COMMUNITY MENTAL HEALTH FUND

Supporting equitable and quality mental health care in Jackson County

Board of Trustees Meeting

Thursday, June 26, 2025, 5:15 PM

Location: CMHF Office – 1627 Main Street Suite 500 Kansas City MO 64108

AGENDA Updated

Call to Order, Welcome: Sandra E. Jiles, Chair

Consideration of Minutes: May 22, 2025

Chair Comments: Sandy Jiles

a. Board Development RFP

Staff Report: Dr. Bruce Eddy

Education/Planning Committee: Dr. Kirby Randolph

a. Resilient Minds Strategic Forum Reminder: August 6th, 2025

Appropriations Committee: Marsha Campbell

a. Integrus: SPMI Homeless Proposal Update
b. University Health: Thank you letter for disaster funding
c. Consider: Sisters in Christ pilot continuation
d. Consider: Genesis 3-month extension and new proposal 7/15
e. Consider: The Children's Place – Technology Request $49,713

Finance Committee: Karla Williams

a. Consider ratification: May 2025 Bills
b. Consider ratification: May 2025 Agency Payments
c. May 2025 Financial Statements: To be Mailed
d. Pending: Committee meeting Date

Human Resources (HR) Committee: Karla Williams

a. Workplace Conduct Policy
b. List of policies superseded
c. Information: Prop A Exemption to PTO Policy 600

Value-Based Payment (VBP) Committee: Dr. James Walden

a. Met on June 25th, 2025

Accountability/Compliance Committee: Rochelle Harris

No report

Public Comments, Announcements

Closed Session

- Vote to close part of the meeting pursuant to Section 610.021, subsections (3) and (13) RSMo.

Next Board of Trustees Meeting:
Board in Summer Recess: July and August

Thursday, September 25, 2025, at 5:15PM. 1627 Main Street, Suite 500, KCMO 64108

Adjourn

COMMUNITY
MENTAL HEALTH
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Supporting equitable and quality mental health care in Jackson County

Board of Trustees Meeting
Meeting Minutes: May 22nd, 2025

Agenda Item	Person Responsible	Discussion	Motion/Second; Action Taken
Call to Order	S. Jiles	The meeting was called to order at 5:15 PM CT by S. Jiles, Chair. Trustees present: Chris Beal, Sandra Jiles, David Lisbon, Brook Nasseri, James Walden, Karla Wiliams. Via Zoom: Marsha Campbell, Jessica Garcia, Rochelle Harris, Kirby Randolph. Trustees absent: Deserae Harrah, Eve Mcgee. Staff and guests: Lists attached.	Information
Consideration of Board Minutes		Consideration of April 24th, 2025 Minutes: approved as presented.	J. Walden/K. Williams **MOTION CARRIED**
Staff Report	B. Eddy	Staff have been busy with many projects. Details will be provided in committee reports. Their productivity and teamwork are noted.	Information
Education and Planning			
Committee Report	K. Randolph	Resilient Minds Strategic Forum. Aug 6th at the Kauffman Foundation 4801 Rockhill Road, Kansas City, MO. Board RSVPs are requested.	Information
Board Development		Board Coaching Consultation Update: Sandy is meeting Luann Feehan on Friday afternoon, followed by the Education and Planning committee. The consultant is planning to attend the June Board meeting.	Information
Board Training	Gina Serra Board Attorney	Presentation: "Best Practices for Non-Profit Governance" Included board roles and duties. The presentation will be emailed to all trustees.	Information
Finance and Internal			
Consider for Ratification: April 2025 bills	K. Williams	Consider ratification of the April 2025 bills in the amount of $54,841.12. Approved as presented.	K. Williams/ B.Nasseri **MOTION CARRIED**
Consider for Ratification: April 2025 Agency Payments		Sisters in Christ $25,000.00	K. Wiliams/J. Walden **MOTION CARRIED**
March 2025 Financial Statements		The February Financial Statements were emailed, with comments from B. Eddy, May 20th 2025	Information

Human Resources			
Information	K. Williams	The Human Resources Committee met on May 6th. The committee discussed a more comprehensive workplace conduct policy. The ED job description will be reviewed at the next committee meeting: 2pm, June 12. It should be ready for approval at the June Board meeting.	Information
Appropriations			
Information	M. Campbell	Samuel Rodgers Emergency Funding Request: As an update we sent a letter offering a lower amount than what was requested. The offer was declined. The Board discussed a framework for any emergency requests that may be coming in. Regarding the level of agency support, staff created potential scenarios, which allowed 27% of the original allocation, on average, as a level of emergency support. There was consensus that a capped budget line-item did not need to be formalized.	Information
Consider Innovation Requests		Consideration innovation Requests: Samuel Rodgers- Technology Request for Ambient Assist an AI platform for clinical notes. $80,000.00 University Health- the Creative Resilience Accelerator is a trauma-informed care resilience tool to help managers handle stress in the workplace. $75,000 Reconciliation Services- Consulting with Integrus Health Group to reengineer the process for calculating VBP and KPI Information $15,030.00	M. Campbell/C. Beal **MOTION CARRIED** M. Campbell/K. Williams **MOTION CARRIED** M. Campbell/K. Williams **MOTION CARRIED**
Consider Agency Training Requests		Mattie Rhodes- Support Attendance at the National Latino Behavioral Health Conference $4,000.00. The motion included the stipulation that they report on the conference to us and share what they learned with other organizations.	M. Campbell/B. Nasseri **MOTION CARRIED**
Consider Sponsorship Request		University Health with UMKC: $1,500 sponsorship of a Mental Health Awareness Concert. After discussion the motion included a stipulation that University Health report the number of attendees and appointments that were generated.	C. Beal/K. Williams **MOTION CARRIED**
Contract request		Integrus: $96,500 for a project to convene stakeholders on SMI Homeless, then make implementation recommendations. After discussion there was a consensus to conduct the project in three phases beginning with Identification of Key Participants and Develop Approach to Exploration (Tasks 1 and 2 in the proposal). The requested amount included $10,000 in potential legal consultation. The motion was to offer one-third of the $86.550, or $28,050 with additional steps and funding decisions to be determined.	M. Campbell/D. Lisbon **MOTION CARRIED**

Value-Based Payment			
Consideration of Special Population VBP Payments	J. Walden	Special Populations $213,470. Children and Families, Safety Net $1,119,956. Grand total for all VBP payments $1,333,426. We budgeted 1.5 million. There was discussion of the underlying calculations. If you have further questions, please contact T. Cummings.	J. Walden/K. Willaims **MOTION CARRIED**
Information	T. Cummings For J. Walden	Next Meeting in June TBD	Information
Accountability and Compliance			
Strategic Plan	R. Harris	The committee met on May 6 to discuss the governmental relations component of the strategic plan (summary in Packet). As an update B. Eddy reported positive news: the provisions of HB 25 Telehealth, passed as part of an omnibus agriculture bill.	Information
Information		Quarterly Report Summaries: Crittenton is more on track this year. Foster Adopt Connect had staffing issues resulting in problems serving outer parts of Jackson County	Information
Public Comments			
Announcements	**Next Regular Board Meeting:** June 26th, 2025, at 5:15pm: CMHF office at 1627 Main Street, Suite 500, KCMO 64108.		
Adjourn	Meeting Adjourned at 6:39PM. K. Williams/C. Beal		

