



Supporting equitable and quality mental health care in Jackson County.

Board of Trustees Meeting

Thursday, January 23, 2025, at 5:15 PM

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

AGENDA

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

Consideration of Minutes: November 21, 2024

Staff Report: Bruce Eddy

- a. Theresa Reyes-Cummings: GMS update
- b. Bruce Eddy: Community Mental Health values and funding, Part 2
- c. Updates, announcements

Education/Planning Committee: Dr. Kirby Randolph

- a. Advisory Council: Review Charter
- b. Committee Report: Strategic Initiative Assignments
- c. Board Development RFP

Finance Committee: Karla Williams

- a. Consider ratification: November and December 2024 Bills
- b. Consider ratification: November and December 2024 Agency Payments
- c. November/December 2024 Financial Statements

Human Resources Committee: Karla Williams

- a. Policies for consideration: Paid Time Off, Professional Development, Grievance, Personal Cell Phone
- b. Next steps

Appropriations Committee: Marsha Campbell

- a. Application Period: Special Populations, Domestic Violence (9-month)
- b. Feb 5 Proposals to Committee; Mar 3 Proposal Summaries
- c. Committee Meeting: March 19th, 9:00 a.m. via Zoom

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

- a. Next Meeting: To be determined

Accountability/Compliance Committee: Rochelle Harris

Public Comments, Announcements

Next Board of Trustees Meeting:

Thursday, February 27, 2025, at 5:15PM. 1627 Main Street, Suite 500, KCMO 64108

Adjourn



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Supporting equitable and quality mental health care in Jackson County.

Board of Trustees Meeting
Meeting Minutes: November 21st, 2024

Agenda Item	Person Responsible	Discussion	Motion/Second; Action Taken
Call to Order	S. Jiles	Meeting called to order at 5:17 PM CT by Board Chair, S. Jiles. Trustees present: Sandra Jiles, Alice Kitchen, Kirby Randolph, James Walden, Via Zoom: Marsha Campbell, Jessica Garcia, Karla Williams Trustees absent: Rochelle Harris Staff and guests: Lists attached.	Information
Consideration of Board Minutes		Consideration of October 2024 Minutes. Minutes were approved as presented.	J Walden/K Williams MOTION CARRIED
Staff Report	T. Cummings	GMS update 3 intensive days of meetings about workflow. It should be ready for the 2026 year.	Information
Staff Report	Bruce Eddy	Strategic Plan Policy, Community Mental Health funding and values. Reviewing internal KPI's quarterly	Information
Information	Bruce Eddy	An overview of Community Mental Health history starting in early 1900's through current	Information
Education and Planning			
Strategic plan	K. Randolph	Strategic Plan and Education topics for 2025 Education planning meeting coming up in January TBD Creating topics to learn about Gino said we can change to AC resolution	Information
Advisory Council Meeting		Pepe is retiring from leading the Advisory Council and moving back to Mexico.	information
Finance and Internal			
Consider for Ratification: October bills 2024	K. Williams	Consider ratification October bills 2024 in the amount of \$72,526.63 Approved as presented.	K Williams/ Kirby MOTION CARRIED
Consider for Ratification: October 2024 Agency Payments		Consider ratification October agency payments: Community Education/ Training Grants: ArtsKC -- Training Grant 7,000.00	K Williams/Kirby MOTION CARRIED

		Mattie Rhodes 20,000.00 Cornerstones of Care 6,995.00 Operation Breakthrough 3,898.00 Grand total of \$37,893.00	
October Financial Statements		No questions or issues	Information
Consider 2025 Budget		Approved as presented. Alice noted that CMHF isn't getting as much money as it could due to tax abatement through new developments. 4 million in Board designated special initiatives, was 2.5 million.	K Williams/A Kitchen MOTION CARRIED
Information		The new CMHF position will not be called a marketing position, it will be called now be called a Communications position going forward	Information

Human Resources

Information	K Williams	There is no report at this time, there is a possible meeting in December	Information
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Appropriations

Appropriations Committee Recommendation	M. Campbell	Consider Safety Net 2025 proposals	Marsha/Karla MOTION CARRIED	
		Burrell-Comprehensive		\$1,373,600
		Family Conservancy		\$211,900
		Jewish Family Services		\$152,200
		KC Care Clinic/RW		\$92,000
		Mattie Rhodes		\$296,500
		ReDiscover		\$1,483,400
		ReStart		\$400,000
		Samuel Rodgers		\$159,400
		Swope		\$1,050,100
University Health	\$1,315,300			
		Total	\$6,534,400	

