MENTAL HEALTH CENTER (MHC) ADVISORY BOARD
Monday, May 24, 2021
Zoom Meeting
MINUTES

Members Present: Gordon Docking, Commissioner Becky Fast, Erin George, Nancy Ingram, Michele Lockwood, Michael Seitz, Fabian Shepard, Justin Shepherd, Robert Sullivan, B. Scott Tschudy, Anne Timmons, Mike Walrod, Judge Robert Wonnell - (absent)

Staff Present: Tim DeWeese, Susan Rome, Tanner Fortney, John Bergantine, Debbi Naster; Liz Worth, Matt Clark,

Guest(s) Present: Joe Conner, CMO, Harry and Mary Bognich (League of Women Voters)

Call to Order/Introductions
The meeting was called to order by the Chairman (Chair), Mike Walrod at 5:31 p.m. Mike shared how excited and thrilled he is to get this opportunity to Chair the Advisory Board. The theme for the next few meetings will be for him to get acquainted with following meeting protocol. Always, feel free to contact Mike for anything.

Introductions:
Liz Worth, Director of Adult Services – to talk about Homeless/Outreach Efforts
Matt Clark, Recovery Support Team Leader – manages housing efforts and will give overview of their roles
Anna Hess, Street Outreach Coordinator for the whole community of JoCo.

Public Comments
- Mary and Harry Bognich– Did not realize there was an Overland Park Mental Health Task Force, but pleased with what they did. Asked if there any other cities planning a similar task force, or will they join forces with O.P.? Tim said they are the only one that he knows of. Tim has seen a tendency for other cities to follow O.P. Anne, Tim, and Justin Shepherd were on the Task Force. A lot of work was put in to make those recommendations to the City Council. Anne said the Overland Park budget meeting might allow for public to attend or what comes from that meeting.

Adoption of Agenda
Mike W. entertained a motion to adopt today’s agenda. Gordon moved to approve the agenda. Justin/Robert seconded the motion. The vote was unanimous with all members present and the motion carried.

Commissioner Comments/Concerns
- Some of the reasons she ran for County Commissioner was to promote for housing and mental health issues in the county.
• There was a full partnership on the housing study – now a sub-committee has been developed including Commissioners Allenbrand, Hanzlick, and Fast, and County Managers, Maury, and Joe Connor, as well.
• They are planning to meet with stakeholders and hope to have Tim and Robert speak and talk about gaps in the system.
• She is advocating at the budget meetings for 2 positions in community corrections.
• She is happy to be moving away from the Covid challenges to other pressing issues.
• Gordon said he appreciates the effort and thought put into the Commissioner’s presentation to the board and to the community regarding housing and mental health.

Board Member Comments
• Justin Shepherd spoke about the O.P. Mental Health Task Force and how they were successful despite being virtual most of the year. The Task Force “really made it happen”. Individual members researched and brought in information and provided knowledgeable recommendations. Some of the topics discussed included: Improving crisis center availability, Options for all Agencies, and Substance Use Disorders.
• He said Anne was a driving force on mental health diversion with a focus on treatment.
• They recommended changes to the city website and had a dedicated committee looking at the best way to show resources. He said our Co-Responders are a fantastic resource.
• They recommended expanding the Behavioral Health Unit.
• They recommended expanding the Victim Advocate Program
• They recommended improving Trauma Informed Care
• They recommended Mental Health Resources for First Responders. Justin said JCMHC has been available to help at every turn.
• They recommended forming a standing committee that checks and balances that goals are being met and/or new goals are being developed.
• Gordon asked about the in-person meetings being permanently at the Mission office. Tim shared that our offices are multi-staffed, and we need the space in Olathe to move staff into Room 6, so yes, Board meeting at Mission in Rooms ABCD.
• Mike W. has 10-year-old twins and 8 year in B.V. Schools. He read an article that said in the last year with Covid, students have been better-able to identify their emotions and adults are learning to listen, pay attention, and have conversations with their kids to help them with mental wellness.

Meeting Minutes Approval

Mike W. entertained a motion to approve the March 22, 2021 meeting minutes. Anne moved to approve the minutes and Gordon seconded the motion. The vote was unanimous with all members present voting to approve. The motion carried.

Announcements
• none
Strengthen Our Financial Position – presented by Tanner Fortney, Director of Operations

- Our Fund balance is very good – 12.7%, higher than the county’s maximum requirement.
- Based on first quarter with our revenues, we are projecting as high as 15% by the end of this year. If that happens, the Budget Office might ask us to spend down to the 12% fund level for 2023.
- Immediate Action Request IAR – we submitted this outside and separate from 2022 budget. We are looking to add 2 clinicians and 4 different case managers. This was approved. We hope to have people on-board by July. We are funding through state CMHC funding.
- Case-Load sizes are high, and Tim believes we should get BOCC approval.
- Anne asked if we could start interview process without approval. Tim feels confident if this gets approved in the first weeks of June, we can have people in place in July.
- 2022 Budget – 9 RAR’s (Request for Additional Resources) and is done through the annual budget process. One non-employee request so asked for computer replacement funding.
- These 5 positions will be moved forward for BOCC to review and approve. These are 5 positions that were taken away in 2020. We are just getting them back and reclassifying.
- Recommending a new Team Leader due to the increase in Co-Responders in the county.
- Homeless Outreach is also a recommendation of high importance.

Advance Quality Care – Liz Worth (Director of Adult Services,) Matt Clark (Team Leader,) Anna Hess (Street Outreach Case Manager,) and John Bergantine (Peer Support Specialist)

- John shared that he used to be homeless. The loneliness and feeling of not having “a place.” He didn’t plan on this, and he didn’t even have it as bad as some. It was a traumatic time and even though it’s been 10 years he still has feelings of worry and memories. John became grateful for all the things.
- John stayed at the CRC – the Crisis Recovery Center. He also went to the ADU – the Adult Crisis Center.
- Matt shared a power point on Persons Experiencing Homelessness.
- Not an identify, but an experience.
- JoCo Continuum, of Care includes school districts, private providers, governing agencies, charitable organizations.
- A vulnerability assessment is done and when an opening comes up people are placed based on their need.
- Meets twice a month.
- Been working on the shelter response
- Emergency Shelter Planning Group is a part of the JoCo Continuum of Care: getting closer to helping with a year-round shelter.
- Ongoing Programs are Shelter Plus Care, Homeless Street Outreach (for most vulnerable folks) and is supported by a Grant, Supported Housing Funds (funds from KDADS), and Breakthrough House (funded through KDADS). See Power Point.
• Newer programs include:
  o Sec. 8 Homeless “set-aside” vouchers
  o Switzer Senior Villas – contracted with JCMHC
  o Collaboration with Corrections – PSB
• Pandemic Challenges included: limited or no access to public spaces, congregate shelters posed a risk, pre-existing challenges regarding housing, etc.
• JCMHC’s response to Covid has been: Safe parking spaces, ESG Rapid re-housing grant money to assist with rent/utilities, ESG Emergency shelter funds for hotel vouchers, and CARES Act hotel program. We were allowed to use the CARES funding through the end of 2021. Also, testing/isolation/quarantine was coordinating with Emergency Management, DHE, and Human Services. Vaccinations were made available to the homeless. Restart collaborated with us and shared some of their funds.
• Anne asked about current numbers. Matt said there has been a spike recently. 30+ individuals have spent time at JCMHC’s Shawnee parking lot.
• Before the pandemic, Sheriff Hayden was looking for people who might donate some land to build a shelter. Anne asked Matt if he new about the status of this. Matt said there was some discussion about the New Century area. Olathe and Northeast area have the larger areas of homelessness.
• Anne asked if JoCo has considered replicating the Veterans Project with the tiny houses, etc. Tim and Matt said there continues to be a drive to find out what others are doing in neighboring cities and counties.
• Tim said there are many conversion efforts. Transportation issues are the biggest concern. How do we get people to the shelter/location?
• Commissioner Fast said we must build relationships with landlords to assist.
• Vouchers paid the landlords and that’s an upside!
• Anne assisted someone living in his car. There needs to be more cross-collaboration because she did not know about resources she heard today.

Building Community Partnerships - Tim
• Cop Culture educates the community about CIT and Co-Responders and how to utilize emergency services.
• Cancer and Health Screening – 40 slots, and 30 participated
• Covid Vaccinations are offered at Olathe and Shawnee

Maximizing Data and Information - Tim
• Mental Health 360 – the 2020 Annual Performance Report. If you have any questions, please feel free to reach out to Tim or Tanner.
• Dr. Austin and Tanner will share at the next board meeting an overview of this program.

Improving Staff Satisfaction - Tim
• Building Blocks – Emails went out to staff for them to sign up for one or more focus groups where they identify so that CJ-CSCP (Culture Journey-Critical Social Change Project) can gather data on how we are doing as a department, both with strengths and challenges.
Directors Report - Tim
Tim gives a weekly update, but due to lack of time, see the attached Power Point. Report includes an update on:
- 2021 Kansas State Legislature
- 2021 Annual Recovery Conference
- Overland Park Mental Health Task Force
- Mainstreet Coalition – Pandemic, Politics, Public Education. What we learned in KS.
- Legislative Breakfast Meeting

Calendar of Events - Tim
- July 26 Advisory Board Meeting – In person in Mission. Dinner at 5:00 p.m. and meeting 5:30 to 7:00 p.m.
- Mental Health First Aid was held May 26, 2021 at Reclamation Clubhouse in Shawnee.
- Mental Health First Aid VIRTUAL was also held on May 26.
- QPR Suicide Prevention Training VIRTUAL was held on May 27.
- Parent Support Group was also held on May 27.
- June 7-9 - 2nd Annual National Co-Responder Conference.
- June 24 - Mental Health First Aid VIRTUAL
- July 15 – QPR Suicide Prevention Training VIRTUAL
- August 5 – Applied Suicide Intervention Skills Training at JoCo Admin, 111 S. Cherry
- See Power Point for more complete information

Meeting adjourned at 7:00 p.m.

The next MHC Advisory Board meeting will begin at 5:00/Dinner and 5:30 p.m. Monday, July 26 at the Mission office.

Submitted by:

Debbi Naster

Handouts:
- Meeting Agenda-Power Point
- 2020 Annual Report
- Final v3 (5-4-21) MHTF Recommendations
MNH Advisory Board Agenda
May 24, 2021
Via ZOOM Meetings

5:30 pm to 7:00 pm – Advisory Board Meeting

Item:

- Call to Order / Introductions
- Public Comments
- Adoption of Agenda
- Board Member Comments
- Commissioner Comments
- Meeting Minutes Approval

**Strengthen our Financial Position**
Mike Walrod

**Advance Quality Care**
Mike Walrod

**Enhancing Client Satisfaction**
Mike Walrod

**Building Community Partnerships**
Mike Walrod

**Capitalizing on Technology**
Commissioner Fast

**Maximizing Date and Information**
Anne Timmons

**Improving Staff Engagement**
Tanner Fortney
Liz Worth

**Director’s Report**
Tim DeWeese

**Upcoming Calendar**
Tim DeWeese

**Adjournment (at or before 7:00 pm)**
Mike Walrod

Next meeting – July 26th (Mission Office)
Our Financial Position

Budget Update

• The fund balance at the end of 2020 year for Mental Health was 12.7%, This is very positive as it is slightly higher than the county’s maximum fund balance requirement.