X Sandra Jiles
Sandra Jiles (Aug 18, 2025 12:33:23 CDT)

Sandra Jiles
Chairperson

Attendees:

Board Members:	Attended?	Staff:	Attended?
Chris Beal	Y	Bruce Eddy	Y
Marsha Campbell	Y-Zoom	Theresa Cummings	Y
Jessie Garcia	Y-Zoom	Susan Jones	Y
Deserae Harrah	N	Rochelle DePriest	Y
Rochelle Harris	Y-Zoom	Taryn Lichty	Y
Sandra Jiles	Y	Jenn Clark	Y
David Lisbon	Y	Gino Serra	Y
Eve McGee	N		
Brooke Nasseri	Y		
Kirby Randolph	Y-Zoom		
James Walden	Y		
Karla Williams	Y		

Guests:	Attended
Justin Horton (Cornerstones of Care)	Y-Zoom
Meg Nelson (Hope House)	Y -Zoom
Dr Solano (Sam Rodgers)	Y
Jim Giles (University Health)	Y
Jennifer Monroe (Swope Health)	Y

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Supporting equitable and quality mental health care in Jackson County

Staff Report

Video (3:38) Targeted Universalism
John A. Powell, Director, The Othering and Belonging Institute

Five Steps to a Targeted Universalism Approach

1. Establish a universal goal based upon a broadly shared recognition of a societal problem and collective aspirations.
2. Assess where people are relative to the universal goal.
3. Identify groups and places that are performing differently with respect to the goal. Groups should be disaggregated.
4. Assess and understand the structures that support or impede each group or community from achieving the universal goal.
5. Develop and implement targeted strategies, focused on structural change, for each group to reach the universal goal.

Angela Glover Blackwell, President of PolicyLink and host of the Radical Imagination podcast made these ideas concrete in her 2017 article, "The Curb Cut Effect." Glover Blackwell wrote about how focusing on the experience of a group furthest from the goal of universal access, in this case people who use wheelchairs, and making structural change, in this case a "curb cut", improved access for many others including people pushing strollers, riding bikes, or pulling suitcases. *"The Curb-Cut Effect, in its essence, asserts that an investment in one group can cascade out and up and be a substantial investment in the broader well-being of a nation — one whose policies and practices create an equitable economy, a healthy community of opportunity, and just society."*

Population Health: The health outcomes of a group of individuals, including the distribution of such outcomes within the group. The group can be stratified to examine differences in outcomes, then focus interventions. The population health lens can be used at a variety of levels such as individual, diagnostic category, practice, payer, institution, and community. Population health includes health outcomes, patterns of health determinants, and policies and interventions that link these two. Social, environmental, medical, cultural, and behavioral determinants of health are all important factors to consider.

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Supporting equitable and quality mental health care in Jefferson County

Education and Planning

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Supporting equitable and quality mental health care in Jackson County

Appropriations

Proposal to the JCCMHF and its Board:
'Imagining a Different Life in Community for People with Severe Mental Illness' – exploring innovative partnerships

submitted by Johanna Ferman, MD Integrus Health Group on request from the Board
Friday, June 12, 2025

The following provides a revised approach to the phases of work outlined on May 14, leaving the remainder of the Proposal intact. Please see pp2-4 for a reworking of the Phases, and p 5 for the revised GANTT chart.

Deinstitutionalization was a policy enacted across the United States some sixty years ago. This national movement was enacted without a mapping of what life might look like outside of psychiatric institutions and was done without testing. Among the consequences? We have an ever more crisis-driven system that promotes chronicity and crippling disability. A hallmark has been the shift from mental institutions to jails and prisons for treatment of the severely mentally ill. Our vision has been limited by the immediacy of what we see – and what we see is a continuously growing vicious cycle of poor outcomes and escalating costs.

How do we emerge from this?

The attached concept paper 'Beyond Crisis: Imagining a Different Life in Community for People with Severe Mental Illness' provides background and puts forward a framework for an alternative vision. This work provides essential structure, while allowing for local variation and the genius that resides in communities. This is a seed that can become the basis for a piloting phase – from urban to suburban settings. It is an approach to a more collaborative partnership that should be rigorously evaluated – with the possibility of becoming the basis for new policy direction moving forward.

In Jackson County, the Board of the Jackson County Community Mental Health Fund/ CMHF requested a Proposal to convene stakeholders and to explore the interest and capacity to move 'Beyond Crisis' into a piloting phase of this partnership approach.

The CMHF is uniquely positioned to spark new approaches to working with this seriously at-risk population due to its network of engaged non-profits and identification as a trusted funder. Dr. Bruce Eddy, The Fund's Executive Director, will play a convening role with multiple players from a range of domains and assist in bringing them into the conversation. The Board of Trustees will also bridge into the much broader community of providers, advocates and political forces that may find this a more optimistic path than the one we have been on and wish to contribute to this.

Challenges

We recognize that mental health services alone cannot address the multiple needs of people with

SMI, often co-occurring with other disabilities. As outlined in the concept paper, housing, connectivity, meaningful work, and quality behavioral and physical health comprise four vital pillars. Yet, funding for each pillar is siloed and too often is not tied to outcomes. Neither is there assurance that all four areas making up the 'vital pillars' are funded, nor that there is coordination between the pillars. Commonly, each of these pillars works in isolation, with duplication of expenditures and the continuous feeding of the pipeline leading into disability. Often a last bastion of support, families are seldom supported in meaningful ways, and the mounting stressors associated with these illnesses create one or more explosive episodes with movement into homelessness almost inevitable. In many cases, people with SMI spend the first 3-10 years bouncing between police, jails and the streets, internalizing traumatic experiences that further challenge any acceptance of care.

Partnership is needed *between* the pillars. Yet too often, the use of 'partnership' becomes window-dressing for each player moving off to 'do their own thing' – lacking coordination or accountability.

Proposal

Integrus Health proposes a targeted, limited assessment of an interactive partnership model between several key players representing the four pillars outlined above, with interdependence between the pillars. A tenet of this approach is that far greater efficiency can be achieved in using existing resources through such partnership.

Activities and Deliverables to achieve these goals are grouped into three key areas – with CMHF leadership and a group of Board members interested in this work kept apprised of progress (during and at the conclusion of each phase as shown on the 'Administrative' line of the accompanying GANTT Chart.).