		Consider Children and Families 2025 proposals	Marsha/Kirby MOTION CARRIED	
		CAPA		\$411,600
		Children's Place		\$304,000
		Cornerstones		\$1,681,200
		Crittenton		\$427,000
		FosterAdopt Connect		\$439,000
		Niles		\$1,031,600
		Operation Breakthrough		\$226,800
		Sheffield Place		\$343,900
		Steppingstone		\$585,000
		Total	\$5,450,100	
		Grand Total	\$11,984,00	

Consideration		Genesis School Technology proposal \$6,900 MARC 988 Education proposal \$10,000	Marsha/Kirby MOTION CARRIED
Consideration		Amethyst Place Pilot proposal \$75,000	Marsha/James MOTION CARRIED
Consideration		CLAS Indicators and Implementation Plan Approved Staff formalizing implement indicators plan	Marsha/Jim MOTION CARRIED
Information		The nine month contracts for 2025 Special Population and DV proposals	Information

VBP Committee

Information	J. Waldon	Next Meeting: Monday, November 25 from 11:30am to 1pm	Information
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Accountability and Compliance

Information	R Harris	Nothing to report	Information
Public Comments	None		
Closed Session	Vote to close part of the meeting pursuant to Section 610.021, subsections (3) and (13) RSMo. K Williams/ J Walden		
Announcements	Next Regular Board Meeting: Next regular meeting will be January 23 rd , 2025 at 5:15pm: CMHF office at 1627 Main Street, Suite 500, KCMO 64108		
Adjourn	Meeting Adjourned to public at 6:47 PM.		

X Sandra Jiles
Sandra Jiles (Mar 13, 2025 15:33 CDT)

Sandra Jiles
Chairperson

Attendees:

Board Members:	Attended?	Staff:	Attended?
Marsha Campbell	Y - Zoom	Bruce Eddy	Y
Jessie Garcia	Y - Zoom	Theresa Cummings	Y
Rochelle Harris	N	Susan Jones	Y
Sandra Jiles	Y	Rochelle DePriest	Y
Alice Kitchen	Y	Taryn Lichty	Y
Dacia Moore	N	Jenn Clark	Y
Kirby Randolph	Y	Gino Serra	Y- Zoom
James Walden	Y		
Karla Williams	Y - Zoom		

Guests:	Attended
Jim Gifes (University Health)	Y - Zoom
Meg Nelson (Hope House)	Y - Zoom
Thomas Moran (Integrus)	Y - Zoom
Rochelle Smith (ReStart)	Y
Laurie Cox (Swope)	Y
Julie Phillips (MARC)	Y
Sarah Knopf-Amelung (Amethyst Place)	Y
Jamifa Edwards (Amethyst Place)	Y
Jessica Brown (ReStart)	Y



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Supporting equitable and quality mental health care in Jackson County

Education and Planning



Resolution Establishing the CMHF Advisory Council and Approving Its Charter
Introduced by Sandra E. Jiles

WHEREAS, the Board of Trustees of the Jackson County Community Mental Health Fund, doing business as the Community Mental Health Fund ("Board" or "CMHF"), desires to establish an ad hoc Advisory Council (sometimes referred to herein as "AC") of CMHF, and

WHEREAS, the proposed charter of the Advisory Council, setting forth the purpose, duties, membership criteria and term of the Advisory Council, has been submitted to the Board and is attached hereto ("Charter").

RESOLVED, that the Advisory Council is established as an advisory committee in support of CMHF.

RESOLVED, that the attached Charter is approved and the Advisory Council will have the purpose, duties, membership criteria and term as set forth therein or as may be otherwise prescribed from time to time by the Board; provided that (i) the Advisory Council is not a committee of the Board and will not have or exercise any of the powers or responsibilities of the Board, including with respect to the oversight and direction of CMHF, its staff and programs, and (ii) none of the members of the Advisory Council will be considered trustees of CMHF, unless separately appointed, designated or elected as such.