• We will be making an Immediate Action Request (IAP) prior to our next board meeting to request additional positions to meet the immediate demand in services as result for the pandemic.
  o Four (4) Case Managers
  o Two (2) Clinicians

• The Mental Health Center will be making its 2022 budget presentation on Thursday May 27, 2021.
  o Computer Replacement Funds ($17,000.00 to DTI)
  o Co-Responder Team Leader
  o Emergency Service Clinician
  o ACT Outpatient Clinician
  o Medical Records Clerk
  o Homeless Outreach Case Manager
Quality Care

Liz Worth and Matt Clark

• Homeless Outreach Services
  o Breakthrough House (BTH) – a residential setting that can provide temporary or transitional supported housing for individuals who are homeless and in need of mental health services.

  o Shelter Plus Care (S+C) - a homeless housing voucher program that provides 16 permanent housing vouchers under the Shelter Plus Care Program within the US Department of Housing and Urban Development (HUD). The program provides rental subsidies, as well as comprehensive supportive services in one-bedroom apartments throughout Johnson County for individuals who are homeless, disabled, and who are diagnosed with severe and persistent mental illness.

  o Street Outreach-Provides street outreach services to homeless individuals and/or families in Johnson County.

  o Safe Space Parking - The Recovery Support Team of the MHC has been working with the Johnson County Human Services Department and other community organizations to care for homeless in our community. As one part of this strategy, we will be providing a parking space for those individuals living in their vehicles to park and sleep overnight at our Shawnee location.
Building Community Partnerships

• **Cop Culture**
  - We are excited to announce that we held another Cop Culture in person on May 12th at the Olathe Police Department Training Center. This training explains the differences between the roles of co-responders and law enforcement and the process for emergency and safety calls requiring mental health services. This information is beneficial in fostering a good working relationship between mental health professionals and police and respect for the roles of each.

• **Free Cancer Screening Event**
  - Johnson County Mental Health Center partnered with The University of Kansas Medical Center on May 15th to offer a free cancer screening event for any of our clients 18 years of age or older.

• **Targeted COVID-19 Vaccination Programs for People with Mental Health and Substance-Use Disorders**
  - Johnson County Mental Health Center is partnering with the Johnson County Department of Health and Environment and Genoa Pharmacy to provide vaccination clinics at both the Olathe and Shawnee facilities for clients and their families (age 18 and older) as well as MNH staff. First dose vaccine clinics began on May 12th and are scheduled each Wednesday.
Maximizing Date and Information

• Mental Health 360 – 2020 Annual Performance Report

• We hired a **Behavioral Health Data Scientist** as part of our Health Information Management (HIM) Team to assist the department in evaluating programs and services, reviewing clinical protocols, and using data to improve client outcomes. This position will be ultimately be responsible for tracking the performance measures and measurable objectives in collaborations with our HIM team to use mathematically/statically evaluation of these proposed services and determine the effectiveness of those services with are target populations.
Improving Staff Satisfaction

• Building Blocks: An Organizational Commitment to Anti-Racism
  o Exciting things are happening within our department as we embark on our diversity, equity, inclusion and accessibility (DEIA) journey. Culture Journey-Critical Social Change Project (CJ-CSCP, our contractors) will be facilitating a number of focus groups for staff starting in June. We encourage employees to participate in focus groups where they identify within so that CJ-CSCP can gather data on how we are doing as a department; both the strengths and challenges. Employees may sign up for more than one focus group where they identify.
2021 Kansas State Legislative Update
• This bipartisan CCBHC bill represents the most significant piece of state legislation since the Kansas Mental Health Reform Act of 1990 and provides us a roadmap forward to improving the health and well-being of all Kansans. Certified Community Behavioral Health Clinics (CCBHCs) are the leading shift in improving access to high-quality mental health and addiction treatment nationally and are making a difference in the lives of thousands. We are grateful that our state legislators have voted to support this move for mental wellness for Kansans and look forward to being able to enhance mental health services in Johnson County as the result.

2021 Annual Recovery Conference
• On Friday May 14, 2021, Individuals with lived experience with a mental health condition or substance use, along with caregivers and the community participated in our 2021 Virtual Recovery Conference

Overland Park Mental Health Task Force
• On Monday May 17, 2021, the Task Force’s recommendations were presented to the City Council Committee of the Whole (COW) meeting.

Mainstreet Coalition – Pandemic, Politics, Public Education: What did we Learn in Kansas?
• On Wednesday May 19, 2021, I participated in a panel discussion hosted by the Mainstreet Coalition. Every year, our public schools are called on to educate, champion, and care for our children. In the 2020-21 school year, they also had to contend with a global pandemic. How did it go in Kansas? The panelists shared their perspectives from education, politics, and mental health to bear on that question.

Legislative Breakfast Meeting
• Federico // Duerst Consulting Group hosted a small Legislative breakfast meeting with Speaker Ryckman, Representative Landwehr, Representative Lynn, Representative Ballard, and Senate Minority Leader Sykes. The focus of the meeting was to thank them for their advocacy and to highlight some our ongoing collaborative efforts to improve and increase access to mental health services for citizens of all ages in our community. Community partners attending were, the Chiefs of Police from Lenexa and Olathe, and the Superintendents of USDs 231 and 232.
Calendar of Events

2021 Advisory Board Meeting Schedule

Time: 5:00 Dinner

5:30 pm to 7:00 pm - Advisory Board Meeting

Schedule:

July 26th                  In Person at the Mission Office
September 27th            TBD
November 22nd              TBD

Mental Health First Aid
WEDNESDAY, MAY 26, 2021, AT 8:30 AM CDT – 5 PM CDT
Hosted by Reclamation Clubhouse
7101 Quivira Rd, Shawnee, KS 66216-3651, United States
Calendar of Events

Mental Health First Aid: Virtual Session
WEDNESDAY, MAY 26, 2021, AT 9 AM CDT – 3 PM CDT
For more information or to register, contact Prevention Services at JCMHCevents@jocogov.org or 913-715-7880

QPR: Suicide Prevention Training Virtual Session
THURSDAY, MAY 27, 2021, AT 9 AM CDT – 10:30 AM CDT
For more information or to register, contact Prevention Services at JCMHCevents@jocogov.org or 913-715-7880

Parent Support Group
THURSDAY, MAY 27, 2021, AT 5 PM CDT – 6:30 PM CDT
- This group is open to any parent/guardian living in Johnson County, Kansas. You do not have to be a client of Johnson County Mental Health Center (JCMHC) to attend.
- For this session we will have Kim Colegrove, author of Mindfulness for Warriors, present on mindfulness and meditation. Kim is a 40-year veteran of meditation, the creator of Pause First: Mindfulness for First Responders and the founder of Pause First Academy – Online Resilience Training for Frontline Workers.
- Questions? Contact Rachael McDonald at Rachael.McDonald@jocogov.org or 913-715-7718.

National Co-Responder Conference
June 7th, 8th & 9th
8:00 a.m. to 5:00 p.m.
Embassy Suites - Olathe,
10401 S Ridgeview Rd, Olathe, KS 66061
https://www.eventbrite.com/e/second-annual-national-co-responder-conference-tickets-128900556033
Calendar of Events

Mental Health First Aid: Virtual Session
THURSDAY, JUNE 24, 2021, AT 9 AM CDT – 3 PM CDT
For more information or to register, contact Prevention Services at JCMHEvents@jocogov.org or 913-715-7880

Mental Health First Aid: Virtual Session
THURSDAY, JUNE 24, 2021, AT 9 AM CDT – 3 PM CDT
For more information or to register, contact Prevention Services at JCMHEvents@jocogov.org or 913-715-7880

QPR: Suicide Prevention Training Virtual Session
THURSDAY, JULY 15, 2021, AT 9 AM CDT – 10:30 AM CDT
For more information or to register, contact Prevention Services at JCMHEvents@jocogov.org or 913-715-7880

Applied Suicide Intervention Skills Training (ASIST)
AUG 5 AT 8:30 AM CDT – AUG 6 AT 4:30 PM CDT
Johnson County Administration Building, 111 S. Cherry Street, Olathe, KS 66061
For more information or to register, contact Prevention Services at JCMHEvents@jocogov.org or 913-715-7880
# MENTAL HEALTH TASK FORCE
## RECOMMENDATIONS

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EXECUTIVE SUMMARY

In recent years there has been increasing public awareness and advocacy of issues calling for a review of public safety and policing policies and practices. The role of public safety officials continues to change as the community’s expectations evolve as to how first responders should interact, protect, respond, and serve residents. As such, it is of critical importance that the City of Overland Park (“City”) provide public safety personnel with adequate resources, policies, and training to enable first responders to adapt in response to the varying needs of the community.

The issue of mental health has also been subject to increasing attention due to a growing need that can be observed on a national scale. At the September 11, 2019, Public Safety Committee (“Committee”) meeting, Johnson County Commissioner Becky Fast indicated Johnson County (“County”) was only able to meet fifty percent (50%) of the mental health need “due to the mental health crisis and skyrocketing public need for mental health services.” (Overland Park Public Safety Minutes, 2019)

For many, the COVID-19 Pandemic (“Pandemic”) left grief, fear, isolation and instability in its wake, exposing masses to acute vulnerabilities associated with the Pandemic which further exacerbated the mental health crisis. The implications of the Pandemic on mental health have been staggering, overwhelming an already strained system. Mental health issues have increased during the Pandemic with one in three adults on average in the US having reported symptoms of anxiety or depressive disorder since May 2020. This is significant when compared to one in ten adults reporting symptoms from January to June 2019. (KFF, 2021)

Youth are most vulnerable to mental health struggles, data indicates the mental health of youth is declining at an alarming rate. In Kansas, between 2017 and 2018 fifteen percent (15%) of adolescents reported having a major depressive episode in the past year as compared to seven and one half percent (7.5%) of adults. Youth, ages 11 to 17, are more likely than any other age group to score for moderate to severe symptoms of anxiety and depression. In September 2020, over half of 11 to 17 year olds reported having thoughts of suicide or self-harm, with LGBTQ+ youth being the most susceptible, highlighting the significance of early intervention efforts. (KFF, 2021)

Given the breadth of knowledge and expertise of its members, the Task Force elected to expand their assessment to transcend public safety policies and practices as initially charged under the Public Safety Committee. The Task Force worked for over a year to collectively educate and identify meaningful interventions with the objectives of reducing barriers to access; eliminate the stigma; enhance the mental health network in the region to alleviate the reliance on first responders, emergency rooms and detention facilities; address current gaps and inefficiencies in services; and, provide additional training and resources to position the City of Overland Park, Johnson County, and other regional partners to better serve and support the mental health needs for residents and public safety personnel now and in the future.