Phase I: Key participant identification and criteria development (July – September 2025)

- **Identification of key participants (July 2025)**
    - Solicit input from CMHF leadership, Liaisons, Board members, and selected trusted advocates re:
        - in Jackson County from each of the four pillars or sectors, as well as people with lived experience (peers and family members), several governmental officers – from Kansas City, Independence, Jackson County and Missouri/Jeff City: behavioral and physical health; housing and employment.
        - several potential philanthropies/other funders (the Children's Fund, Health Forward, Kaufmann, and Reach -- and funders specifically aligned with housing and employment services among others) will be asked for their input as well as briefed on the work

- **Develop approach to exploration for each of the four pillars based on known best practice/other transparent criteria. (August-September 2025)**

The willingness of each to participate in a combined governance (actual track record in collaborative work will be an important indicator), together with where they would see critical resource gaps, such as staff positions, training or other supportive services, including data support, to enable this approach.

- **Set criteria for each of the four pillars based on known best practice**. The willingness of each to participate in a combined governance (actual track record in collaborative work will be an important indicator), together with where they would see critical resource gaps, such as staff positions, training or other supportive services, including data support, to enable this approach

- **Articulate nature of interdependence between pillars**. Specifically, this refers to there being a social contract or 'rules for living in community' that would include an agreement to take medication/other treatment if needed and to engage in meaningful activity. Specialized legal consultation will be required, potentially through in-kind/contribution through CMHF as well as externally.

- We will also be identifying --

  - what if any governance body/ies may exist within which to house such a partnership.
  - what data they currently collect for ongoing monitoring and their willingness to use outcome measures reflecting critical indicators (KPIs)

- An interim report summarizing the findings of Phase I will include any potential roadblocks or other barriers identified in Phase I and path/s to clarification/problem solving in Phase II.

Phase II: On the ground convening of interested parties, interviews/information gathering (October 2025- March 2026)

- **Convening of interested parties/organizations**

  This is a critical first step in signaling the CMHF's interest in taking a new direction and in introducing the community to the process that will be used. Dr. Bruce Eddy will provide key leadership in these meteings, which will require more than one session – likely drawing key participants from each pillar (housing, employment, treatment, etc).

- **Interviews with key participant**s to assess the status of their efforts on behalf of the SMI population and their interest as well as capacity to participate in a

partnership model, beginning in 2026/27.

- Begin with convening of interested parties
- Arrange follow-up on site visits/information gathering and less formal meetings which will require considerable iteration between objective criteria and other inputs
- Visit to key government officials within Jackson County and in Jefferson City
- Progress reports intercurrent with the work

Phase III: Analysis and Report Writing (April-May 2026)

- Submission of Report to leadership in May 2026 with briefing of staff
- Board Committee and full Board presentation with recommendations
- Decision re: next steps

A revised GANNT Chart is attached with deliverables and timing, including Progress Briefings (see p.5 below).

Functional break out

The mainstay of the work will be with CMHF's Executive Director, Dr Bruce Eddy. This will include convening meetings, informal community meetings, briefings alone and with members of the Board. (approximately 8 hours/mo – with the greatest concentration in Phase III October-March, however, the work will be ongoing throughout the year and total approximately 100 hours)

CMHF staff will overall be engaged only at the beginning of this effort as part of Phase 1 (Identifying Key Participants). The exception to this is CMHF's new Director of Communications, who will be kept abreast of developments and will coordinate with us to assure transparency in reporting of this effort through appropriate venues. (The total in staff hours will be approximately 1 hour/mo.)

Intermittent work with interested members of the Board, who will be asked to become an Advisory Group to the SMI Effort. All Board time is volunteer/in-kind.

Formal interviews with key players and potential partners for each of the four pillars will require follow-up calls and meetings with those especially interested. Informal outreach will also include people with lived experience and their families, as well as essential supportive players, such as community advocates, the arts and business communities, the police, judiciary, and local centers for adult education (such as vocational ed and colleges).

Specialized legal consultation will be needed in two areas: one on NPO and governance issues (for which we anticipate using CMHF's existing relationship with Gino Serra and attorneys); the second, specialized housing for people with disabilities and civil rights, for which we will be attempting to obtain pro bono, but may require payment of fees up to

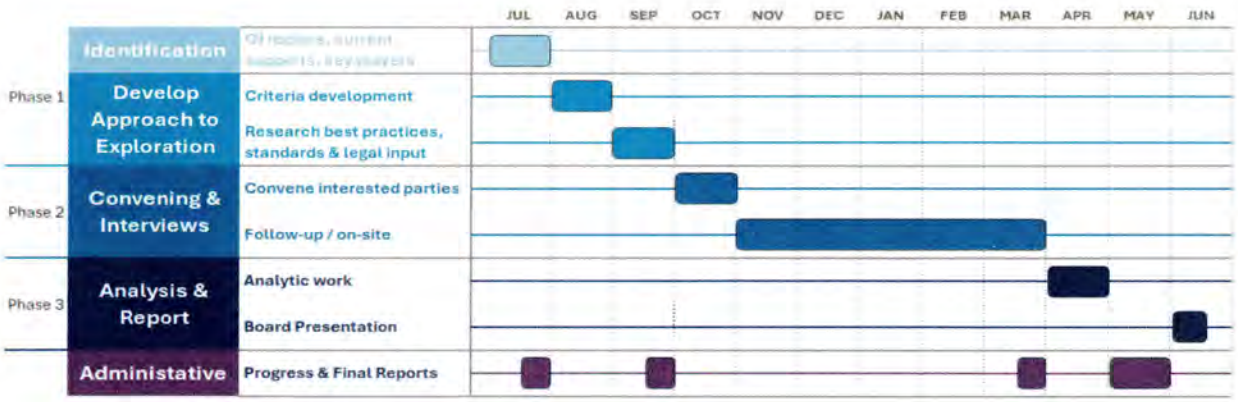
$10,000.

Convening of key participants in appropriate venue – with all attempts to utilize CMHF's space where possible, recognizing that some neutral space may be preferable for larger group meeting/s.

Cost: $86,550 + up to $10,000 for specialized legal consultation

All other travel, lodging and food costs will be absorbed by Integrus Health.

A GANTT Chart follows:



Payment and Cash flow

It is recommended that payment would be scheduled on a monthly basis using 11 months and beginning in July 2025 through May 2026. $7,863.63 will be due monthly.

The Fund should allocate an additional $10,000 for possible payment to specialized legal counsel. Yet to be determined is whether BCLP (Bryan, Cave, Leighton Paisner), on retainer with CMHF, has the specific specialized expertise required for this assessment. We are in the process of determining this.

university health

June 2, 2025

Community Mental Health Fund
Jackson County
1627 Main Street, Suite 500
Kansas City, MO 64108

To the Board of the Jackson County Community Mental Health Fund:

University Health extends its gratitude to the Community Mental Health Fund for the $45,000 in emergency-use funding following the tragic February 14, 2024, Chiefs Super Bowl rally shooting at Union Station.

The event deeply impacted many of our responders and healthcare staff. Several of them had experienced a similar trauma within the thirty (30) days prior to the Union Station event. Recognizing the urgent need for mental health support and resources to prevent PTSD and secondary trauma, our Behavioral Health division was able to act swiftly and coordinate the necessary care for them—thanks in large part to your funding. Given the ongoing challenges of rebuilding our behavioral health and healthcare workforces after the COVID-19 pandemic, mobilizing a response could have taken months. You helped us to mobilize and deploy services in under two weeks.