RESOLVED, that unless the Board provides otherwise, the Advisory Council may make, alter, and repeal rules and procedures for the conduct of its business, recruitment and admission of members, selection of leadership from among its members, and interaction with and reporting on Advisory Council meetings and activities to the Board; provided that in the absence of such rules and procedures the Advisory Council will abide by the rules and procedures of CMHF pursuant to its Bylaws, policies and procedures, and provided further that Advisory Council members and leadership serve at the pleasure of the Board, which reserves the right to appoint or remove such members and leadership,

RESOLVED, the Board may from time to time and at its own discretion, authorize and provide funding and other support to the Advisory Council for facilitation, training, logistics, and projects.

RESOLVED, to the extent practicable, members of the Advisory Council will be subject to the governance policies and procedures of CMHF, including with respect to the disclosure and management of conflicts of interest. To the extent applicable, neither sovereign immunity nor indemnity protections are extended to AC members. CMHF Policy Number 245, Conflicts of Interest, shall be included in AC guidance materials.

RESOLVED, Members of the Advisory Council serve as volunteers without pay. Mental health agencies with staff serving as members of the Advisory Council shall receive no preferential consideration because of their participation in the AC.

Adopted unanimously October 16 26, 2023



Supporting equitable and quality mental health care in Jackson County, Missouri.



Advisory Council Request for CMHF Charter

Advisory Council of the Community Mental Health Fund Request for Charter

1. Request

The Advisory Council (AC) requests that the CMHF Board of Trustees (Trustees) formalize certain rights and charge it with certain responsibilities which are stated below, to support it in carrying out its purposes, maintaining membership, meeting regularly, and making participation beneficial.

2. Purposes

The AC will uphold and advance the mission of the Community Mental Health Fund (organization), which is to support a network of quality mental health services for persons with mental illness that are equitably accessible and responsive to the varied and unique needs of Jackson County Missouri residents.

The overall purpose of the AC is to advise the Community Mental Health Fund's (organization's) staff and Trustees on matters impacting community mental health services in Jackson County, Missouri.

The AC will limit its advice and supporting activities to matters relevant to the organization's programs and DEIBA (Diversity, Equity, Inclusion, Belonging, & Accessibility) efforts.

To achieve these purposes, the AC's scope may include, but not be limited to:

- Identifying DEIBA best practices, technical assistance needs and resources.
- Assessing the impact of programs and projects.
- Serving as an ad-hoc partner on short-term projects such as the creation of guidance information, giving opinions, and convening meetings and events.
- Serving as a non-political advocate for the organization.
- Integrating personal growth and group exploration of DEIBA to enhance the achievement of the above purposes.

The AC has no separate organizational standing and cannot compel the Board, staff, funded agencies, or other persons or entities, to act on its recommendations.

3. Benefits for Members

In addition to supporting the organization by carrying out its purposes, the AC will provide experiences that will benefit members, with the aim of making AC participation

meaningful, with opportunities for professional and personal growth. Through this work members will have opportunities to:

- Inform, educate, and add to the effectiveness of the Organization as it works to carry out its strategies and goals.
- Engage with people with diverse skills and experiences.
- Complement the skills of the Board of Trustees.
- Share professional expertise, insights, and experiences to develop emerging Board leaders.
- Experience valuable networking opportunities with peers.
- Engage in personal growth and group exploration of DEIBA to enhance the achievement of the above purposes.
- Engage in robust discussions that help assist the organization in responding to needs and trends in community mental health.
- Build relationships and interpersonal skills through authentic communication to gain a larger DEIBA perspective and expand interpersonal growth.

4. Membership

- The AC will consist of a maximum of 12 members serving as volunteers.
- Terms will be two consecutive years.
- The AC aims to be comprised of people with diverse skills and experiences, including but not limited to people with lived experience, people engaged in the non-profit and private sectors, and other members of the public.
- Members may not include CMHF staff.
- To be considered for membership, potential new members must complete an application, which will be available on the CMFH website.
- Selection of members will be made by the AC. Upon acceptance new members will receive a letter of notification and welcome packet with details of meetings, logistics, AC roster, the current Charter, relevant organization policies, and selected DEIBA information.
- AC members must adhere to the Organization's Policy Number 245, which deals with conflicts of interest. A copy will be included in the AC Welcome Packet.
- Members who are absent without reasonable cause from three successive meetings will be considered to have resigned their seat. The AC will move to fill the vacant seat.

5. Leadership and Meetings

- From time to time the AC will review and determine its leadership structure and select its own leadership. The AC acknowledges that the Trustees retain rights of removal or replacement of members and leadership.
- The AC may select or constitute working groups from time to time to review information or carry out projects. Such groups shall not have powers of a committee of the Trustees.