The Task Force applied a systems based approach to provide a series of comprehensive recommendations addressing the current mental health care system within the County and region. The Task Force formally approved the recommendations on April 29, 2021. The first three recommendations necessitate coordination and collaboration with area partners in the following areas: 1) Crisis Center, 2) Substance Use Disorders, and 3) Mental Health Diversion Program. The following recommendations impact City policies and practices: 4) Awareness Campaign Subcommittee – Mental Health Resources Webpage, 5) CIT & Co-Responder, 6) Victim Advocates, 7) Trauma Informed Care, 8) Mental Health Resources for First Responders, and 9) Standing Mental Health Committee.

Final – May 4, 2021
At the February 12, 2020, Public Safety Committee meeting, the Committee members formally established the Mental Health Task Force (“Task Force”) following discussion among Committee members at preceding Public Safety meetings.

**Charge of the Overland Park Mental Health Task Force:**

Assess mental health services and related resources available to assist the City of Overland Park to address mental health needs, paying careful attention to the particular experiences and needs of diverse groups within the population.

Review City policies and practices to identify: (1) possible barriers to access and utilization of services for those with mental health needs; (2) opportunities to strengthen mental health support in the community; and (3) potential updates that ensure the City of Overland Park maintains an innovative approach to address mental health needs in the community.

Make recommendations that fulfill the mission of the task force with respect to: (1) education, outreach, and mental health awareness; (2) promotion of services and resources for support; and (3) policies and practices related to the mental health needs of the public

**Mental Health Task Force Representatives:**

Task Force members were selected following a standardized application process, with a focus on sourcing representatives with mental health related experience who were familiar with the community and represent one of the following public service areas identified by the Public Safety Committee:

- City Manager’s Office;
- Overland Park Police Department;
- Overland Park Fire Department;
- Citizen Advocacy Group;
- Johnson County Mental Health Department;
- State of Kansas Mental Health Department; and
- Mental health practitioners from the public and/or private sectors.

Councilmember Chris Newlin was appointed Chair of the Mental Health Task Force, the remaining members of the Task Force were interviewed by a selection committee. Task Force members were formally appointed by the Mayor and confirmed by the City Council at the April 6, 2020 City Council meeting.
MENTAL HEALTH TASK FORCE MEMBERS

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<th>COMPANY</th>
<th>SERVICE AREA</th>
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<tr>
<td>Chris Newlin</td>
<td>Chair</td>
<td>Councilmember, Ward 5</td>
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<tr>
<td>Thomas Herzog</td>
<td>Vice-Chair</td>
<td>Netsmart</td>
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<tr>
<td>Tom Cranshaw</td>
<td>Tri-County Mental Health Services (retired)</td>
<td>Citizen Advocate</td>
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<tr>
<td>Jan Marrs</td>
<td>Mize CPAs</td>
<td>Citizen Advocate</td>
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<tr>
<td>Anne Timmons</td>
<td>JOCO United, Director</td>
<td>Citizen Advocate</td>
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<tr>
<td>Melissa Hillman</td>
<td>Blue Valley School District</td>
<td>Legal</td>
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<tr>
<td>Kathleen Sloan</td>
<td>Johnson County District Court Judge</td>
<td>Legal</td>
</tr>
<tr>
<td>Jeff Boss</td>
<td>MED-ACT, Emergency Medical Services</td>
<td>Mental Health Practitioner</td>
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<tr>
<td>Timothy DeWeese</td>
<td>Johnson County Mental Health Center</td>
<td>Mental Health Practitioner</td>
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<tr>
<td>Rebecca Gernon</td>
<td>Blue Cross Blue Shield of KC</td>
<td>Mental Health Practitioner</td>
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<tr>
<td>Gregory Nawalanic</td>
<td>University of Kansas Health System</td>
<td>Mental Health Practitioner</td>
</tr>
<tr>
<td>Sara Schlagel</td>
<td>KVC Hospitals, Inc.</td>
<td>Mental Health Practitioner</td>
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Several members of staff served as ex officio, or non-voting, members of the Task Force. Staff representation consisted of the following individuals:

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<th>NAME</th>
<th>TITLE</th>
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<tbody>
<tr>
<td>Chelsee Newkirk</td>
<td>Assistant to the City Manager</td>
<td>City Manager’s Office</td>
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<tr>
<td>Frank Donchez</td>
<td>Chief of Police</td>
<td>Police Department</td>
</tr>
<tr>
<td>Jason Green</td>
<td>EMS Chief</td>
<td>Fire Department</td>
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<tr>
<td>Justin Shepherd</td>
<td>CIT Officer</td>
<td>Police Department</td>
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The Task Force conducted its first meeting in April 2020, coinciding with the emergence of the Pandemic in the County. The Task Force meetings were primarily conducted remotely over the past year. Meetings frequently included educational presentations covering a variety of topics and guest speakers, as follows:

- Mental Health Diversion Program Presentation provided by Municipal Court and Prosecutor’s Office staff;
- Overland Park Police Department CIT and Co-Responder Presentation provided by Officer Justin Shepherd, Overland Park Police Department;
- Overland Park Fire Department Mental Health Initiatives Presentation provided by EMS Chief Jason Green, Overland Park Fire Department;
- Safehome Presentation provided by Heidi Wooten, Safehome President and CEO, and Kimberly Paul, Director of Community Programs;
- School District Mental Health Resources Presentations provided by representatives from the Blue Valley, Shawnee Mission, and Olathe School Districts;
- Substance Use Disorder Presentation provided by Susan Rome, Johnson County Mental Health Center; and
- Trauma Informed Care Presentation provided by Johnson County Mental Health Center staff.

The Task Force requested input from the public, all feedback received was distributed to Task Force members in advance of the final meeting. Following discussion among members, the Task Force elected to integrate several suggestions from residents into the final recommendations. Updates included the addition of: 1) developmental disorders, 2) adding future topics for
consideration by the standing mental health committee (Recommendation No. 9), and 3) information on public input.

The creation of the Mental Health Task Force (“Task Force”) by the Public Safety Committee provided an opportunity for the City to gain expert insight into the best practices to address mental health care and promote the rights, opportunities and treatment of individuals with mental health, developmental, and substance use disorders to help facilitate impactful change in the community as set forth in the following recommendations.

(Community Recommendations on following page)
COMMUNITY RECOMMENDATIONS

1) CRISIS CENTER

In 2017, the Kansas State Legislature passed the Crisis Intervention Act (the “Act”). A “crisis intervention center” as defined under the Act “means an entity licensed by the Kansas Department of Aging and Disability Services (“KDADS”) that is open 24 hours a day, 365 days a year, equipped to serve voluntary and involuntary individuals in crisis due to mental illness, substance use disorder, or a co-occurring condition, and that uses certified peer specialists.” (Kansas Legislative Research Department, 2017)

A partnership has been established among Douglas, Johnson, and Wyandotte Counties to provide crisis intervention services through a collective effort across the following organizations: Heartland Regional Alcohol and Drug Assessment Center, Johnson County Mental Health Center (“JCMHC”), Johnson County Drug and Alcohol Council, KDADS, Rainbow Services Incorporated (“RSI”), Wyandot Behavioral Health Network, Inc. While all critical decisions are made collaboratively among these organizations, RSI serves as the lead organization and provides a single access point to connect individuals with crisis stabilization services.

RSI is located in Kansas City, Kansas and is a regional provider of crisis stabilization services to voluntary individuals, services include: 24-hour assessment and triage for individuals experiencing a mental health crisis, crisis observation, short-term crisis stabilization and sobering beds.

Since passage of the Act, RSI has been actively positioning itself to become a crisis intervention center to allow for an involuntary hold for up to 72 hours in such cases when individuals are considered to present an imminent risk of danger to themselves or others. RSI does not currently provide crisis intervention services to involuntary individuals as regulations remain in development under KDADS with finalization anticipated in 2021.

At present, the system is fractured without sufficient resources to address the associated implications felt by public safety and emergency management personnel, treatment providers, as well as emergency rooms and hospitals across the state. Individuals considered to present an imminent risk of danger to themselves or others may be directed to jail/detention facilities, emergency or medical facilities, or are released back into the community due to the shortage of available beds at the state hospital. Without adequate access to resources or treatment these individuals have a greater propensity of cycling through the system resulting in further strain on the system and the individual.

A comprehensive approach to crisis stabilization and treatment should encompass and expand upon the services currently offered through the crisis stabilization unit in response to a growing community need for acute and long term treatment options for both adults and adolescents.

Mental Health Task Force Recommendation(s):

The Task Force encourages the Governing Body and City staff to work with Johnson County and neighboring jurisdictions to assess and evaluate the current crisis intervention services to gain a full understanding of crisis intervention services currently provided by regional crisis centers serving the Johnson County area.
Following evaluation and assessment, the City should work with appropriate stakeholders to advise, provide specific input, and identify potential modifications to enhance and/or expand upon crisis intervention services available in the County.

The City’s support may include, but is not limited to: sharing of resources, such as staff time and expertise; participation through partnerships; advocacy with local organizations; and engaging with other stakeholders such as: Johnson County, Johnson County Mental Health Center, the Kansas Department for Aging and Disability Services, Rainbow Services Incorporated (“RSI”), and additional relevant organizations.

Specific crisis intervention objectives and targeted outcomes recommended by the Mental Health Task Force include:

a) Address the current deficit of involuntary services in the County as provided under the Kansas State Crisis Intervention Act (passed 2017);

b) Reconstitute long term beds, to include involuntary social detox and (re)create a combination of accommodations in service to a diverse range of mental health needs at the state hospital in Osawatomie with the future goal of eliminating or drastically reducing the current waitlist; and

c) Develop crisis intervention and stabilization services for adolescents in Johnson County which may also serve as an alternate transportation destination for public safety personnel responding to incidents involving adolescents who are experiencing mental health, developmental, or substance use disorders.

2) SUBSTANCE USE DISORDER

There is a strong scientific correlation among people who experience serious mental illnesses and substance use disorders. According to Johnson County Mental Health Center (“JCMHC”) staff, between sixty percent (60%) to eighty percent (80%) of adults experiencing mental health struggles have a co-occurring disorder, where mental illness leads an individual to self-medicate, or less common, the effects of addiction results in the development of a mental illness.

Given the increasingly complex and challenging needs of individuals and families within our community, as well as the prevalence of substance use and other social problems, it is more important than ever that people have access to alcohol and drug treatment services in coordination with mental health services as a pathway to recovery. The science for substance use disorder prevention and treatment has clearly indicated its effectiveness and warrants a greater level investment.

ADULT SERVICES

On February 22, 2021, staff from the Johnson County Mental Health Center shared information with the Task Force on the substance use disorder services currently available in Johnson County. JCMHC is one of few centers in the State of Kansas offering substance use disorder services.

In 2016, the Medication Assisted Treatment (“MAT”) program was established by the JCMHC through a local grant for low income individuals who meet program requirements. Treatment options under the JCMHC’s MAT program also include counseling, therapy, case management, and other services.
JCMHC staff indicates the program’s success is evidenced by a variety of positive outcomes for program participants. MAT Program participants have tripled since the program’s creation in 2016, while the retention period has doubled from approximately five (5) months in 2016 to ten (10) months in 2020.

