td>
<td></td>
<td></td>
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</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>
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</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>
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</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>
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</tr>
<tr>
<td>5. Total JCMHC Client suicides reported</td>
<td>Based upon National data</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></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>
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<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>
<td></td>
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</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>
<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>
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</tr>
<tr>
<td>9. % of clients showing positive change in CAFAS/DLA scores</td>
<td>Mental Health center derived target based on prior trends</td>
<td></td>
<td></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>
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</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>
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<tr>
<td>12. % Adult Clients not Keeping Appointment</td>
<td>Mental Health center derived target based on prior trends</td>
<td></td>
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</tr>
<tr>
<td>13. % Client Under 18 not keeping Appointment</td>
<td>Mental Health center derived target based on prior trends</td>
<td></td>
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</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>
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<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 outcome.</td>
<td></td>
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<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</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>17. % of JIT reminder calls completed via automation</td>
<td>Percentage of “just in time” medication reminder calls completed via automated system saving staff time. Increased to 90% in 2019</td>
<td></td>
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<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</td>
<td></td>
<td></td>
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<tr>
<td>19. Total # of community presentations</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>
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<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.</td>
<td></td>
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</tr>
</tbody>
</table>

Green = Meeting or exceeding Target
Yellow = Not meeting target but showing stable performance within acceptable level
Red = Not meeting target

Status for Prior year annual results based on target for that year, not current year.
Key Performance Area: Strengthening Our Financial Position

Key Performance Indicator: Fee for service dollars

Target Goal: \( \geq $871,738 \) (monthly)

Target Status: Not Meeting Target

Fee for service dollars represent the total revenue generated by client payments, Medicaid reimbursement, and 3rd party reimbursement such as private insurance. The target is based upon annual Mental Health fee for service ‘Budgeted’ amount in County adopted budget.

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:

Mental Health fee for service revenue during the first quarter of 2019 is slightly below the targeted average revenue level. Mental Health has not experienced the same need to provide outreach services to the community as in the prior year, but the record snow fall in 2019 contributed to fewer services being rendered during this first quarter.
Key Performance Area: Strengthening Our Financial Position

Key Performance Indicator: Accounts Receivable

Target Goal: <=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:
For the first time the accounts over 90 days are at or below $0.00. This is an indication that cash flows from fees for service are being maximized.
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:
Mental Health ended 2018 below 8%. In accordance with County policy, Mental Health has developed a plan to bring the fund balance back within the acceptable levels and will present to the Board of County Commissioners at a time to be determined by the County Budget Department.
Key Performance Area: Advance Quality of Care

Key Performance Indicator: Total Unique Clients Served

Target Goal: \( \geq 3,559 \) (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 number of clients served is slightly below target for the first quarter and is below the 2018 actuals for this same period. This may be due in part to the severe winter weather experienced in early 2019. Staff anticipates this number increasing in Q2 2019.
Key Performance Area: Advance Quality of Care

Key Performance Indicator: JCMH Client Suicides

Target Goal: < 1
Target Status: Not Meeting Target

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 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*.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:

Q1 remained below target for this measure. The peer review committee, which reviews the care and chart of those clients who have died by suicide was enhanced to add additional clinical perspectives, in the hope of obtaining new ideas, assessing risk, and providing good care for our clients. In Q1 clinician training was completed on a tool specific to assessing suicide risk.
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:
In the first quarter of 2019, the percentage of adult clients that were competitively employed was 39%, which is above the target goal of 35%.
Key Performance Area: Advance Quality of Care

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

Target Goal: >=79%

Target Status: Caution

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:
During Q1 2019, the percentage of youth living in permanent homes was 78.33%, which is slightly below our target of 79%. This is due to youth being in foster care, the hospital, or psychiatric residential treatment. Most youth will transition back to their permanent home.
Key Performance Area: Advance Quality of Care

Key Performance Indicator: % of Youth Attending School Regularly

Target Goal: >=90%

Target Status: Caution

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:
The percentage of youth attending school regularly was 87% for the first quarter of 2019. This is below the target of 90% of youth attending school regularly. A high percentage of youth are referred for community based services due to difficulties in the school setting including not attending school regularly due to their mental health issues. Staff regularly coordinate with parents, the client, and the school to develop a plan for the youth to begin attending school regularly.
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:
52% of clients showed a positive change in their CAFAS or DLA score in the first quarter of 2019. The target goal is that 50% or more would show progress. Tracking this outcome helps to evaluate progress in treatment.
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:
The volume of calls and contacts documented in call details has remained consistent. The number of calls to the crisis line has increased from 5,318 with an average of 409 per week in Q1 2018 as compared to 5,605 with an average of 431 calls per week in Q1 2019. Staff are still in the process of hiring four co-responder positions. These positions will likely increase the number crisis calls and contacts documented in Call Details.
Key Performance Area: Enhance Client Satisfaction/Engagement