- The AC may hold meetings and carry out other work with the support of a facilitator. The facilitator may assist in planning meeting agendas and supporting other purposes and projects as needed.
 - The AC will meet approximately ten times per year on the fourth Wednesday of every month.
 - Written notices of upcoming meetings will be emailed to members at least seven days before a meeting.
 - Meetings shall be held at the CMHF office or other locations as needed.
 - Records of each meeting will be kept in an electronic format using existing meeting agenda as a template and available upon request. Results of votes, when taken, shall be recorded.
 - Recommendations and reports to the Organization shall be made in writing.
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“We strive for high standards for effective services and participant experience.”

Community Mental Health Fund
-CONFIDENTIAL-
Strategic Planning Prioritization Session
August 10, 2024
Notes and Next Steps

Introduction

On August 10, 2024, the Jackson County Community Mental Health Fund (CMHF) Board of Trustees conducted a Planning Retreat at their office, facilitated by Wayne Powell of iBossWell, Inc. (IBW). The purpose of the retreat was to prioritize strategic initiatives and goals developed after the “mini” retreat conducted on June 14, 2024, and presented to the Education and Planning Committee on July 19, 2024. The following agenda to guide the discussion was reviewed and approved in collaboration with Bruce Eddy, Executive Director, and Theresa Reyes-Cummings, Deputy Executive Director:

- 1. Welcome, and Desired Outcomes**
- 2. Recap of process: Board Governance Roles, Retreat Highlights and Strategic Plan Structure**
- 3. Review of Draft 2025 – 2027 Strategies and Goals**
- 4. Prioritization Exercises: Round 1, Strategies Prioritizations; Round 2, Goals Prioritization**
- 5. Board Governance/Accountabilities Discussion**
- 6. Next Steps**

Summary of Discussion by Agenda Items

What follows is a summary of each discussion and potential follow-up actions that could be taken to advance the work of CMHF:

1. Welcome and Desired Outcomes

The facilitator walked the group through the agenda for the retreat and emphasized the “desired goals” for the discussion:

- Review performance of High Impact Boards
- Review, understand and prioritize strategic initiatives, and goals
- Identify and agree on Board accountabilities
- Endorse prioritized strategies and goals

2. Recap of process: Board Governance Roles, Retreat Highlights and Strategic Plan Structure

Recap: Board Governance

Given how the strategic planning work is advancing and the need for the Board to start giving some thought to how it will exercise effective oversight of the plan, the facilitator walked the group through highlights from a board development workshop conducted in April 2022 entitled High Impact Boards (HIB) as illustrated in the following table:

Governance Role	Support Role
The Board acts as a body	Board members act as individual volunteers
The Board is the “collective” boss/partner	Board members act with and under the direction of staff
The Board represents the community’s interests to the organization; speaks to the organization in the community’s voice	Board members represent the organization’s interests to the community and support/build support for the mission
Responsibilities: <ul style="list-style-type: none"> • Big Decisions • Legal Oversight • Financial Oversight • ED/CEO Support • Planning • Ensuring Efficiency/Impact 	Responsibilities: <ul style="list-style-type: none"> • Advice • Supporting Revenue Development • Ambassadors/Advocates • Volunteering

Specifically, the facilitator reminded participants of the two broad types of board responsibilities – Governance and Support. From a governance perspective, HIBs generally act as a body, representing the public interest and in doing so focus on their fiduciary, strategic and generative governance responsibilities. That is, in their governance role, HIBs understand and focus on their responsibilities to make big decisions, provide legal and financial oversight, provide support to the Executive Director/CEO, and plan for and ensure efficiency and impact. Overall, HIBs operate in a manner consistent with focusing on, for example, strategic priorities/initiatives, achievement of established measurable goals, and policy level decisions while avoiding management activities reserved for staff to include task assignment, as well as tactical and procedural details.

When in a support rather than governance role, board members act as individual volunteers and under the direction of staff, which can take the form of offering advice, supporting (if applicable) revenue development, serving as ambassadors/advocates, and serving as volunteers at events, public forums, etc.

Recap: Retreat Highlights

Based on the totality of the discussions conducted during the “mini” retreat conducted on June 14, which served as the basis for the development of draft strategies and goals, the facilitator shared the highlights to set the stage for the prioritization exercises to follow. In particular, the items from the “mini” retreat highlighted include: 1) when responding to a “flash” survey on where CMHF is on the Growth Curve, the responses (including Board and staff members) were as follows: Start-up (0); Growth and Stability (7); Peak (1) and Decline (4).