ADOLESCENT SERVICES

The Adolescent Center for Treatment (“ACT”) serves youth ages 12 to 18 experiencing severe substance use disorders from across the State. According to MHC staff, seventy-five percent (75%) of juveniles in ACT have a co-occurring disorder, ranging from depression to anxiety disorder, to trauma and post-traumatic stress disorder (“PTSD”).

The current facility, located in Shawnee, includes a ten (10) bed residential drug and alcohol program. Adolescents receive a minimum of ten (10) clinical hours per week from staff, approximately fifty (50) structured hours of activities and groups, in addition to academic instruction in partnership with Shawnee Mission School District.

In August 2020, ACT established a pilot outpatient drug and alcohol program in several school districts for eligible youth in the County. Since its inception, approximately 30 youth have entered the program. ACT has also expanded its reach by working with local school districts to conduct assessments for students who have been suspended or may be suspected of drug or alcohol usage. In 2020, ACT reported a 90% successful completion rate for adolescent programs.

FUNDING

Treatment for both conditions in individuals with a co-occurring disorder is crucial for recovery due to the strong correlation between the disorders; however, funding remains a challenge for services addressing substance use disorders as State funding is allocated separately, and disproportionately, among substance use disorder services and mental health services.

The JCMHC receives a majority of its funding for substance use disorder treatments through a Special Alcohol Fund, in addition to the limited funding received through third party entitlements or insurance companies, and small State grants for substance use disorder services.

The Special Alcohol Fund is comprised of revenues received from a tax on the sale of alcoholic beverages within the County. Special Alcohol Funds are used to provide grants to various agencies and programs to support services in the community directed towards education, prevention, and treatment of drug and alcohol use. Overland Park, Johnson County, and other cities within the County appropriate monies derived from this tax to fund a grant program managed by the Drug & Alcoholism Council of Johnson County (“DAC”) and coordinated by United Community Services (“UCS”).

In 2021, Johnson County and nine (9) cities committed a combined total of $2,024,000 for Alcohol Control Funds; Overland Park’s allocation in 2021 was $1,118,000 or approximately 55% of the total appropriation. UCS reported receipt of funding request applications from twenty-five (25) organizations totaling $2,261,000, indicating the creation or expansion of programs to respond to the current community need is outpacing available funding through existing grants and other revenue sources.
Mental Health Task Force Recommendation(s):

The City continue to support substance use disorder education, prevention and intervention through adopting an annual budget that includes an allocation of the Special Alcohol Funds to the Drug and Alcoholism Council of Johnson County, as State funding is available; and

That the City advocate for expanded State funding to treat and prevent substance use disorder in the community through modifications to the City’s legislative agenda.

3) MENTAL HEALTH DIVERSION PROGRAM

Overland Park Municipal Court & Johnson County Mental Health Center

At the July 28, 2020, Task Force meeting the members received an informational presentation outlining the Mental Health Diversion Program (“MH Diversion Program”) by Sydney Paquette from the Prosecutor’s office, Jaime Murphy from the Municipal Courts, and Susan Rome from the Johnson County Mental Health Center (“JCMHC”).

The MH Diversion Program was established in 2018 under Overland Park Municipal Court (“OPMC”) in response to a visible need to identify alternatives to traditional diversion and probation to assist defendants in receiving mental health services and reduce the recidivism rate. While both diversion programs require twelve (12) months of supervision and no new violations of the law. Under the MH Diversion Program, all contact is coordinated through JCMHC, with JCMHC reporting to OPMC monthly. Defendants eligible to participate receive services such as therapy, case management, medication management and other needed support.

At the October 27, 2020, Task Force meeting City Attorney, Tammy Owens, was present to respond to several Task Force member inquiries and feedback following the July presentation of the MH Diversion Program as outlined under the recommendation below.

Mental Health Task Force Recommendation(s):

The Municipal Judge, Court Administrator, City Attorney and Johnson County Mental Health Center consider the following changes to the Diversion Program administered under the Overland Park Municipal Court:

a) Increase online accessibility to general information and eligibility criteria for the Mental Health Diversion Program through inclusion on the City’s website with the overall objective of removing barriers.

b) Include the application for a mental health diversion program on the City’s website. At minimum, the information available on the City’s website should be consistent with the information provided on the Johnson County District Attorney’s mental health diversion webpage.

c) Remove Johnson County residency requirement from Mental Health Diversion Program eligibility criteria.

- The County does offer flexibility with the residency requirement, the goal is to serve anyone staying in Johnson County so that services are accessible.
d) Provide Trauma Informed Care training for staff and utilize applicable tools to build a culture of Trauma Informed Care (“TIC”) across the organization.

- **TIC Training** should be prioritized for municipal court employees, including: municipal judges, prosecutors, victim assistants, and other employees who regularly work with members of the public.

(City Recommendations on following page)
CITY RECOMMENDATIONS

4) AWARENESS CAMPAIGN SUBCOMMITTEE
Mental Health Resource Webpage

The Awareness Campaign Subcommittee was established under the Task Force in June, 2020, to serve as an extension of the Task Force and evaluate City and/or County communication efforts around mental health and wellness to increase awareness of existing mental health resources in the community.

The Awareness Campaign Subcommittee included the following Task Force members:
- Jan Marrs, Subcommittee Chair | Citizen Advocate | Mize CPAs
- Tom Herzog, MHTF Vice-Chair | Business Representative | Netsmart
- Anne Timmons | Citizen Advocate
- Justin Shepherd | Public Safety Staff

Mental Health Task Force Recommendation(s):

The City’s mental health resource page should be easily accessible to the public through the City’s website.

The Task Force recommends the City’s mental health resource website include the following:

a) A webpage to provide crisis access and non-emergent resources via phone and best-in-class searchable resources;

b) A webpage that should also be used to educate and communicate to residents on mental health and wellness, through story-telling, to continue to help break the stigma often associated with mental health and draw residents in to leverage available resources; and,

c) The sub-committee had several specific suggestions concerning the resource webpage:
   - Utilize community volunteer resources to develop or modify the initial wireframe;
   - The website should be easily maintained and include:
      ○ Links to best-in-class resource tools that are maintained by experts, including the current link on “First Call” (https://www.firstcallkc.org/) for searchable resources;
      ○ Quarterly articles to be coordinated and written by community volunteer resources, such as Task Force members; and,
      ○ Stories that allow for social media and campaign integration to bring awareness to the website.
In addition to the City’s mental health resource webpage, the City should make the following resources available to the Crisis Intervention Team/Co-Responders:

a) Additional communication equipment and tools, to include updated smartphones to allow immediate access to mental health resources; and,

b) Creation of a QR Code tied to the mental health resource webpage for easy access and sharing.

The Subcommittee and Task Force recommends Johnson County make improvements to the County’s search engine “My Resource Connection” and available resources, so the City’s resource link(s) can be shifted to the Johnson County Mental Health Center in the future.

5) CRISIS INTERVENTION TEAM (“CIT”) & CO-RESPONDER

Co-Responding was first introduced in Johnson County in 2011. Between 2017 and 2019, the County’s program expanded from three (3) to eleven (11) co-responders. The Overland Park Police Department (“OPPD”) established the Co-Responder program in 2014 with one (1) co-responder. OPPD currently has two (2) co-responders, one (1) full-time Crisis Intervention Team (“CIT”) Coordinator, and one Sergeant, who also supervises the Shawnee Mission School District School Resource Officer (“SRO”) group.

In the OPPD the CIT Coordinator is responsible for ensuring the Co-Responder’s safety, assisting with Co-Responder’s outreaches, responding to calls for service, collaborating with local agencies, and serves as the point-of-contact for the department and the CIT Council. In addition, the CIT Coordinator is a member of the Kansas CIT Association and the Kansas CIT Council.

The Co-Responders and CIT Coordinator work closely together to provide community presentations and departmental training, collect and analyze CIT unit data, review and revise departmental policies, make recommendations for CIT best practices, and attend community collaboration meetings. The unit works primarily with Patrol and Community Policing units, however, they are also utilized by Animal Control Officers, Code Enforcement Officers, School Resource Officers, Crime Investigation Division Detectives, Report Technicians, and the Professional Standards Unit. Outside of the OPPD, the unit representatives work with Court Services, Municipal and District Court, City Manager's Office, numerous local advocacy groups, and the Johnson County Mental Health Center.

Over the last three (3) years, the City has received over 10,000 mental health related calls for service, while only twenty percent (20%) of these calls for service received a response through the CIT Program.

Mental Health Task Force Recommendation(s):

The City of Overland Park establish a special unit or division within the Police Department to include a total of eleven (11) plainclothes CIT Coordinators and seven (7) Co-Responders to provide continuous CIT coverage and 24/7 response for mental health related emergency calls for service; and

The City of Overland Park extend CIT training to all officers within the Police Department.
6) VICTIM ADVOCATES

In the fall of 2019, the OPPD was awarded a three (3) year federal grant from the U.S. Department of Justice and Office for Victims of Crime to establish a Victim Advocates Program in the Criminal Investigations Division for the purpose of helping victims of crime in the community.

Overland Park is the second (2nd) system-based victim services program in the State of Kansas. Kansas City, Kansas was the first city in the State to implement victim support services for homicide cases. Overland Park’s program enables victim assistance for all victims of violent crimes by connecting victims with available resources and offering guidance in seeking victim compensation.

Mental Health Task Force Recommendation(s):

The City approve funding through the annual budget process to maintain the full-time Victim Specialist position under Victim Advocate Program in the Overland Park Police Department following the expiration of the three (3) year grant; and

The City provide additional funding for future expansion of the Victim Advocates Program to include three (3) full-time victim advocates to comprise a Victim Advocate Unit in the Overland Park Police Department.

7) TRAUMA INFORMED CARE

A Trauma Informed Care (“TIC”) approach assumes that most individuals have experienced some form of trauma in their lifetime. TIC considers the pervasive nature of trauma, recognizes the presence of trauma symptoms, and promotes an environment that encourages healing and recovery to avoid inadvertent re-traumatization based on an individual’s unique life experiences. In essence, Trauma-Informed Care necessitates a shift from asking, “What is wrong with this person?” to “What has happened to this person?” (ITTIC, 2015)

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC’s Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA’s National Center for Trauma-Informed Care (NCTIC), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA’s six principles that guide a trauma-informed approach, including:

1. SAFETY
2. TRUSTWORTHINESS & TRANSPARENCY
3. PEER SUPPORT
4. COLLABORATION & MUTUALITY
5. EMPOWERMENT, VOICE & CHOICE
6. CULTURAL, HISTORICAL, & GENDER ISSUES

Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to embed this approach which can be augmented with organizational development and practice improvement. The training provided by OPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

(Center for Preparedness and Response, 2020)
Mental Health Task Force Recommendation(s):

The City maintains, and continues to expand, Trauma Informed Care training to the City’s Public Safety staff;

The City provide Trauma Informed Care training opportunities for other City staff in order to build a culture of Trauma Informed Care across all levels of the organization and utilize tools such as assessments and self-evaluations to support this transformation. Additional City staff may also include: City executive leadership, municipal court employees (judges, prosecutors, victim assistants), and employees who regularly work with members of the public; and

The City promote a Trauma Informed Care organizational shift in the Blue Valley, Olathe, and Shawnee Mission school districts.