As a result, we were able to deliver critical therapy services to staff three months sooner than would have been possible through alternative funding sources. By combining the Community Mental Health Fund's support with additional funding from the Missouri Department of Mental Health and United Way KC Strong Funds, we provided 64 University Health employees with 498 therapy sessions through December 2024. We also provided care coordination and navigation services to many others in need of longer-term support.

The Community Mental Health Fund's partnership and swift action made a crucial difference in supporting our workforce during an incredibly challenging time. Our continued partnership enables us to serve our community and provide meaningful assistance to those in need, whether in times of crisis or as a safety net of support, and for this we are profoundly grateful.

On behalf of University Health and the people we serve, thank you for your ongoing and critical support of our behavioral health programs and services.

Sincerely,

Sharon Freese, BSN, RN, MSW
Chief Operating Officer
University Health Behavioral Health

Charlie Shields
President & Chief Executive Officer
University Health

2301 Holmes Street
Kansas City, MO 64108
816-404-1000
universityhealthkc.org

ACADEMIC MEDICINE FOR ALL

Community Mental Health Fund
Pilot Project Continuation Report

(Due 15 days from end of Quarter 4)

Agency:	Sisters in Christ
Project Title:	Serene Soul Wellness
Start Date:	June 2024
Report Date:	6/30/2025
Contact Person Name:	**Carolyn Whitney**
Email:	**cwhitney@sistersinchristkc.org**
Phone:	**816-651-5898**

End of Year 1 Report Summary

Project Summary (Provide a summary of the project as proposed, include Target Population, geographic area served, services provided, and intended project goals. 3-4 sentences): To provide mental health services and support to address trauma for women and youth in the Kansas City and Raytown communities. Through our comprehensive programs we continue to focus on enhancing emotional regulation, coping skills, and overall mental wellness for women and middle and high school students.

Expense Report (Report on the total expenses for the first year of the project)
* Please include copies of receipts and records of expenses.

Item	Budget Approved	Q1 Expenses	Q2 Expenses	Q3 Expenses	Q4 Expenses	Total	Balance
Personnel							
	35,000	8,750	8,750	8,750	8,750	35,000	0
Contract	17,500	N/A	5,833	5,833	5,833	17,500	0
Fringe Benefits							
Subtotal Personnel							
Indirect/Other	22,500	5,625	5,625	5,625	5,625	22,500	0

Community Mental Health Fund
Pilot Project Continuation Report

(Due 15 days from end of Quarter 4)

Grant Total	75,000						

Service Implementation (If services from an Expenditure Plan were provided, report on those services)

In place of the Expenditure Plan, please report what services were provided by the Providers and the number of clients served during the first year of the project. If none, please explain in comment area below.

Service	Year 1: Units Provided	Year 1: Unduplicated # Served
Individual Therapy	78	32
Case Support	238	32
Case Management	546	32
Evaluation/Assessment	80	32

Comment:

Project Timeline/Accomplishments: (Discuss major accomplishments of the project. Consider intended and unintended accomplishments.)

Qtr	Action/Goals	Intended Outcomes	Person(s) Responsible	Indicator/ Comments
1	Provide case management services to address emotional and mental health needs.	Improved emotional wellbeing and coping strategies.	Bettye Bagby, BS Criminal Justice and MRSS Case Manager	Provided ten women with case management services.
2	Provide case management services to address emotional and mental health needs.	Improved emotional wellbeing and coping strategies.	Bettye Bagby, BS Criminal Justice and MRSS Case Manager	Provided fourteen women with case management services.
3	Provide case management services to address emotional and mental health needs.	Provided 192 case management sessions to 24 people.	Bettye Bagby, BS Criminal Justice & MRSS Case Manager	Provided ongoing training and trauma-informed care to new staff members regarding documentation

Community Mental Health Fund
Pilot Project Continuation Report

(Due 15 days from end of Quarter 4)

				of client progression.
3	Provided therapy sessions to address emotional and mental health needs.	Provided 28 therapy sessions to 24 individuals.	Erica Fisher, Therapist	Secured an additional contracted therapist that provided services to youth and women.
3	Provided case support to address emotional and mental health stability	Provided 15 case support sessions to address mental and emotional stability.	Darriona Jones, Behavioralist/Case Manager	On-task.
4	Provide case management services to address emotional and mental health needs	Provided 192 case management sessions to 24 people.	Bettye Bagby, BS Criminal Justice & MRSS Case Manager	Provided ongoing training and trauma-informed care to new staff members regarding documentation of client progression.
4	Provided therapy sessions to address emotional and mental health needs.	Provided 28 therapy sessions to 24 individuals.	Erica Fisher, Therapist.	Secured an additional contracted therapist that provided services to youth and women clients.
4	Provided case support to address emotional and mental health stability.	Provided 15 case support sessions to address mental and emotional stability.	Darriona Jones, Behavioralist/Case Manager	On-task.

Community Mental Health Fund
Pilot Project Continuation Report

(Due 15 days from end of Quarter 4)

Lessons Learned/ Challenges: (Identify what challenges and/or barriers you have encountered during the project implementation. For each challenge, explain how the agency has responded and what impact it is having on the project deliverables.)

Challenge	Response	Impact
Maintaining timely documentation and consistent communication among newly onboarded staff regarding client progress and care planning.	Ongoing training and trauma-informed care sessions were provided to equip new staff with the necessary tools to improve documentation practices.	This improved the consistency of care coordination and enhanced the quality of client case files, which supports better outcomes and stronger reporting.
Limited capacity to meet growing therapy needs, particularly for youth and women.	An additional contracted therapist was secured to increase service capacity and reduce wait times.	This ensured continuity of care and supported the program's ability to meet its therapeutic engagement goals.
High staff turnover across administrative and service roles created disruptions in documentation practices and continuity of care. Newly hired staff often lacked familiarity with internal protocols and trauma-informed care principles.	To address this, targeted onboarding and ongoing training sessions were implemented to build capacity among new administrative and clinical team members. These sessions focused on effective documentation, trauma-informed approaches, and coordinated client care practices.	Improved documentation consistency and communication among team members led to stronger care coordination and enhanced quality of client case files. This, in turn, supported better client outcomes and improved reporting accuracy.

Outcomes Report: (If you are reporting on specific behavioral/clinical outcomes report below)

To monitor progress and impact, the following outcome measures were tracked across the reporting period. Baseline data and quarterly measurements reflect key areas of service delivery and client engagement.
Measurement Tools Used: To support ongoing evaluation of clinical and functional outcomes, the organization utilizes evidence-based tools including the *Strengths Assessment* and the *Patient Health Questionnaire-9 (PHQ-9)*. These tools help inform individualized service planning and assess progress in behavioral health domains over time.