In addition, when selecting priorities for the next few years, participants homed in on these categories:

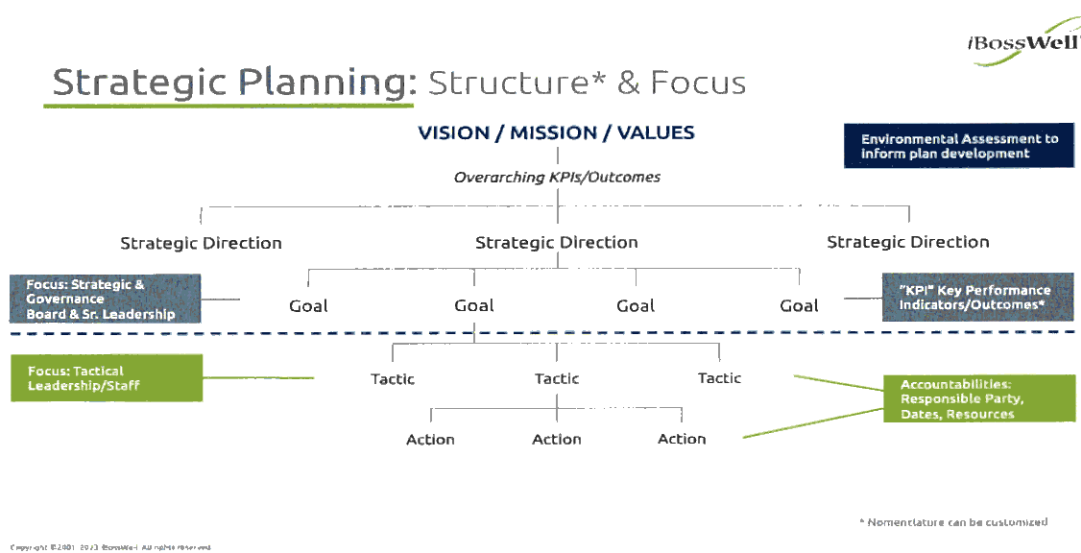
- Awareness: Increase awareness and visibility of CMHF, mental health issues, as well as opportunities through education
- Leadership: Demonstrate leadership by serving as a convener of stakeholders and expand partnerships
- “Grassroots”: Engage with and expand support to “Grassroots”/Community-based organizations
- Workforce: Grow, strengthen and diversify the workforce

And from a risk management perspective, participants wanted to monitor, manage and mitigate key risks related to:

- Loss of or reduction in funding
- State and Federal actions
- Hostility toward target population

Recap: Strategic Plan Structure

Also, the facilitator refreshed the group on the following IBW Plan Structure illustration that covers three phases of its approach to strategic planning: 1) Environmental assessment and information gathering; 2) definition of high-level strategies, goals, and key performance indicators; and 3) business and operational implementation planning.



While emphasizing the importance of a board’s managing to and staying focused on the strategic part of a strategic plan (i.e., focusing above the horizontal dashed line), the facilitator walked participants through the illustration.

3. Review of Draft 2025 – 2027 Strategies and Goals

Based direction received from the Education and Planning Committee, the facilitator walked participants through the draft strategic initiatives (3) and goals (10):

Mission Driven Initiatives

Increase Awareness: Build deeper understanding and awareness of CMHF’s mission, where to get low/no-cost quality mental health care, and efforts to reduce stigma.

Leadership: Demonstrate/exercise leadership by convening key stakeholders and establishing partnerships to address and give voice to systemic mental health issues.

Access: Enable access to low/no-cost high quality mental health care for Jackson County residents.

Goals: Increase Awareness

General Public: Educate Jackson County residents about CMHF, where to get low/no-cost care, and reduce stigma.

Agencies: Increase awareness among funded, nonfunded agencies, and community-based organizations about CMHF, what CMHF funds, and provide ongoing education around best practices in service delivery, and quality assurance.

Public Officials: Increase awareness among City and County officials about CMHF, its scope of responsibility/authority, the impact of its work, and to encourage ongoing support of the maximum levy rate.

Goals: Leadership

Workforce: Influence expansion of diversification of the mental health workforce to meet demand for services.