8) MENTAL HEALTH RESOURCES FOR FIRST RESPONDERS

The mental health of all adults, children, and families is of utmost importance and directly impacts our community and the safety of all community members. Careful consideration must also be given to the mental health of First Responders, who represent employees from the Overland Park Police and Fire Departments, and the Emergency Management Division, who provide public safety and emergency response services to the community.

First responders are not immune to the heightened risk of adversity, toxic stress, and traumatic incidents they may be exposed to due to the nature of essential services provided by these employees. First responders are human beings, equally susceptible to the personal challenges all individuals experience and can often be deeply impacted by their on duty interactions and occurrences.

Without adequate support, exposure to crisis or traumatic situations can reduce a person’s ability to appropriately cope with additional stressors, influence decision making, present atypical behaviors, and increase the level of risk or harm for all parties involved. In order to avoid strain on our first responders and community response agencies, it is critical there are sufficient resources to ensure these essential employees can be effective and successful.

Mental Health Task Force Recommendation(s):

The City look to enhance the quality and increase the quantity of mental health support services for first responders and provide the opportunity to proactively care for their mental health, address their needs during times of crisis, reduce mental health related stigma and facilitate a support system within the internal agency work environment.

Specific recommended support services for first responders:

a) Standardized use of the ProQol (Professional Quality of Life scale), or other assessment tool, by first responders and peer support specialists to aid in making meaningful assessments.

- Assessments should be completed as needed, but at minimum, a bi-yearly assessment should be conducted for first responders.
● The assessment may be reviewed during check-in conversations should the employee elect to discuss proactive self-care plans with their supervisor.

● An assessment should be initiated within 60 days of a crisis intervention situation.

● Should ProQol be selected, utilization of this tool should closely adhere to recommendations outlined in the ProQol Concise Manual, 2nd Edition, Nov. 2010 (or most recent edition).

b) A robust peer support system to provide support to first responders.

● The Peer Support Team should be comprised of active or retired public safety personnel trained in Peer Support techniques and Critical Incident Stress Management, and also serve as members of the Johnson County Critical Incident Stress Management Team.

● The Peer Support Team should: i) provide time-sensitive support for public safety personnel during and after personal or professional crisis; ii) promote trust, provide appropriate anonymity, and preserve confidentiality for public safety personnel using Peer Support within established guidelines; iii) develop Peer Support Specialists to recognize indications of distress and provide guidance or referral to professional resources; iv) maintain an effective Peer Support training and response program; and, v) support personnel exposed to traumatic events in the course of their job performance.

● All members of the Peer Support Team should meet minimum training requirements to ensure proficiency of the team in accordance with current departmental requirements.
  ○ Current training for Peer Support Team members include in-service seminars, Johnson County CISM Meetings and departmental meetings. Training is currently conducted in accordance with International Critical Incident Stress Foundation (ICISF) Mitchell model. In addition, the Peer Support Team members should receive 40 hour peer support class, ICISF Group Crisis Intervention (Basic), Advanced Group Crisis Intervention, and Assisting Individuals in Crisis and Group Crisis Intervention training courses.
  ○ Peer Support Team members should be required to obtain Applied Suicide Intervention Skills Training (ASIST) and Mental Health First Aid, to be completed by the completion of their third (3rd) year on the Peer Support Team.
  ○ Additional training opportunities for the Peer Support Team may include a Crisis Prevention Institute (CPI) basic training course and/or National Organization for Victim’s Assistance training.

c) Professional clinicians to support public safety personnel.

● Clinicians would be responsible for the following: 1) provide counseling services and crisis response to public safety personnel; 2) manage Peer Support Team, oversee and facilitate Peer Support Team training; 3) conduct resilience-building, team-based activities to be facilitated during in-service training, department meetings and
so forth; and, 4) manage and monitor the use of ProQOL, or other assessment tool, to assure utilization within the recommended best practices.

- To ensure adequate accessibility of clinicians, the Task Force specifically recommends:
  - 2 full-time masters level clinicians available to the Police Department 12 hours a day, 7 days a week.
  - 2 full-time masters level clinicians available to the Fire Department 12 hours a day, 7 days a week.

9) STANDING MENTAL HEALTH COMMITTEE

Several recommendations put forth by the Mental Health Task Force consider future growth of the community and provide for the expansion of services, departments, and resources which will necessitate maintenance, oversight and updates. A standing advisory committee would assist with sustaining the collaborative work of the Mental Health Task Force.

Mental Health Task Force Recommendation(s):

The City establish a standing Mental Health Committee to continually evaluate, educate and advise the City on current mental health issues and anticipate future mental health needs in the community.

The standing Mental Health Committee should:

   a) Serve under the City Council’s Public Safety Committee and meet no less than quarterly;

   b) Coordinate with City staff and assist, as applicable, with quarterly or biannual updates to the City Council or Public Safety Committee as it relates to the implementation of the Task Force’s recommendations and activity of the Mental Health Committee;

   c) Advise the City Council and Public Safety Committee on issues of concern to the community and suggest action options;

   d) Develop additional mental health initiatives, create educational and informational resources, support and promote existing and new initiatives for both city staff and for the benefit of individuals across the community through cooperation with the County and other agencies in the region; and

   e) Appropriate City staff should engage with relevant external stakeholder groups for the purpose of providing updates and information to the Mental Health Committee and Governing Body.

The standing Mental Health Committee should consider the following topics:

   a) Education and awareness around developmental disorders;

   b) Conduct a joint meeting with the Public Safety Committee for the purpose of evaluating opportunity to improve communication and transparency; and

   c) Identify and increase awareness of preventative tools and resources for individuals.
RESOURCES


The Institute on Trauma and Trauma-Informed Care (ITTIC). “What is Trauma-Informed Care?” Buffalo Center for Social Research, University at Buffalo. 2015. Retrieved from:


Kansas Legislative Research Department. 2017. KS Legislature. Retrieved from:

Substance Abuse and Mental Health Services Administration (SAMHSA). “Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health.” Substance Abuse and Mental Health Services Administration, 2019, p. 82. Retrieved from:
Mental Health 360
2020 Annual Performance Report

JOHNSON COUNTY
KANSAS
Mental Health

SOUND STRATEGY, HIGH PERFORMANCE, TOTAL WELLNESS
Executive Summary

We are pleased to present the 2020 Annual Performance Report for the Johnson County Mental Health Center. The Mental Health 360 performance program provides a complete view of the department through primary indicators associated with each service area. The data and metrics presented in this document provide insight into the performance of the Mental Health Center, the effectiveness of staff and services, and promote transparency of department activities to clients, residents, elected officials, and community stakeholders.

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. Key Performance Indicators (KPI) identified on the department’s dashboard are used to identify how well Mental Health is achieving its mission, managing business operations, and measures the quality of clinical services provided to clients.

These measures function as a cohesive unit to identify areas of improvement and where additional resources should be allocated to address client needs. In addition to the KPIs, all non-KPI measures tracked by management are listed in the final section of the report.

Staff added a new narrative section to this report outlining our Commission on Accreditation of Rehabilitation Facilities (CARF) accredited programs. Mental Health first received CARF accreditation in 2019 and the representatives recommended a section identifying these programs.

As a result of the COVID-19 pandemic, 2020 was a year unlike any other and staff had to reinvent the way services were provided to our community. The use of online video conference and telephonic services not only increased but became the primary medium for delivering most client services. Throughout most of the year, staff worked remotely from home, spent little time in the office, and limited in-person encounters in the community.

Despite these challenges, staff performance and service delivery increased and for the first time since the inception of the Mental Health 360 performance program all KPIs (excluding those where activities were suspended) achieved the desired target level or were within acceptable parameters; no KPIs were substantially below target levels.

The Mental Health fund balance has consistently fallen below the county requirement of 8% and has decreased further over the past several years. I am pleased to report that the ending 2020 fund balance not only exceeded the 8% minimum, but also exceeded the 12% target maximum. In addition, although fee for service revenue decreased during the early months of the pandemic, this revenue stream rebounded during the second half of the year and overall fee for service revenue exceeded that of 2019.

Another significant accomplishment in 2020 was the partnership between Mental Health and the Sheriff’s Office to provide behavioral healthcare at the Johnson County Adult Detention Center.
This partnership has proven to not only be more cost-effective, but also allows staff to work directly with inmates and ensure they are connected to services as Mental Health at the time of release.

Moving forward, while staff made large strides in data-driven decision-making and our ability to measure outcome metrics has dramatically improved over the past five years, greater emphasis will be placed on data analysis. An important strategic goal of 2021 is to institutionalize data and train staff to use data analysis as a means of managing center operations. Developing a culture of data within the organization is the goal of this process and using that data to improve client outcomes is the ultimate objective.

Tanner Fortney
Director of Operations
Commission on Accreditation of Rehabilitation Facilities

In 2019, Mental Health was awarded a three-year accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF). The accredited services as defined by CARF include case management/service coordination and outpatient treatment with children, adolescents and adults; crisis stabilization for adults; and residential treatment for addiction with children and adolescents (Adolescent Center for Treatment – ACT). The accreditation process applies CARF’s internationally recognized standards during an on-site survey conducted by peer surveyors. Accreditation is an ongoing process that distinguishes our service delivery and signals to the public that we are committed to continuous performance improvement, responsive to feedback, and accountable to the community and its stakeholders. Ongoing conformance is reported annually and includes processes that are part of the fabric of our organizational structure.
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