Outcome Measure w/Baseline	Measurement	Summary Data
Participant engagement in case management (Baseline: 10 clients)	Number of clients served per quarter	Increased from 10 in Q1 to 24 by Q3 & Q4
Therapy service delivery (Baseline: 0 sessions)	Number of therapy sessions conducted per quarter	28 therapy sessions provided to 24 clients (Q3 & Q4)

Community Mental Health Fund
Pilot Project Continuation Report

(Due 15 days from end of Quarter 4)

Mental health support sessions	Number of support session provided	15 sessions provided each quarter by case support staff

Proposal for Year 2

1. What is the project going to accomplish in Year 2?

   - We will finalize and adopt a comprehensive SOP manual that outlines agency-wide protocols, ethical standards, documentation guidelines, and workflows. This will support consistent service delivery, enhance staff accountability, and provide a reference for onboarding and training.
   - Expand therapeutic services to reach a broader client base, including underserved youth.
   - Enhance trauma-informed care practices agency-wide.
   - We are committed to improving our ability to measure, evaluate, and report client outcomes
   - Maintain consistent case management delivery to promote emotional stability and resilience.
   - In Year 2, we will:
     a. Implement CCL (Case Coordination and Linkage) software as our primary system of record, replacing manual processes with a centralized, secure, and analytics-ready platform.
     b. Develop standardized data dashboards for real-time service tracking and monthly performance reporting.
     c. Align our data collection with funder metrics to ensure clarity, transparency, and accountability.

2. Briefly outline the next steps for implementation of the project in Year 2 and the plan for service delivery and tracking. (ex. Services provided for billing, outcomes report, etc)
   - Continue case management and therapy services with integrated billing practices.
   - Implement regular case reviews to assess client progress.
   - Utilize digital tools for tracking session frequency and client satisfaction.
   - Submit quarterly outcome reports and maintain documentation compliance.

3. Address any anticipated changes from the original project plan.
   - Increase collaboration between case managers and behavioral health staff to ensure coordinated care.
   - Expand services beyond the current client count, with an emphasis on outreach and accessibility.
   - Evaluate adding peer-support specialists to enhance participant engagement.

4. Discuss how you are tracking data for the project and plans to use the data for quality assurance and improvements of the program.

   - Continue using session logs, attendance tracking, and client progress notes for data collection.
   - Supervisors conduct monthly audits to ensure service fidelity and documentation accuracy.

Community Mental Health Fund
Pilot Project Continuation Report

(Due 15 days from end of Quarter 4)

- Feedback surveys from clients and staff guide program improvements and training needs.
- Partnering with 1st Call (CCL) to develop and refine data tools and QA processes.

Project Timeline/Outcomes for Year 2 (Include tasks, outcomes/results, and person responsible). Add rows as needed.

Qtr	Actions/Goals	Intended Outcomes	Person(s) Responsible
1	Refine SOP's, outcome measures and data collection/reporting systems	Stronger program infrastructure and evaluation readiness	Executive Director, Program Coordinator, CCL
	Launch expanded therapy services and peer support pilot	Increased access to mental health services	Erica Fisher
2	Continue refining data and reporting practices; implement monthly staff audits	Improved documentation and service fidelity	Program Coordinator, Case Managers, CCL
	Begin quarterly reporting process	Clear tracking of service impact and progress	Program Coordinator
3	Conduct mid-year evaluation and client feedback collection	Date-informed adjustments to service delivery	Program Coordinator, Behavioralists
4	Final outcome report and planning for Year 3	Comprehensive review for sustainability and growth	Executive Director & Program Staff

Year 2 Budget Request (add more rows if necessary):

Item	Match/Contributed by	Amount	CMHF Request	Total
Care Coordination	COMBAT	45,000	$15,000	$60,000
Case Support	REACH Healthcare Foundation	25,000	$15,000	$40,000
Case Management	Health Forward Foundation	$20,000	$35,000	$55,000
Individual Therapy	Jackson County Outside Agency Funding	$10,000	$50,000	$60,000
Psycho-Educational Group			$12,500	12,500
Admin/Overhead			$22,500	$22,500
Totals	$100,000	$100,000	$150,000	$250,000

Community Mental Health Fund Technology/Software Request 2025

Name of Agency:
The Children's Place

Contact Name:
Rachel Herbig, Grants Manager

Email:
herbigr@childrensplacekc.org

Amount of Request:
$49,713

Provide the following information for your request

Describe the type of mental health technology needs you have:

The Children's Place respectfully requests funding to upgrade Community Care Link (CCL), our Electronic Health Record (EHR) system, to incorporate reporting functionalities and acquire the hardware to support the improved system.

Our current EHR was implemented primarily to manage client records and supports only limited billing reports categorized by service type, provider, or client. However, it lacks the ability to generate reports based on payer policy information. As a result, our billing specialist must rely on time-consuming manual data manipulation and an in-depth understanding of multiple funding sources. Clinicians are required to select service unit types based on specific payer rules, adding further complexity and room for error.

Since the system's initial implementation, the number of payer sources has increased significantly. Each payer has distinct and evolving policies, which must be manually tracked and implemented across the organization. Any change in policy requires retraining of clinicians and billing staff, leading to inefficiencies, data inconsistencies, and the need for frequent manual audits.

This complexity places a significant burden on both administrative and clinical staff and increases the risk of billing errors and missed revenue opportunities. This funding will allow The Children's Place to implement CCL modifications that streamline reporting, improve billing accuracy, and reduce the need for manual intervention.

In addition, we seek to enhance the system's functionality to better support current workflows and integrate new assessment tools. At present, key outcome data are buried in client notes. Program-wide analysis must be tracked in external spreadsheets, making analysis difficult and labor-intensive. With these upgrades, we will be able to generate real-time, outcomes-based reports across multiple parameters such as program, age group, and time frame directly from our EHR, improving both clinical oversight and program evaluation.

Enhancing our EHR will eliminate duplicative data entry and improve integration across systems, ultimately allowing more of our limited resources to be directed toward delivering high-quality mental health services.

Describe how the technology/software solution will resolve current issues:

As the number of payer sources has grown, our original billing processes have become increasingly inadequate. They are labor-intensive, prone to human error, and unable to adapt efficiently to payer policy changes. Upgrading our EHR will enable real-time updates and implementation of payer policies within the system, reduce the need for manual calculations and categorization of service units, shorten the billing cycle time, improve staff workloads, and maximize reimbursement by ensuring that all eligible services are billed appropriately.

Additionally, our current server infrastructure is outdated and overdue for replacement. Hardware improvements will ensure system stability and performance, enabling the full benefits of the EHR software enhancements.

Together, these upgrades will strengthen The Children's Place's financial management systems, support our clinical workforce, and enhance our ability to serve the mental health needs of our community.