Partnerships: Engage key stakeholders (e.g., agencies, community-based organizations, other funders, etc.) to increase their understanding of mental health issues, opportunities and to provide support and resources to address.

Accelerate Innovation: Identify and pursue opportunities to direct existing (discretionary) and leverage other funds to support agency ability to utilize effective practices/innovations.

Advocacy: Maintain awareness of emerging State-level policy issues and provide CMHF's direct or indirect voice (i.e., through established advocacy groups and coalitions) to support or dissuade efforts out of alignment with CMHF's mission.

Goals: Access

Existing Agencies: Organize existing agencies into thematic groups to work on common problems (e.g., access to care, clinical interventions, financial sustainability, etc.).

Access Disparities: Establish a baseline measure to monitor access disparities among underserved groups. **New Agencies (Community-based):** Expand the network of care by developing a new funding model to support funding community-based organizations aligned with CMHF's mission and goals.

New Agencies (Community-based): Expand the network of care by developing a new funding model to support funding community-based organizations aligned with CMHF's mission and goals.

4. Prioritization Exercises: Round 1, Strategies Prioritizations; Round 2, Goals Prioritization

Prioritization Exercise: Round 1

The group was provided with monopoly money and asked to first rank the strategic initiatives, which resulted in the following ranking:

- 1. Leadership:** Demonstrate/exercise leadership by convening key stakeholders and establishing partnerships to address and give voice to systemic mental health issues.
- 2. Access:** Enable access to low/no-cost high quality mental health care for Jackson County residents.
- 3. Increase Awareness:** Build deeper understanding and awareness of CMHF's mission, where to get low/no-cost quality mental health care, and efforts to reduce stigma.

In discussing the rationale for the change to move leadership to the top, access to the second position and awareness third, it was noted that by exercising leadership as the top priority the other priorities would be easier to advance. In addition, since access is core to the work of CMHF, it seemed appropriate to rank it second and awareness third, since it will be a new initiative.

Prioritization Exercise: Round 2

The group was provided with additional monopoly money and asked to rank the goals, which resulted in the following ranking:

- 1. Workforce:** Influence expansion of diversification of the mental health workforce to meet demand for services.
- 2. Access Disparities:** Establish a baseline measure to monitor access disparities among underserved groups. **New Agencies (Community-based):** Expand the network of care by developing a new funding model to support funding community-based organizations aligned with CMHF's mission and goals.
- 3. Advocacy:** Maintain awareness of emerging State-level policy issues and provide CMHF's direct or indirect voice (i.e., through established advocacy groups and coalitions) to support or dissuade efforts out of alignment with CMHF's mission.
- 4. Partnerships:** Engage key stakeholders (e.g., agencies, community-based organizations, other funders, etc.) to increase their understanding of mental health issues, opportunities and to provide support and resources to address.
- 5. New Agencies (Community-based):** Expand the network of care by developing a new funding model to support funding community-based organizations aligned with CMHF's mission and goals.
- 6. Accelerate Innovation:** Identify and pursue opportunities to direct existing (discretionary) and leverage other funds to support agency ability to utilize effective practices/innovations.
- 7. Existing Agencies:** Organize existing agencies into thematic groups to work on common problems (e.g., access to care, clinical interventions, financial sustainability, etc.).
- 8. General Public:** Educate Jackson County residents about CMHF, where to get low/no-cost care, and reduce stigma.
- 9. Public Officials:** Increase awareness among City and County officials about CMHF, its scope of responsibility/authority, the impact of its work, and to encourage ongoing support of the maximum levy.
- 10. Agencies:** Increase awareness among funded, nonfunded agencies, and community-based organizations about CMHF, what CMHF funds, and provide ongoing education around best practices in service delivery, and quality assurance.

In discussing the rationale for the changes, the participants gravitated to clustering the goals to maintain general alignment around how the strategic initiatives were ranked, while prioritizing audiences for leadership, access and awareness engagement. Once this discussion concluded, the Board endorsed/approved the prioritized strategic initiatives and goals.

Prioritization Exercise: Rounds 1 and 2 Combined

1. Leadership: Demonstrate/exercise leadership by convening key stakeholders and establishing partnerships to address and give voice to systemic mental health issues.

- 1.1 Workforce:** Influence expansion of diversification of the mental health workforce to meet demand for services.
- 1.2 Advocacy:** Maintain awareness of emerging State-level policy issues and provide CMHF's direct or indirect voice (i.e., through established advocacy groups and coalitions) to support or dissuade efforts out of alignment with CMHF's mission.
- 1.3 Partnerships:** Engage key stakeholders (e.g., agencies, community-based organizations, other funders, etc.) to increase their understanding of mental health issues, opportunities and to provide support and resources to address.