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<th>Financial Stability</th>
<th>Key Performance Indicators</th>
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<tr>
<td>Strengthen Our Financial Position</td>
<td>• Fee for service dollars</td>
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<td></td>
<td>• Accounts receivable balance over 90 days</td>
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<td>• % of fund balance to current year budget</td>
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<th>Key Performance Indicators</th>
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<td>Advance Quality of Care</td>
<td>• Total unique clients served</td>
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<td>• Client suicides</td>
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<td></td>
<td>• % of adults competitively employed</td>
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<td>• % of CBS youth living in permanent home</td>
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<tr>
<td></td>
<td>• % of youth regularly attending school</td>
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<td></td>
<td>• % of clients showing improved CAFAS/DLA scores</td>
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<tr>
<td>Enhance Client Satisfaction/Engagement</td>
<td>• # of crisis calls and contacts</td>
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<td></td>
<td>• % of medical clients not keeping medical appointments</td>
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<td></td>
<td>• % of adults and children not keeping appointments</td>
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<th>Operational Effectiveness</th>
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<tr>
<td>Capitalize on Technology</td>
<td>• % of clients with myHP portal account</td>
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<td>Maximize Data and Information</td>
<td>• % of clients accessing myHP within past 30 days</td>
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<td>• % of measures not meeting target that show improvement</td>
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<td>• % of appointment reminder calls completed via automation</td>
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<th>Organizational Development</th>
<th>Key Performance Indicators</th>
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<td>Improve Staff Satisfaction</td>
<td>• Composite % of employee satisfaction on annual gauge survey</td>
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<td>Build Community Partnerships</td>
<td>• # of Community Presentations</td>
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<tr>
<td></td>
<td>• % of participants reporting increase in suicide prevention related skills, knowledge, and awareness</td>
</tr>
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<td>** Activities suspended due to COVID-19</td>
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# 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>2018</th>
<th>2019</th>
<th>2020</th>
<th>2020 Target</th>
<th>Met or Exceeded</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fee for Service dollars*</td>
<td>$7,741,086</td>
<td>$7,832,010</td>
<td>$9,424,831</td>
<td>&gt;=$9,517,612</td>
<td></td>
</tr>
<tr>
<td>2. % of AR over 90 days*</td>
<td>2.04%</td>
<td>0.05%</td>
<td>0.88%</td>
<td>&lt;=15%</td>
<td></td>
</tr>
<tr>
<td>3. % of Fund Balance to Current Year Budget *</td>
<td>6.27%</td>
<td>3.74%</td>
<td>12.6%</td>
<td>&gt;=10%</td>
<td></td>
</tr>
<tr>
<td>4. Total unique clients served*</td>
<td>9,202</td>
<td>8,768</td>
<td>8,396</td>
<td>&gt;=8,768</td>
<td></td>
</tr>
<tr>
<td>5. JCMHC Client suicides*</td>
<td>22</td>
<td>16</td>
<td>10</td>
<td>&lt;1.0 /mo</td>
<td></td>
</tr>
<tr>
<td>6. % of Adult CBS clients competitively employed</td>
<td>38.84%</td>
<td>39.96%</td>
<td>39.06%</td>
<td>&gt;=35%</td>
<td></td>
</tr>
<tr>
<td>7. % of CBS youth living in permanent home</td>
<td>78.78%</td>
<td>80.24%</td>
<td>80.57%</td>
<td>&gt;=80%</td>
<td></td>
</tr>
<tr>
<td>8. % of youth regularly attending school</td>
<td>89.86%</td>
<td>89.46%</td>
<td>94.49%</td>
<td>&gt;=90%</td>
<td></td>
</tr>
<tr>
<td>9. % of clients showing positive change in CAFAS/DLA</td>
<td>54.09%</td>
<td>57.68%</td>
<td>54.73%</td>
<td>&gt;=50%</td>
<td></td>
</tr>
<tr>
<td>10. # of crisis calls and contacts*</td>
<td>31,762</td>
<td>33,239</td>
<td>43,221</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>11. % of medical clients not keeping med appointment</td>
<td>15.87%</td>
<td>15.99%</td>
<td>14.24%</td>
<td>&lt;=15%</td>
<td></td>
</tr>
<tr>
<td>12. % of adult clients not keeping appointment</td>
<td>19.18%</td>
<td>18.07%</td>
<td>13.48%</td>
<td>&lt;=15%</td>
<td></td>
</tr>
<tr>
<td>13. % of clients under 18 not keeping appointment</td>
<td>13.75%</td>
<td>14.60%</td>
<td>14.88%</td>
<td>&lt;=15%</td>
<td></td>
</tr>
<tr>
<td>14. % of clients with myHP portal account*</td>
<td>33.15%</td>
<td>52.26%</td>
<td>61.61%</td>
<td>&gt;=15%</td>
<td></td>
</tr>
<tr>
<td>15. % of myHP clients accessing portal within past 30 days</td>
<td>10%</td>
<td>11.75%</td>
<td>11.07%</td>
<td>&gt;=5%</td>
<td></td>
</tr>
<tr>
<td>16. % of measures not meeting target that show improvement</td>
<td>48.8%</td>
<td>52.08%</td>
<td>50%</td>
<td>&gt;=50%</td>
<td></td>
</tr>
<tr>
<td>17. % of appointment reminder calls completed via automation</td>
<td>89.07%</td>
<td>95.01%</td>
<td>96.60%</td>
<td>&gt;=85%</td>
<td></td>
</tr>
<tr>
<td>18. Composite % of employee satisfaction on annual Gauge survey *</td>
<td>80%</td>
<td>81%</td>
<td>N/A**</td>
<td>&gt;=80%</td>
<td></td>
</tr>
<tr>
<td>19. # of community presentations per month</td>
<td>28</td>
<td>21</td>
<td>N/A**</td>
<td>&gt;=25</td>
<td></td>
</tr>
<tr>
<td>20. % of participants reporting increase in suicide prevention related skills, knowledge, and awareness (Semi-annual measure)</td>
<td>91%</td>
<td>100%</td>
<td>N/A**</td>
<td>&gt;=80%</td>
<td></td>
</tr>
</tbody>
</table>

* Annual year end value
** No data due to suspension of activity as a result of COVID-19
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description &amp; Target Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Fee for Service dollars *annual</td>
<td>Based upon adopted annual budget</td>
</tr>
<tr>
<td>2. % of AR over 90 days *annual</td>
<td>Expected collections from all guarantors of outstanding claims at the end of the accounting period.</td>
</tr>
<tr>
<td>3. % of Fund Balance to Current Year Budget *annual</td>
<td>Based on County directive for departments to maintain 8 to 12% fund balance. =&gt;10% is considered on target.</td>
</tr>
<tr>
<td>4. Total unique clients served *annual</td>
<td>Based upon National Average</td>
</tr>
<tr>
<td>5. Total JCMHC Client suicides reported *annual</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>
</tr>
<tr>
<td>6. % of adult CBS clients competitively employed</td>
<td>% of eligible adult clients competitively employed during reporting period.</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>
</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>
</tr>
<tr>
<td>9. % of clients showing positive change in CAFAS/DLA</td>
<td>Mental Health center derived target based on prior trends</td>
</tr>
<tr>
<td>10. # of 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>
</tr>
<tr>
<td>11. % medical clients not keeping appointment (DNKA)</td>
<td>Mental Health center derived target based on prior trends</td>
</tr>
<tr>
<td>12. % adult clients not keeping appointment</td>
<td>Mental Health center derived target based on prior trends</td>
</tr>
<tr>
<td>13. % of clients under 18 not keeping appointment</td>
<td>Mental Health center derived target based on prior trends</td>
</tr>
<tr>
<td>14. % of clients w/portal acct *annual</td>
<td>% of monthly clients served with a myHP Portal account</td>
</tr>
<tr>
<td>15. % of myHP clients accessing portal within past 30 days</td>
<td>% of myHealthpoint portal Clients which have accessed their portal account in past 30 days. Target based on MU outcome.</td>
</tr>
<tr>
<td>16. % of measures not meeting target that show improvement</td>
<td>% of measures not meeting target that show improvement over prior month. Target Center established</td>
</tr>
<tr>
<td>17. % of appointment reminder calls completed via automation</td>
<td>% of appointment reminder calls completed via automated system saving staff time. Target Center established.</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>
</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>
</tr>
<tr>
<td>20. % of participants reporting increase in suicide prevention related skills, knowledge and awareness semi-annual</td>
<td>% of Responses of strongly agree/agree captured from school event surveys and aggregated on a semi-annual basis.</td>
</tr>
</tbody>
</table>

Green = Meeting or exceeding Target
Yellow = Not meeting target
Key Performance Area: Strengthening Our Financial Position

Key Performance Indicator: Fee For Service Dollars

<table>
<thead>
<tr>
<th>Target Goal</th>
<th>&gt;=$9,517,608</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Status</td>
<td>Caution</td>
</tr>
</tbody>
</table>

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:
Mental Health entered into several contracts in 2020 that aided in maintaining fee for service revenue at or above the target goal. This was despite the impact COVID-19 had on delivery of services during the last ten months of 2020. Mental Health was able to recover from the initial reduction of services due to stay at home orders issued by the Governor of Kansas by quickly implementing telehealth services and expanding our targeted population to include those impacted by COVID-19.
Key Performance Area: Strengthening Our Financial Position

Key Performance Indicator: Accounts Receivable

Target Goal: <=15% (monthly)

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 over 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:
As in 2019, aged accounts over 90 days remain well below industry standards. This measure and the days in accounts receivable measure are strong indicators accounts are current, maximizing cash flow from fees for service.
Key Performance Area: Strengthening Our Financial Position

Key Performance Indicator: % Fund Balance to current year budget

Target Goal: >=10%

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:
Grant revenue increased significantly from Federal, State and local sources in response to the pandemic to assist with maintaining operations during the health crisis in 2020. This and the increase in fee for service revenue experienced in 2020 aided in increasing the fund balance above the target goal set by the County.
Key Performance Area: Advance Quality of Care

Key Performance Indicator: Total Unique Clients Served

Target Goal: \( \geq 8,768 \)

Target Status: Caution

Measure details:
Total Unique Clients Served identifies the segment of the 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 remained below target but the number of overall client encounters saw a significant increase. Clinical staff continue to refer people in need of less intensive services to community partners when possible. Previously, these people would have been opened as clients and recorded as a unique client served, but this practice has changed. Despite being below target, referring clients to other, more specialized community providers for certain services often results in better outcomes.
Key Performance Area: Advance Quality of Care

Key Performance Indicator: JCMH Client Suicides

Target Goal: <1 per month

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:
Although deaths due to suicide are never acceptable, significant progress was made in lowering the number of client suicides and staff achieved the 2020 target. Collaboration with school districts, community partners and law enforcement appear to have had some influence on the outcome.
Key Performance Area: Advance Quality of Care

Key Performance Indicator: % of Adult CBS Clients Competitively Employed

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 the 35% target rate for employment; the competitive employment rate for 2020 was 39.06% for the organization. The national average is 30-40% and the state average is 20%. One of the largest contributors to this is the transportation service provided by Mental Health as it provides consistent and reliable transport to clients.
Key Performance Area: Advance Quality of Care

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

% of Community Based Service Youth living in Permanent Home (defined as Family or Adoptive Home) CSR Data for this measure not available prior to April 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:
Our goal for 2020 was that 80% of our clients would be in a permanent home. We achieved 80.57%. We would expect this to remain constant in 2021.
**Key Performance Area : Advance Quality of Care**

**Key Performance Indicator : % of Youth Attending School Regularly**

% 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:**

Although we reached our goal of more than 90% of our clients attending school regularly, it is likely lower than what we were able to capture due to the pandemic and children learning online from home. Parents and teachers report that clients will sometimes sign on for class, but not participate or stay for the entire class. It is reported some children do not do well with online learning and fall behind. As more clients return to in-person learning, we will likely see a decrease in attendance as clients adjust to another change. Staff will continue to regularly collaborate with schools and parents, monitor attendance and provide needed supports to ensure the client is successful in meeting their goals.
Key Performance Area: Advance Quality of Care

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

% Clients with Positive Chg in CAFAS/DLA scores (Monthly)

% Clients with Positive Chg in CAFAS/DLA scores (Annual)

Detailed analysis and explanation:
We continue to meet our goal of more than 50% of clients showing a positive change in their CAFAS/DLA score. Monitoring this outcome helps us to evaluate the effectiveness of our services.
Key Performance Area: Advance Quality of Care

Key Performance Indicator: # of Crisis Calls and Contacts

# 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 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:
Emergency Services saw a dramatic increase in the number of contacts across the division during 2020. The increase reflects several variables to include an increased number of Co-responders, increased marketing of the crisis line, a new behavioral health assessment contract with Olathe Medical center, and the COVID-19 pandemic.
Key Performance Area: Enhance Client Satisfaction/Engagement