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

Target Goal: <= 15%

Target Status: Meeting Target

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 Medical DNKA rate continues to be a challenging area. During Q1 2019 our average DNKA rate in this area was 17.38% which is above target. However, this percentage improved to 14.53% in March. The primary cause of the increased DNKA rate is instability and turnover within the medical workforce. Changes to the medical clinic should improve this over the course of the year. In addition, the severe winter weather during Q1 2019 may also have been a cause for the increased the DNKA rate.
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 Q1 2019 was slightly above target, but March trended lower and was closer to the target goal. Staff are evaluating this measure to determine the changes needed to continue this trend in 2019.
Key Performance Area: Enhance Client Satisfaction/Engagement

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

Target Goal: <=15%

Target Status: Meeting Target

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 youth under the age of 18 during Q1 2019 was 15.22%, which is slightly above the target of 15% or less. The severe winter weather and extreme cold during this period likely contributed to the increased DNKA rate in January and February. The March DNKA rate improved to 14.10%.
**Key Performance Area**: Capitalize on Technology

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

**Target Goal**: >=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:**
We continue to promote the use of the client portal at the point of client intake and when clients enter nurses clinic. We continue to meet the target goal of clients who have access to their MyHealthPointe account.
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:
While more portal features that will drive adoption, such as secure messaging to the client’s provider, are still to come, we continue to exceed the target goal of clients who are accessing MyHP in the last 30 days.
Key Performance Area: Maximize Data and Information

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

Target Goal: >=50%

Target Status: Not Meeting Target

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:
The Q1 2019 improvement average is close to target but was significantly held down due to no measures below target showing any improvement in January.
**Key Performance Area**: Maximize Data and Information

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

**Target Goal**: >=90 %

**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:**
We continued to meet the target rate in Q1 2019 while increasing the target from 85% to 90% in 2019. A large contributor is assuring client demographic information is updated consistently. Automated reminder call reports are reviewed daily to assure any errors are corrected immediately.
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 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 organization’s 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: Not 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 an '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:
Q1 community presentations are slightly below the 2019 overall target. It is typical that school presentation requests are significantly lower in the Spring semester vs. the Fall, which has a direct impact on our overall numbers.
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 comfortable and confident in supporting someone who is at risk of suicide.

Detailed analysis and explanation:
Q1 2019 shows 92% of participants reporting an increase in skills, knowledge and awareness, above our 80% target.
Announcements:
I. U.S. Representative Sharice Davids visited the Mental Health Center on April 22nd.
II. CARF Survey on April 24th, 25th and 26th
III. BOCC Study Session (See Attached)
IV. May Is Mental Health Month
   a. Mental Health KC conference on May 3rd
   b. Recovery Conference on May 10th
   c. Stepping Up Initiative - Promotion
V. HHS Regional Director, Jeff Kahrs visited the Mental Health Center on May 15th
VI. #ZeroReasonsWhy Leadership

2. **2019 Engagement Survey** – The Mental Health Center had 274 employees completed the survey which is a 90% participation rate. Additionally we had an Overall Favorability Index of 80.2 (75.4).

**MNH Department Top 3 / Bottom 3**

| I. I like the work that I do.          | 94.2% |
| II. I am proud to work here.          | 92.3% |
| III. I understand how my own work priorities support the department/agency's strategy. | 92.3% |
| I. It is safe to speak up and constructively challenge things around here. | 60.6% |
| II. Senior leaders communicate honestly | 59.9% |
| III. I have career opportunities in Johnson County Government. | 58.4% |

3. **School-based Co-Responder** – A Crisis Clinician, who is a licensed mental health professional employed by Johnson County Mental Health Center will be embedded within the school district. The MH Crisis Clinician’s primary responsibility is to respond on site to calls for crisis intervention when mental illness is identified as a factor. They will provide face to face clinical assessments of immediate safety and risk of the student(s) involved. In addition, this Clinician would act as a liaison and would provide follow up and assistance in engaging the student/family in services, assess need for hospitalization and assist the family with accessing hospitalization and outreach to at-risk students and their families.