1.4 Accelerate Innovation: Identify and pursue opportunities to direct existing (discretionary) and leverage other funds to support agency ability to utilize effective practices/innovations.

2. Access: Enable access to low/no-cost high quality mental health care for Jackson County residents.

2.1 Workforce: Influence expansion of diversification of the mental health workforce to meet demand for services.

2.2 Access Disparities: Establish a baseline measure to monitor access disparities among underserved groups. **New Agencies (Community-based):** Expand the network of care by developing a new funding model to support funding community-based organizations aligned with CMHF's mission and goals.

2.3 New Agencies (Community-based): Expand the network of care by developing a new funding model to support funding community-based organizations aligned with CMHF's mission and goals.

2.4 Existing Agencies: Organize existing agencies into thematic groups to work on common problems (e.g., access to care, clinical interventions, financial sustainability, etc.).

3. Increase Awareness: Build deeper understanding and awareness of CMHF's mission, where to get low/no-cost quality mental health care, and efforts to reduce stigma.

3.1 General Public: Educate Jackson County residents about CMHF, where to get low/no-cost care, and reduce stigma.

3.2 Public Officials: Increase awareness among City and County officials about CMHF, its scope of responsibility/authority, the impact of its work, and to encourage ongoing support of the maximum levy.

3.3 Agencies: Increase awareness among funded, nonfunded agencies, and community-based organizations about CMHF, what CMHF funds, and provide ongoing education around best practices in service delivery, and quality assurance.

5. Board Governance/Accountabilities Discussion

Returning to the importance of the Board giving some thought to how it might effectively provide strategic oversight to the strategic plan, the facilitator turned the group's attention to a few areas the Board should consider. In addition, Executive Director Bruce Eddy made a few comments aligned with the facilitator about opportunities he sees for the Board to adjust oversight that could be beneficial.

First, the facilitator suggested the Board give some thought to several opportunities: 1) how frequently will the Board expect to receive full updates on the status of plan implementation; 2) how it would manage changes to the plan; 3) how it might adjust its committee structure to provide oversight to key plan components, and 4) monitoring the internal and external ecosystems to ensure it stays apprised of changes so it can consider whether plan changes are warranted.

As the discussion ensued, other opportunities to enhance Board practices were discussed to include: 1) monitoring Board terms; 2) opportunities to identify needed skills on the board and recruitment; 3) general expectations for Board members to include how to hold each other accountable (e.g., attendance, being prepared for discussions, etc.); 4) the need to establish Board committee charters to bring more clarity to the expectations and responsibilities of committee chairs and members; 5) opportunities to enhance Board member onboarding, communications flows (e.g., use of a Board portal); and 6) supporting committee chairs by providing meeting facilitation training/support.

Overall, the discussion centered on how the CMHF Board can operate more at a strategic/governance level without veering into management type activities which would require a reset of the relationship with the Executive Director and staff. To do so, it was recommended that the facilitator circulate the output from the HIB workshop in which the Board participated in April 2022, so it can reflect on the action plan. Further, it was also recommended the facilitator suggest a few priorities/areas for the Board to receive support to adjust.

6. Next Steps

Given the Board endorsement/approval of the strategic initiatives and goals, as well as their discussion on Board governance /accountabilities, the next steps include:

Strategic Planning:

- Develop implementation plan during 3 – 5 two-hour meetings to include the Executive Director, Deputy Executive Director and key staff. In addition, plans are to seek Board approval for the strategic plan as well as a Board strategic plan oversight policy no later than the November meeting of the Board of Trustees.