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

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:
This improvement is likely the result of providing these services via telehealth for 8 months of the year. This eliminated the transportation barrier, a significant factor in missed appointments. The Lean Six Sigma project found that reducing the number of days from scheduling an appointment to appointment date is essential. Changes needed to fully implement this are underway and will likely occur in 2021.
Key Performance Area: Enhance Client Satisfaction/Engagement

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

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:
Staff continues to evaluate data to reduce this rate, which showed improvement over this past year. Increased use of tele-video appointments have contributed to the improvement. Team Leaders review monthly data and have reports that identify services provided by staff members. This information is used for individual conversations with staff members to reduce the amount of DNKAs and improve performance.
Key Performance Area: Enhance Client Satisfaction/Engagement

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

Target Goal: <=15%

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 remained under 15% for 2020. We review clients who do not keep their appointments on a regular basis to determine how to better engage with the client and family.
Key Performance Area: Capitalize on Technology

Key Performance Indicator: % of Clients With myHP Portal Account

Target Goal: >=15%

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 improvement in this outcome may be attributed to the marketing efforts made throughout the year as well as the use of the client portal as a means of communication with clients amid the pandemic.
Key Performance Area: Capitalize on Technology

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

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 to 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:
We have seen a decline in this outcome due in part to the limitations in its functionality and benefit to our clients. Functions such as appointment requests and accessing medical records (progress notes, POC, etc.) are inoperable at this time. Once these issues are addressed by the vendor and clients are able to benefit from its capabilities, we anticipate this outcome will improve.
Key Performance Area: Maximize Data and Information

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

Target Goal: >=50%

Target Status: 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:
Month to month improvement for measures not meeting target varied greatly from the first to second half of the year. An overall improvement in measure performance caused a late year increase which allowed us to reach the 50% threshold. Staff continues to monitor this measure monthly and uses it as a barometer to measure sustained improvement in the overall dashboard.
**Key Performance Area : Maximize Data and Information**

<table>
<thead>
<tr>
<th>Key Performance Indicator : % of Appointment Reminder Calls Completed Via Automation</th>
</tr>
</thead>
</table>

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 continue to surpass our goal of 90% completion of automated reminder calls. To address complaints that the robotic voice was difficult to understand, we replaced it with a human voice. The appointment details are still robotic due to the information being extracted from the EHR system. Because of this change we were also able to add COVID messaging to the reminder calls. Locations were also updated to include telehealth services.
Key Performance Area: Improve Staff Satisfaction

Key Performance Indicator: Composite % of employee satisfaction on annual Gauge survey

Target Goal: >=80%

Target Status: Activity not conducted

Measure details:
Composite measure of the response on the 12 Employee annual Gauge Survey results. Percentage is the composite of those who responded Agree or Strongly agree to the questions.

Why is this measure important:
Employee engagement is directly linked to factors such as communication by senior leadership, clarity of work priorities, and relationship with supervisor. This measure provides a comprehensive look at employee satisfaction in those areas as captured in the 12 Gauge survey questions.

Detailed analysis and explanation:

Composite Avg agreement with workforce engagement 2019

Strongly Disagree: 2.4%
Disagree: 6.6%
Neutral: 15%
Agree: 38.1%
Strongly Agree: 37.6%

Composite Engagement Index (annual)

2017: 77.00%
2018: 80.00%
2019: 81.00%
Key Performance Area: Build Community Partnerships

Key Performance Indicator: Total # of community Presentations

Target Goal: >=25 Monthly

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.

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.
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: Activity Not Conducted

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 percent 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:
Due to COVID-19 restrictions, these training activities were not performed in 2020.
## JCMH Non-KPI Performance Measures

<table>
<thead>
<tr>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>% of adult clients living independently</td>
<td>78.63%</td>
<td>75.37%</td>
<td>74.04%</td>
<td>73.76%</td>
<td>&gt;=75%</td>
</tr>
<tr>
<td>% of adult clients in vocational activity</td>
<td>35.78%</td>
<td>35.46%</td>
<td>35.93%</td>
<td>36.77%</td>
<td>&gt;=35%</td>
</tr>
<tr>
<td>% of adult CBS client positive discharges by reason</td>
<td>57.94%</td>
<td>55.22%</td>
<td>54.34%</td>
<td>59.10%</td>
<td>&gt;50.00%</td>
</tr>
<tr>
<td>% of clients achieving positive change in DLA score (level of functioning)</td>
<td>52.90%</td>
<td>51.88%</td>
<td>57.54%</td>
<td>53.94%</td>
<td>&gt;50.00</td>
</tr>
<tr>
<td>% of adult CBS clients receiving peer support</td>
<td>1.25%</td>
<td>0.79%</td>
<td>1.35%</td>
<td>2.77%</td>
<td>&gt;2.00%</td>
</tr>
<tr>
<td>% of adult CBS clients with active case manager assigned</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>% of CBS adult clients with Gen Psych hospital admission</td>
<td>2.82%</td>
<td>2.77%</td>
<td>3.44%</td>
<td>3.35%</td>
<td>&lt;5.00%</td>
</tr>
<tr>
<td>% of CBS adult clients with State hospital admission</td>
<td>1.04%</td>
<td>1.01%</td>
<td>1.01%</td>
<td>0.67%</td>
<td>&lt;5.00%</td>
</tr>
<tr>
<td>% of clients participating in educational activity</td>
<td>13.41%</td>
<td>11.23%</td>
<td>10.33%</td>
<td>10.65%</td>
<td>&gt;=15%</td>
</tr>
<tr>
<td># of adult hospital admissions</td>
<td>40</td>
<td>42</td>
<td>49</td>
<td>49</td>
<td></td>
</tr>
<tr>
<td># of crisis calls and contacts</td>
<td>2,727</td>
<td>2,647</td>
<td>2,770</td>
<td>3,602</td>
<td></td>
</tr>
<tr>
<td>% of monthly State CSR submissions that meet requirement on first submission</td>
<td>97.28%</td>
<td>97.23%</td>
<td>92.91%</td>
<td>91.04%</td>
<td>&gt;=95%</td>
</tr>
<tr>
<td>% of monthly State CSR submissions that meet requirement on final submission</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>&gt;=95%</td>
</tr>
<tr>
<td># of monthly CSR submissions that meet requirement on first submission</td>
<td>1,026</td>
<td>1,012</td>
<td>901</td>
<td>953</td>
<td></td>
</tr>
<tr>
<td>Charitable care as % of total claims billed</td>
<td>41.41%</td>
<td>49.08%</td>
<td>56.40%</td>
<td>53.43%</td>
<td>&lt;=40%</td>
</tr>
<tr>
<td>% of clinical claim accuracy</td>
<td>N/A</td>
<td>94.62%</td>
<td>94.83%</td>
<td>92.90%</td>
<td>&gt;=90%</td>
</tr>
<tr>
<td>% of clients rating satisfaction with information about JCMHC services as strongly agree or agree</td>
<td>81%</td>
<td>78%</td>
<td>83%</td>
<td>N/A</td>
<td>&gt;=80%</td>
</tr>
</tbody>
</table>

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</thead>
<tbody>
<tr>
<td>% of CBS clients receiving grade &quot;C&quot; or above on school report card</td>
<td>63.43%</td>
<td>60.34%</td>
<td>59.56%</td>
<td>52.29%</td>
<td>=&gt;65%</td>
</tr>
<tr>
<td>% of CBS clients seen/outreached within 7 days of intake</td>
<td>68.69%</td>
<td>57.55%</td>
<td>50.87%</td>
<td>65.27%</td>
<td>=&gt;75%</td>
</tr>
<tr>
<td>% of clients achieving positive change in CAFAS score</td>
<td>54.01%</td>
<td>58.91%</td>
<td>58.16%</td>
<td>56.22%</td>
<td>=&gt;50%</td>
</tr>
<tr>
<td>% of clients receiving CAFAS assessment on schedule</td>
<td>46.66%</td>
<td>57.74%</td>
<td>65.73%</td>
<td>67.54%</td>
<td>=&gt;50%</td>
</tr>
<tr>
<td>% of therapy clients seen/outreached within 7 days of intake</td>
<td>37.31%</td>
<td>46.51%</td>
<td>55.12%</td>
<td>67.37%</td>
<td>=&gt;75%</td>
</tr>
<tr>
<td># of printed materials distributed</td>
<td>N/A</td>
<td>N/A</td>
<td>20,570</td>
<td>N/A</td>
<td>=&gt;5000</td>
</tr>
<tr>
<td># of SED youth receiving waiver services</td>
<td>754</td>
<td>713</td>
<td>625</td>
<td>220</td>
<td></td>
</tr>
<tr>
<td># of youth in Community Based Services</td>
<td>588</td>
<td>571</td>
<td>540</td>
<td>607</td>
<td></td>
</tr>
<tr>
<td>% of clients with picture in Avatar</td>
<td>N/A</td>
<td>N/A</td>
<td>87.90%</td>
<td>72.34%</td>
<td></td>
</tr>
<tr>
<td>% of Quality Reviews meeting LOC</td>
<td>70.57%</td>
<td>86.96%</td>
<td>66.50%</td>
<td>62.10%</td>
<td>=&gt;90%</td>
</tr>
<tr>
<td>% of reprocessed claims resulting in payment for services provided</td>
<td>90.83%</td>
<td>46.97%</td>
<td>100%</td>
<td>100%</td>
<td>=&gt;75%</td>
</tr>
<tr>
<td>% of all measures with a Status not meeting target</td>
<td>17.47%</td>
<td>19.30%</td>
<td>21.71%</td>
<td>17.61%</td>
<td>&lt;=20%</td>
</tr>
<tr>
<td>% of JoCo cities with at least 1 Cohort site</td>
<td>15%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>&gt;=5%</td>
</tr>
<tr>
<td>% of participants rating experience with ASIST at 7 or above</td>
<td>96%</td>
<td>99%</td>
<td>99%</td>
<td>100%</td>
<td>=&gt;80%</td>
</tr>
<tr>
<td>% of participants reporting client forums provide useful information (strongly agree/agree)</td>
<td>88%</td>
<td>92%</td>
<td>81%</td>
<td>N/A</td>
<td>=&gt;80%</td>
</tr>
<tr>
<td>CCC abandon rate</td>
<td>8.52%</td>
<td>9.00%</td>
<td>7.80%</td>
<td>3.77%</td>
<td>&lt;=5%</td>
</tr>
<tr>
<td>CCC average wait time</td>
<td>17.08</td>
<td>17.42</td>
<td>14.75</td>
<td>15.92</td>
<td>&lt;=28.00</td>
</tr>
</tbody>
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</tr>
</thead>
<tbody>
<tr>
<td># of clients utilizing transportation services</td>
<td>177</td>
<td>154</td>
<td>156</td>
<td>123</td>
<td></td>
</tr>
<tr>
<td>% of all clients utilizing transportation services</td>
<td>4.78%</td>
<td>4.34%</td>
<td>4.84%</td>
<td>3.68%</td>
<td>3%-6%</td>
</tr>
<tr>
<td>EM accuracy %</td>
<td>90.8%</td>
<td>89.09%</td>
<td>87.22%</td>
<td>90.33%</td>
<td>&gt;=95%</td>
</tr>
<tr>
<td>ACT # of clients receiving 2 or more family sessions</td>
<td>14.75</td>
<td>11.33</td>
<td>10.58</td>
<td>8.00</td>
<td></td>
</tr>
<tr>
<td>ACT # of clients served in a calendar year</td>
<td>272</td>
<td>242</td>
<td>199</td>
<td>89</td>
<td>&gt;=120</td>
</tr>
<tr>
<td>ACT # of clients who rate overall services as satisfactory or above (average of 4 out of 5 rating)</td>
<td>82.00%</td>
<td>79.24%</td>
<td>86.29%</td>
<td>82.46%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>ACT % of clients re-admitted YTD</td>
<td>17.23%</td>
<td>20.99%</td>
<td>19.42%</td>
<td>18.33%</td>
<td>&lt;=20%</td>
</tr>
<tr>
<td>ACT % of admissions of urgent clients (IV, pregnant) to total</td>
<td>N/A</td>
<td>9.05%</td>
<td>10.13%</td>
<td>4.86%</td>
<td></td>
</tr>
<tr>
<td>ACT % of successful discharges</td>
<td>83.61%</td>
<td>76.20%</td>
<td>80.67%</td>
<td>91.09%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>ACT Admission of urgent clients (IV, pregnant) average days from initial contact to admission</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>ACT # of clients admitted monthly</td>
<td>23</td>
<td>20</td>
<td>17</td>
<td>10</td>
<td>&gt;=10</td>
</tr>
<tr>
<td>ACT # of clients discharged monthly</td>
<td>22</td>
<td>20</td>
<td>17</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>ACT % admission vs re-admission</td>
<td>82%</td>
<td>77%</td>
<td>81%</td>
<td>82%</td>
<td></td>
</tr>
<tr>
<td>ACT % of 1st admits staying 21 days or more</td>
<td>N/A</td>
<td>75.46%</td>
<td>76.87%</td>
<td>90.12%</td>
<td>&gt;=75%</td>
</tr>
<tr>
<td>ACT % of re-admission staying 14 days or more</td>
<td>N/A</td>
<td>84.62%</td>
<td>87.90%</td>
<td>96.00%</td>
<td>&gt;=75%</td>
</tr>
<tr>
<td>ACT elopements as % of total discharges</td>
<td>5.86%</td>
<td>8.33%</td>
<td>3.18%</td>
<td>1.22%</td>
<td>&lt;=5%</td>
</tr>
<tr>
<td>AOAS # of clients admitted monthly</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>4</td>
<td></td>
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</table>