Describe the outcomes and how they will be measured:

The primary outcomes of this project will be increased billing efficiency, improved accuracy, and higher reimbursement rates. Specific measurable outcomes include:

- Reduction in billing cycle time: Currently, the billing cycle takes 11 working days. We anticipate a 30% reduction, shortening the cycle to under 8 working days.
- Increased billed revenue: Although monthly revenue fluctuates, we will compare year-over-year data for equivalent service volumes to measure revenue growth.
- Reduction in manual data entry: By integrating outcome tracking into the EHR, we will eliminate the need for external spreadsheets and reduce administrative time spent on data compilation and analysis.

Leadership anticipates full implementation of the billing integration within eight months, after which we will begin measuring these outcomes.

How will the investment be sustained in the future?

Most of the funding requested will be used for one-time costs related to software upgrades and hardware replacement. Ongoing expenses will be incorporated into The Children's Place's annual operating budget.

By improving our ability to capture all reimbursable services, we anticipate that increased revenue will help offset future operational costs. Additionally, we will continue to seek supplementary funding to ensure long-term sustainability.

A grant from the Community Mental Health Fund of Jackson County will enable The Children's Place to improve our financial infrastructure without diverting unrestricted funds away from direct mental health services. This investment will allow us to serve more of Kansas City's most vulnerable children and their families.

Provide an itemized summary of expenses associated with the technology enhancements:

Technology/Software Item	Request to CMHF	Request of other Funders	Total Cost
Billing Set-up	$1,900		$1,900
Children's Case Rebuild	$855		$855
New Assessment Build	$380		$380
Program/Workflow Review	$1,140		$1,140
Reporting Review	$475		$475
SMS Set Up		$ --	$ --
New server	$15,000		$15,000
7 Laptops	$6,013		$6,013
Custom reporting templates		TBD	TBD
Implementation fee	$4,750		$4,750
Community Care Link – annual fee	$18,000		$18,000
Claims MD	$1,200		$1,200
Total	**$49,713**		**$49,713**

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Finance and Internal

May 2025 Administrative Expenses	Invoice # or Account #	Bank Confirm	Check #	Amount	GL Code/ Descript
BCLP (Legal)	1002516463	1843	3001329	$3,995.00	9740
Green Tie	IN# 8640 internet support package	1844	3001330	$2,500.00	9670
KC Business Journal	509416283	1845	3001328	$241.95	9660
First National Bank Credit Card - Business Account	April 2025 Billing	1846	ACH	$4,001.34	
Team Office	2025-21680	1847	3001332	$7,631.50	1200
Infinity	6845	1848	3001331	$562.50	9760
IGX Solutions (GMS)	355103	1850	3001334	$938.00	9640
Redcap	VDCC-5061122	1851	3001337	$121.00	9660
Redcap	VDCC-5124885	1852	3001338	$121.00	9660
Cincinnati Insurance	1000543969 2nd QTR	1853	ACH	$330.00	9500
Steri Cycle	DA0505	1854	3001336	182.08	9100
First Call	INV-4875 1st Qtr Hosting and Maintenance	1855	3001335	$10,500.00	9690
Mainmark	2520-May and June Billing	1856	ACH	$15,753.54	9540
First National Bank Credit Card - Business Account	May 2025 Billing	1857	ACH	$3,986.89	
Gibbs (Lease for printer)	236393	1858	3001339	$364.68	9140
Subtotal Administration				**$51,229.48**	

Provider Initiatives					
Open Minds	12152	1849	3001333	$4,900.00	9300
Integrus	79	ACH	ACH	$10,000.00	
Subtotal Initiatives				**$14,900.00**	
Grand Total				**$66,129.48**	

Sandra Jiles
Sandra Jiles (Aug 18, 2025 12:33:23 CDT)

Sandy Jiles, Chairperson

05/21/25 Disbursements
Jackson County Community Mental Health Fund

	Distribution	Category	Initiated	Settled
CAPA	83,727.00	**VBP**	05/21/2025	05/23/2025
Comprehensive	52,718.00	**Payments**		
Cornerstones	187,365.00			
Foster Adopt Connect	53,693.00			
Jewish Family Services	24,688.00			
KC Cares Clinic	18,045.00			
Mattie Rhodes	12,364.00			
Niles KVC Mo	88,430.00			
Operation Breakthrough	23,387.00			
ReDiscover	148,620.00			
ReStart	40,894.00			
Sheffield Place	65,718.00			
Swope	53,238.00			
The Children's Place	49,492.00			
The Family Conservancy	19,278.00			
University Health	96,201.00			
JCCMHF	**1,017,858.00**			

Disbursed

X Sandra Jiles
Sandra Jiles (Aug 18, 2025 12:33:23 CDT)

Sandra Jiles

COMMUNITY
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Human Resources

Community Mental Health Fund
Human Resources Committee

Policy Items for Consideration

a) **Action:** Replace Standards of Conduct (Policy Number 525 effective 4/27/06) with the attached policy, proposed 6/26/25.

b) **Action:** Withdraw the following standalone policies, which are now incorporated into Policy Number 525:

- Policy 315 Harassment
- Policy 325 Alcohol and Drug Abuse
- Policy 320 Smoking
- Policy 520 Weapons

c) **Information:** We are adding a disclaimer to the bottom of Policy Number 600 Paid Time Off (Effective 1/3/25). There are no other changes:

Proposition A Exemption: As a Missouri political subdivision, the Community Mental Health Fund is exempt from the paid sick leave requirements under Proposition A (RSMo §§ 290.600 to 290.642) pursuant to RSMo § 290.600(6).

STANDARDS OF CONDUCT

General: The Community Mental Health Fund (CMHF) expects all employees to conduct themselves in a professional and ethical manner. An employee should not engage in professional behavior that is unethical in any way, nor should an employee influence other employees to act unethically.

The work rules and standards of conduct for the CMHF and the workplace site are important. All employees are urged to become familiar with these rules and standards. In addition, employees are expected to follow the rules and standards faithfully in doing their own jobs and conducting the agency's business. Please note that any employee who deviates from these rules and standards will be subject to corrective action, up to and including termination from employment.

While not intended to list all the forms of behavior that are considered unacceptable in the workplace, the following are examples of rule infractions or misconduct that may result in disciplinary action, including termination of employment.

- Theft or inappropriate removal or possession of property;
- Falsification of timekeeping records;
- Working under the influence of excessive alcohol or illegal drugs;
- Possession, distribution, sale, transfer, or use of illegal drugs in the workplace;
- Fighting or threatening violence in the workplace;
- Violation of safety or health rules;
- Engaging in criminal conduct or acts of violence or making threats of violence;
- Sexual or other unlawful or unwelcomes harassment (See Section ## , Harassment, Including Sexual harassment);
- Any absenteeism due to incarceration.

Anti-Harassment Policy

The agency strives to create and maintain a work environment in which people are treated with dignity, decency and respect. The environment of the agency should be characterized by mutual trust and the absence of intimidation, oppression and exploitation. Employees should be able to work and learn in a safe yet stimulating atmosphere. The

accomplishment of this goal is essential to the mission of the CMHF. For that reason, the CMHF will not tolerate unlawful discrimination or harassment of any kind. Through enforcement of this policy and by education of employees, the agency will seek to prevent correct, and discipline behavior that violates this policy.