4. **START (Stand Together and Rethink Technology) Pilot** - START aims to inspire, equip, and mobilize families to make informed and intentional decisions about their use of emerging technologies and minimize their unintended consequences. Our goal is to keep our kids and community happy, healthy, and safe by developing norms, values, and training for responsible tech use. START brings community members together for an in-depth session that equips them with a game plan for managing tech and minimizing its harmful side effects. Participants hear from national experts, learn about trends surfacing in their own community, and engage in empowering conversations.
Mental Health

We are committed to building a healthy community through excellence in community mental health.
Never give up on someone with a mental illness. When "i" is replaced by "we", "illness" becomes "wellness".
Talking Differently about Mental Wellness

Our current system reacts to the symptoms of issues and doesn’t necessarily address the root cause.
Top 10 Most Pressing Mental Health Issues in Johnson County

### Suicide
- Increased Lethal Means
- Increased in Youth Suicide

### Epidemic of Loneliness
- Loneliness is the subjective feeling of having inadequate social connections.

### Stigma
- Stigma is toxic and it creates an environment of shame, fear and silence that prevents many people from seeking help and treatment.

### Increased Drug and Alcohol Abuse
- The average age at which Kansas youth begin drinking alcohol 13 years old (6th grade)

### Access to Care
- Lack of Early Intervention
- Uninsured and Underinsured
- Mental Health Parity
Top 10 Most Pressing Mental Health Issues in Johnson County (Continued)

Pressure to Succeed and The Lack of Coping Skills or Resilience

- Perfectionism
- Be the Best versus Do Your Best

Absence of Civility and Increased Micro-Aggression or Bullying

- Civility is all but absent in our culture today

Access to Treatment Beds

- The loss of hospital resources or institutional care both Private and Public over the last decade.

Homelessness and Affordable Housing

- Access to safe, affordable and decent housing

Transportation

- The biggest barrier to work and access to health care
# Clinical Initiatives

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MH Co-Responder</strong></td>
<td>The Mental Health Co-responder Program embeds a licensed mental health professional (LMHP) within local police departments</td>
</tr>
<tr>
<td><strong>EMC Community Outreach</strong></td>
<td>EMC Community Outreach Program employs a Licensed Mental Health Professional (LMHP) who liaisons within MED-ACT.</td>
</tr>
<tr>
<td><strong>Brief Jail Mental Health Screen (BJMHS)</strong></td>
<td>The BJMHS is an effective quick, simple, and powerful booking tool to screen incoming detainees in jails and detention centers for the need for further mental health assessment.</td>
</tr>
<tr>
<td><strong>Data Science for Social Good (DSSG)</strong></td>
<td>The DSSG is a summer fellowship program with the University of Chicago focused on reducing recidivism and improving outcomes for people with complex health needs through predictive analytics</td>
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Public Service, Public Value, Public Leadership
# Clinical Initiatives

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<td><strong>Attachment &amp; Bio-behavioral Catch-up (ABC)</strong></td>
<td>ABC is a 10-session evidence-based home visiting model for parents of infants between 6 and 24 months of age.</td>
</tr>
<tr>
<td><strong>Intensive Positive Behavior Support Services (IPBS)</strong></td>
<td>IPBS uses a person-centered, team-based, proactive and preventative approach to enhance an individual’s quality of life, decrease problem behavior, help build positive relationships, and develop strengths.</td>
</tr>
<tr>
<td><strong>Assisted Outpatient Treatment (AOT)</strong></td>
<td>The AOT program is a promising practice of delivering outpatient treatment under court order to adults with severe mental illness who meet specific criteria, such as a prior history of repeated hospitalization or arrest</td>
</tr>
<tr>
<td><strong>Mental Wellness Basics</strong></td>
<td>This is comprehensive blended learning course developed by EVERFI designed to foster mental health and wellness in middle and high-school students.</td>
</tr>
</tbody>
</table>
Clinical Initiatives

School-based Co-Responder
- A specialized Licensed Mental Health Professional Crisis Clinician who is employed by Johnson County Mental Health Center and is embedded within the school district with the primary responsibility of responding on-site calls for crisis intervention.

Community Education and Awareness
- Johnson County Mental Health Center serves as a local resource to inform, connect and empower systems to provide effective prevention services to improve the overall health and wellbeing of individuals, families and the community.

Peer Transportation
- A Peer driven service designed to provide transportation, primarily rides to-and-from work, school, and medical appointments to clients of Johnson County Mental Health Center when no other transportation options or resources are available.

Emergency Response
- Johnson County Mental Health Center maintains professional clinical staff on duty 24-hours-a-day to provide mental health emergency services and immediate access to treatment interventions.
The Future is Hopeful

Research tells us that early intervention can positively change the mental health trajectories for children at risk of mental illness.
Questions:

Staying Connected

@JoCoMNH
@MNHDirector

www.jocogov.org/mentalhealth

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