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<tbody>
<tr>
<td>ADU % of client admissions with admit in prior 12 months</td>
<td>N/A</td>
<td>N/A</td>
<td>31.23%</td>
<td>27.78%</td>
<td>&lt;=15%</td>
</tr>
<tr>
<td>ADU % of clients sent by ambulance to the hospital</td>
<td>N/A</td>
<td>N/A</td>
<td>10.39%</td>
<td>10.29%</td>
<td>&lt;=10%</td>
</tr>
<tr>
<td>ADU % of clients successfully discharged</td>
<td>78.99%</td>
<td>82.99%</td>
<td>80.90%</td>
<td>83.88%</td>
<td>&gt;=75%</td>
</tr>
<tr>
<td>ADU % of clients who rate overall services as satisfactory or above</td>
<td>91.37%</td>
<td>92.88%</td>
<td>91.28%</td>
<td>92.07%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>ADU # of clients admitted monthly</td>
<td>82</td>
<td>94</td>
<td>89</td>
<td>46</td>
<td>&gt;=35</td>
</tr>
<tr>
<td>ADU # of clients utilizing transportation services</td>
<td>72</td>
<td>48</td>
<td>43</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td>ADU # of unique clients served YTD</td>
<td>942</td>
<td>1,119</td>
<td>1,159</td>
<td>620</td>
<td>&gt;= 500</td>
</tr>
<tr>
<td>ADU % clients discharged by placement with plan</td>
<td>NA</td>
<td>73%</td>
<td>71%</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td>ADU Referrals by selected agencies</td>
<td>NA</td>
<td>36%</td>
<td>36%</td>
<td>29%</td>
<td></td>
</tr>
<tr>
<td>ADU # of discharged monthly</td>
<td>79</td>
<td>93</td>
<td>88</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>DDOP % of clients who complete at least 8 sessions of treatment</td>
<td>50%</td>
<td>61%</td>
<td>56%</td>
<td>NA</td>
<td>&gt;=65%</td>
</tr>
<tr>
<td>DDOP % clients not keeping appointment (DNKA Rate)</td>
<td>17%</td>
<td>23%</td>
<td>26%</td>
<td>18%</td>
<td>&lt;=16%</td>
</tr>
<tr>
<td>DDOP % of client with no new legal charges in the last 30 days</td>
<td>98.51%</td>
<td>96.70%</td>
<td>99.27%</td>
<td>99.19%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>DDOP # of clients referred monthly</td>
<td>44</td>
<td>43</td>
<td>33</td>
<td>28</td>
<td>&gt;=24</td>
</tr>
<tr>
<td>DDOP # of clients served annually</td>
<td>434</td>
<td>277</td>
<td>518</td>
<td>483</td>
<td>&gt;=360</td>
</tr>
<tr>
<td>DDOP # of clients who participate in Medication Assisted Treatment (MAT)</td>
<td>19</td>
<td>46</td>
<td>71</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>DDOP % of clients served in DDOP compared to Adult Mental Health</td>
<td>9%</td>
<td>6%</td>
<td>31%</td>
<td>NA</td>
<td>&gt;=39%</td>
</tr>
</tbody>
</table>

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</thead>
<tbody>
<tr>
<td>DDOP % of clients who engage in DDOP services</td>
<td>58.74%</td>
<td>54.65%</td>
<td>NA</td>
<td>NA</td>
<td>&gt;=60%</td>
</tr>
<tr>
<td>DDOP % of clients with no substance use in the last 30 days</td>
<td>82.93%</td>
<td>88.69%</td>
<td>88.98%</td>
<td>80.46%</td>
<td>&gt;=70%</td>
</tr>
<tr>
<td>DDOP % of documents completed timely</td>
<td>94.08%</td>
<td>91.50%</td>
<td>96.00%</td>
<td>96.65%</td>
<td>&gt;=85%</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>96%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>&gt;=95%</td>
</tr>
<tr>
<td># of clients diverted from arrest by Mental Health Co-responder Program</td>
<td>37</td>
<td>80</td>
<td>44</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td># of clients who avoided ER due to Co-repsonder intervention</td>
<td>12</td>
<td>20</td>
<td>24</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>CRC # of admissions per month</td>
<td>NA</td>
<td>NA</td>
<td>8.36</td>
<td>2.83</td>
<td>&gt;=4</td>
</tr>
<tr>
<td>CRC Average length of stay</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>CRC # of bed days</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>972</td>
<td></td>
</tr>
<tr>
<td>CRC Episode discharge counts by type at discharge (Tx Complete)</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>88.43%</td>
<td></td>
</tr>
<tr>
<td>CRC Admission contact source (Step Down %)</td>
<td>NA</td>
<td>NA</td>
<td>52.97%</td>
<td>41.79%</td>
<td></td>
</tr>
<tr>
<td>CRC Treated with dignity and respect</td>
<td>NA</td>
<td>NA</td>
<td>98%</td>
<td>100%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>CRC Felt accepted and supported</td>
<td>NA</td>
<td>NA</td>
<td>98%</td>
<td>100%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>CRC Felt safe during stay on unit</td>
<td>NA</td>
<td>NA</td>
<td>100%</td>
<td>98%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>CRC Learned new skills during my stay</td>
<td>NA</td>
<td>NA</td>
<td>94%</td>
<td>97%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>CRC Would recommend CRC to a friend</td>
<td>NA</td>
<td>NA</td>
<td>97%</td>
<td>97%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>CRC I found my stay at CRC beneficial to my recovery goals</td>
<td>NA</td>
<td>NA</td>
<td>86%</td>
<td>56%</td>
<td>&gt;=80%</td>
</tr>
</tbody>
</table>

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### JCMH Non-KPI Performance Measures

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</thead>
<tbody>
<tr>
<td>CRC Life Outcome % positive improvement in clients wishing death in last 30 days</td>
<td>NA</td>
<td>NA</td>
<td>52%</td>
<td>63%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>CRC Life Outcome % positive improvement in clients thoughts of killing self in last 30 days</td>
<td>NA</td>
<td>NA</td>
<td>39%</td>
<td>53%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>CRC Life Outcome % positive improvement in clients thoughts of injuring self in last 30 days</td>
<td>NA</td>
<td>NA</td>
<td>29%</td>
<td>12%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>CRC Post Dischg Follow-up Improvement:Learned new skills during my stay - % Positive</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>86%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>CRC Post Dischg Follow-up Improvement:Utilizing new skills learned during stay</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>83%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>CRC Post Dischg Follow-up Improvement:Would contact CRC for help - % Positive</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>100%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>Claim dollar amount paid as % of total billed</td>
<td>NA</td>
<td>NA</td>
<td>49%</td>
<td>47%</td>
<td>&gt;=40%</td>
</tr>
<tr>
<td>Claims denial rate</td>
<td>NA</td>
<td>NA</td>
<td>3.59%</td>
<td>3.87%</td>
<td>&lt;=10%</td>
</tr>
<tr>
<td>ACT Q1 The admission process helped me understand what to expect from treatment</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>66%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>ACT Q2 My clinician helped me with my problems</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>98%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>ACT Q3 I had input into my treatment goals</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>86%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>ACT Q4 I felt comfortable approaching youth care advisors about my problems</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>83%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>ACT Q5 I felt safe during my stay at ACT</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>81%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>ACT Q6 I felt accepted and supported by staff</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>93%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>ACT Q7 Please rate the food service quality at ACT</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>19%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>ACT Q8 I would recommend ACT to a friend</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>71%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>ACT Q9 I was given specific recommendations for services after discharge</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>87%</td>
<td>&gt;=80%</td>
</tr>
</tbody>
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## JCMH Non-KPI Performance Measures

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<tbody>
<tr>
<td>ADU Feedback Survey: Treated with respect</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>95%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>ADU Feedback Survey: Admission process helped me</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>88%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>ADU Feedback Survey: Felt safe during stay</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>92%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>ADU Feedback Survey: Staff initiated conversations</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>88%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>ADU Feedback Survey: I was given recommendations for service</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>90%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>ADU Feedback Survey: Staff was knowledgeable about withdrawal</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>93%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>ADU Feedback Survey: Quality of food service</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>86%</td>
<td>&gt;=80%</td>
</tr>
<tr>
<td>ADU Feedback Survey: Recommend ADU to friend</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>92%</td>
<td>&gt;=80%</td>
</tr>
</tbody>
</table>

Values shown are monthly averages for the year unless otherwise noted.