All employees, regardless of their positions, are covered by and are expected to comply with this policy and to take appropriate measures to ensure that prohibited conduct does not occur. Appropriate disciplinary action will be taken against any employee who violates this policy. Based up the seriousness of the offense, disciplinary action may include verbal or written reprimand, suspension or termination of employment.

Prohibited Conduct Under This Policy

Discrimination

a) It is a violation of this policy to discriminate in the provision of employment opportunities, benefits or privileges; to create discriminatory work conditions; pr use discriminatory evaluative standards in employment if the basis of that discriminatory treatment is, in whole or in part, the person's race, color, national origin, age, religion, disability status, gender, sexual orientation, gender identify, genetic information or marital status.
b) Discrimination of this kind also may be strictly prohibited by a variety of federal, state and local laws, including Title VII of the Civil Rights Act of 1990. The policy is intended to comply with the prohibitions stated in these anti-discrimination laws.
c) Discrimination in violation of this policy will be subject to severe sanctions up to and including termination.

Harassment

Harassment, including sexual harassment, is prohibited by federal and state laws. This policy prohibits harassment of any kind, and the company will take appropriate action to address any violations of this policy. The definition of harassment is verbal or physical conduct designed to threaten, intimate or coerce. Also, verbal taunting (including racial or ethnic slurs) that, in the employee's opinion, impairs his or her ability to perform his or her job.

Examples of harassment are:

a) Verbal: Comments that are not flattering or are unwelcome regarding a person's nationality, origin, race, color, religion, gender, sexual orientation, age, body, disability or appearance. Epithets, slurs, negative stereotyping.

b) Nonverbal: Distribution, display or discussion of any written or graphic material that ridicules, denigrates insults, belittles, or shows hostility or aversion toward an individual or group because of national origin, race, color, religion, age, gender, sexual orientation, pregnancy, appearance, disability, gender identity, marital or other protected status.

Sexual Harassment

Sexual harassment in any form is prohibited under this policy. Sexual harassment is a form of discrimination and is unlawful under Title VII of the Civil Rights Act of 1964. According to the Equal Employment Opportunity Commission (EEOC), sexual harassment is defined as "unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of sexual nature...when... submission to or rejection of such conduct is used as the basis for employment decisions or such conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment."

Sexual harassment includes unsolicited and unwelcomes sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature, when such conduct:

a) Is made explicitly or implicitly a term or condition of employment.
b) Is used as a basis for an employment decision.
c) Unreasonably interferes with an employee's work performance or creates an intimidating, hostile or otherwise offensive environment.

Sexual harassment may take different forms.

Examples of conduct that may constitute sexual harassment are:

a) Verbal: Sexual innuendoes, suggestive comments, jokes of a sexual nature, sexual propositions, lewd remarks, threats. Request for any type of sexual favor. Verbal abuse or "kidding" that is oriented toward a prohibitive form of harassment including that which is sex oriented and considered unwelcome.
b) Nonverbal: The distribution, display or discussion of any written or graphic material, including calendars, posters and cartoons that are sexually suggestive or show hostility toward an individual or group because of sex; suggestive or insulting sounds; leering; staring; whistling; obscene gestures; content in letters and notes, email, photos, text messages, Internet posting, etc., that is sexual in nature.

c) Physical: Unwelcome, unwanted physical contact, including but not limited to touching, tickling, pinching, patting, brushing up against, hugging, cornering, kissing, fondling, forced sexual intercourse or assault.

Normal, courteous mutually respectful, pleasant, noncoercive interactions between employees including men and women, those are acceptable and welcomes by both parties, are not considered to be harassment, including sexual harassment.

There are two recognized types of sexual harassment under state and federal law: Quid pro quo and hostile work environment. The definitions of both forms of sexual harassment are as follows:

1. "Quid Pro Quo" Sexual Harassment. The essential elements of this type of harassment are unwelcome sexual advances, requests for sexual favors or other verbal, visual or physical conduct of sexual nature when:
    a. Submission to the conduct is made either explicitly or implicitly a term or condition of an employee's employment, or
    b. Submission to or rejection of the conduct by an employee is used as the basis for employment decisions affecting that employee.
2. "Hostile Work Environment" Sexual Harassment. The essential elements of this type of harassment are:
    a. The employee affected was subject to harassing conduct directed toward him or her, or the employee personally witnessed the harassing conduct, and it took place in their immediate work environment.
    b. The Employee's gender was a motivating factor for the harassment.
    c. The conduct is unwelcome and sufficiently severe or pervasive that it has the purpose or effect of altering the conditions of employment and creating an intimidating, hostile, abusive, or offensive working environment.
    d. The environment created by the conduct would have been perceived as intimidating, hostile, abusive, or offensive by a reasonable person in the same position as the affected employee; and
    e. The environment created was perceived by the affected employee as intimidating, hostile, abusive or offensive.
3. Sexual favoritism, where the harassment comes in the form of providing favors over another employee.
4. Third-Party, - any person who observes someone else being harassed, or observes sexual conduct and is adversely affected may claim this type of sexual harassment.

Bullying

Bullying is defined as repeated inappropriate behavior, either direct or indirect, whether verbal, physical or otherwise, conducted by one or more people against another or others, at the place of work and/or in the course of employment.

The purpose of this policy is to communicate to all employees, including supervisors, managers and executives that the CMHF will not in any instance tolerate bullying behavior. Employees found in violation of this policy will be disciplined, up to and including termination.

Bullying may be intentional or unintentional. However, it must be noted that where an allegation of bullying is made, the intention of the alleged bully is irrelevant, and will not be given consideration when determining discipline. As in sexual harassment, it is the effect of the behavior upon the individual which is important. CMHF consider the following types of behavior examples of bullying:

- Verbal Bullying: slandering, ridiculing, aligning a person or his/her family; persistent name calling which is hurtful, insulting or humiliating; using a person as butt of jokes; abusive and offensive remarks.
- Physical Bullying: pushing; shoving; kicking; poking; tripping; assault, or threat of physical assault; damage to a person's work area or property.
- Gesture Bullying; non-verbal threatening gestures, glances which can convey threatening messages.
- Exclusion: socially pr physically excluding or disregarding a person in work-related activities.

5. **Retaliation**
   No hardship, no loss of benefit, and no penalty may be imposed on an employee as punishment for:
   - Filing or responding to a bona fide complaint of discrimination or harassment.
   - Appearing as a witness in the investigation of a complaint.
   - Serving as an investigator.

The Complaint Process

Any person electing to utilize this complaint resolution procedure will be treated courteously, the problem handled swiftly and as confidentially as feasible in light of the need to take appropriate corrective action, and the registering of a complaint will in no

way be used against the employee nor will it have an adverse impact on the individual's employment status. Employees are strongly urged to utilize this procedure. However, filing groundless and malicious complaints is an abuse of this policy and is prohibited.

a. Confidentiality: During the complain process, while the confidentiality of the information received, the privacy of the individuals involved, and the wishes of the complaining person regarding action by the office cannot be guaranteed in every instance, they will be protected to as great a degree as legally possible. The expressed wishes of the complaining person for confidentiality will be considered in the context of the company's legal obligation to act upon the charge and the right of the charged party to obtain information. In most cases, however, confidentiality will be strictly maintained by the agency and those involved in the investigation. In addition, any notes or documents written by or received by the person(s) conducting the investigation will be kept confidential to the extent possible and according to any existing state or federal law.
b. Complaint Procedure: The following complaint procedure will be followed to address a complaint regarding harassment, discrimination or retaliation.
    i. A person who feels harassed, discriminated against or retaliated against may initiate the complaint process by contacting Third-party HR Administrator (Lever1 Human Resources at 816-994-1300). No formal action will be taken against any person under this policy unless a complaint has been initiated with sufficient details to allow Third-Party HR Administrator (Lever 1) to determine if the policy may have been violated. If a supervisor or manager becomes aware that harassment or discrimination is occurring, either from personal observation or as a result of an employee coming forward, the supervisor or manager should immediately report it to the Third-Party HR Administrator (Lever 1).
    ii. Upon receiving the complaint or being advised by a supervisor or manager that violation of this policy may be occurring, Third Party HR Administrator (Lever 1) will notify the agency, and may review the complaint with the agency's legal counsel.
    iii. The following steps will occur in a reasonable timeframe:
        1. Notify the person9s) charged {hereafter referred to as "respondent(s)} of a complaint.

2. Initiate the investigation to determine whether there is a reasonable basis for believing that the alleged violation of this policy occurred.
3. During the investigation, Third-Party HR Administrator (Lever 1), together with legal counsel or other management employee, may interview the complainant, the respondent and any witnesses to determine whether the alleged conduct occurred.
4. Third-Party HR Administrator (Lever 1) or other person conducting the investigation will conclude the investigation and report to the agency and engage in a discussion of action to take.
5. If it is determined that harassment or discrimination in violation of the agency's policy has occurred, Third-Party HR Administrator (Lever 1) will recommend appropriate disciplinary action. The appropriate action will depend on the following factors: The severity, frequency and pervasiveness of the conduct; prior complaints made by the complainant; prior complaints made against the respondent; the quality of the evidence.
6. If the investigation is inconclusive or it is determined that there has been no harassment or discrimination in violation of this policy, but some potentially problematic conduct is revealed, preventative action may be taken.
7. At the conclusion of the investigation, Third-Party HR Administrator (Lever1) may meet with the complainant and the respondent separately in order to notify them in person of the findings of the investigation and to inform them of the action being recommended by Third-Party HR Administrator (Lever 1).

Substance Abuse – Drug and Alcohol Policy

The Community Mental Health Fund realizes the importance of providing a safe and healthy workplace. For these reasons, the agency is committed to protecting the health and safety of our employees from the hazards caused by the use or abuse of alcohol and drugs. Accordingly, as required by the Drug-Free Workplace Act of 1988, the CMHF has adopted the following policy and rules with respect to employee involvement with alcohol, illegal drugs and other controlled substances.

1. **Employee Assistance Program:** The CMHF recognizes that alcoholism and drug dependence are common in our society. They shall be regarded as medical problems requiring medical supervision and treatment if there is to be successful rehabilitation. The CMHF 's intent is to encourage any employee with alcohol or drug dependency to voluntarily enter a treatment program and/or an employee assistance program. Any employee who seeks approved medical attention prior to a violation of this policy will be considered by the CMHF to have a chronic medical condition.
    a. For cause, such an accident or where a violation of this policy has occurred an employee may be directed to undergo drug testing and/or enter an employee assistance program. The employee's request to undergo a drug or rehabilitation program shall not serve to wave the application of disciplinary action which is appropriate for the policy violation.
2. **Personal Decorum** whether on or off the job, affects the reputation of the employees and Trustees of the CMHF. Although it is not the intent of the agency to intrude into the private lives of its employees, the effects of drug and alcohol use and dependence on safety, work quality, increased medical expenses and lost productivity require the following policy:
    a. The unlawful manufacture, distribution, dispensation, use, possession, sale, transfer, offering or furnishing of alcohol, illegal drugs or other controlled substances (as defined under State and Federal law) while on duty or on the CMHF premises (including parking lit) is prohibited.
    b. Reporting for work, returning to work, being or remaining at work, while under the influence of alcohol, illegal drugs, prescribed drug, or any other controlled substance, or having any of the aforementioned substance in your system while on work premises or while performing work for the CMHF, or being incapable of safely performing the job because of the presence of such substances, is prohibited.

An employee who violates any of the above rules and/or who tests positive for alcohol or drugs will be subject to severe disciplinary action which may include termination of employment.

Prescriptions and Over-the-Counter Drugs: This policy and rule does not prohibit the use of controlled substance which has a currently accepted medical use provided:

1. The drug is prescribed or authorized by a medical doctor.
2. The use of the drug at the prescribed or authorized level is consistent with the safe performance of the employee's duties; and

3. The drug is used at the dosage prescribed or authorized.

An employee who, under a physician's guidance, is taking a prescription drug or other medication which may affect the employee's ability to work safely is responsible for bringing the matter to his/her supervisor's attention before beginning work.

Smoking Policy

Smoking is prohibited by City ordinance and is not permitted in the CMHF office or anywhere within the office building. Smoking will be confined to outdoor areas designated for that purpose by the building management. Smoking breaks are not considered part of the paid workday, and if excessive, time spent on smoking breaks may be deducted from the employee's work time.

The CMHF encourages a healthy workforce. Because of the serious health risks to smokers and to anyone subject to the risks of passive inhalation of tobacco smoke employees who are smokers are encouraged to undertake cessation measures.

Buring candles, incense or the use of other airborne scented and/or combustible materials in the CMHF office is prohibited.

Weapons Policy

The Community Mental Health Fund realizes the importance of providing a safe and healthy workplace. For these reasons, the organization is committed to protecting the health and safety of our employees from the hazards caused by the possession of weapons in the workplace. Further, building management has forbidden all weapons, including firearms from the building premises.

Accordingly, the CMHF has adopted the following prohibitions which cover all premises, including offices, office building and parking lot.

1. No Firearms
2. No explosives of any kind, including flammable liquids and fireworks.
3. No weapons of any kind, including ammunition, knives, clubs, or martial arts equipment.
4. No pellet or BB guns, replica firearms, military trophy armaments or toy weapons.
5. No infectious, caustic, flammable, poisonous or other dangerous substances with the potential to cause threat or bodily harm.

For staff, failure to comply with this policy is grounds for immediate termination.

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Value Based Payment

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Accountability and Compliance

06.25 Board Packet updated (1)

Final Audit Report 2025-08-18

Created:	2025-08-15
By:	Jenn Clark (finance@jacksoncountycares.org)
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