Board Governance and Development:

- The High Impact Boards (HIB) workshop self-assessment survey and Action Plan will be circulated for each Board member’s review. To enhance its strategic oversight, the facilitator is recommending the following priorities for Board governance and ongoing development that mimic the areas assessed in HIB as well as actions contemplated for action planning identified by the board during the HIB workshop:

High-Impact Board Practices Assessed
<ol style="list-style-type: none"> 1. Stays strategically focused on the mission and its relevance for the future. 2. Board and organization work to recognize, seek to understand, and reflect the community served and act on the principles of fairness, belonging, opportunity, and inclusion. 3. Board maximizes its effectiveness, disciplines itself to get the work done, and takes accountability for its performance. 4. Recruits, prepares, and retains the right people to serve on the Board and supports their capacity to lead. 5. Serve as ambassadors and advocates for the organization. 6. Support and work in partnership with President/CEO and staff.
High Priorities
<ul style="list-style-type: none"> • Define Board strategic plan oversight policy to outline, for example, how frequently will plan updates be presented to the Board, how will changes to the plan be made, how will ongoing monitoring of the internal and external ecosystems be monitored, etc. • Determine Board oversight committee structure – needed committees, and charter development to oversee the plan. • Develop a master list/calendar of Board/organizational accountabilities/recurring approval items and assign to appropriate committee(s) (e.g., budget approval, reimbursement rate reviews, strategic plan updates, ED performance appraisal, etc.). • Document general Board skill/experience needs (i.e., develop a Board skills matrix to manage toward) and develop a recruitment strategy to complement strategic plan oversight needs (e.g., governing experience, professional brand, marketing, and communication skills, etc.). • Establish Board expectations (e.g., attendance, committee assignments, etc.) and accountability protocols, while proactively managing/monitoring terms, vacancies, etc.
Other Priorities
<ul style="list-style-type: none"> • Meeting facilitation skills. • Onboarding. • Protocols for documentation management (e.g., use of a Board portal to house bylaws, terms, committee meeting documentation, agendas, etc.)

Once Board governance and development priorities have been reviewed, plans are to work with Board leadership to determine how to move forward.





Mission Driven Initiative

LEADERSHIP: Demonstrate/exercise leadership by convening key stakeholders and establishing partnerships to address and give voice to systemic mental health issues.

Goals

1.1 Workforce: Influence expansion and diversification of the mental health workforce to meet demand for services.

Key Performance Indicators (KPIs)

- Y1: Develop an evidence/best practice-based “gameplan”
- Y2: Identify specific initiatives to move forward/operationalize (e.g., training collaborative, etc.)

1.2 Advocacy: Maintain awareness of emerging State-level policy issues and provide CMHF’s direct or indirect voice (i.e., through established advocacy groups and coalitions) to support or dissuade efforts out of alignment with CMHF’s mission.

KPIs

- CMHF increases engagement with advocacy groups, coalitions and/or State officials.
- CMHF staff and/or board members are deployed (as needed) to provide expert insights on key issues.

1.3 Partnerships: Engage key stakeholders (e.g., agencies, community-based organizations, other funders, etc.) to increase their understanding of mental health issues, opportunities and to provide support and resources to address.

KPIs

- Y1: Identify 6 – 8 key stakeholders and potential partners with like interests and audiences served
- Y1: Host/facilitate 2 to 3 learning groups that educate partners on emerging/common interest topic in the behavioral health field.
 - # of participants who respond and engage
 - Level (attendance) of ongoing and meaningful engagement of participants
 - Increased number of partnerships

1.4 Accelerate Innovation: Identify and pursue opportunities to direct existing (discretionary) and leverage other funds to support agency ability to utilize effective practices/innovations.

KPIs

- Y1, Increase the number of grants to community-based organizations

Mission Driven Initiative

ACCESS: Enable access to low/no-cost high quality mental health care for Jackson County residents.

Goals

2.1. Access Disparities: Establish a baseline measure to monitor access disparities among underserved groups.

KPIs

- Y1: Based on data, determine how CMHF can influence agencies to align services to close disparities.
- Use key indicators to inform and improve engagement by agencies for responding to disparities in access, service and outcomes.

2.2. New Agencies (Community-based): Expand the network of care by developing a new funding model to support funding community-based organizations aligned with CMHF's mission and goals.

KPIs

- Introduce a new low-barrier funding application
- Increase the number of funding applications among community-based organizations

2.3. Existing Agencies: Organize existing agencies into thematic groups to work on common problems (e.g., access to care, clinical interventions, financial sustainability, etc.).

KPIs

- Reduce wait times
- Increase # of individuals served
- Convene agencies by VBP KPIs and establish priorities

Mission Driven Initiative

INCREASE AWARENESS: Build deeper understanding and awareness of CMHF's mission, where to get low/no-cost quality mental health care, and efforts to reduce stigma.

Goals

3.1 General Public: Educate Jackson County residents about CMHF, where to get low/no-cost care, and reduce stigma.

KPIs

- Y1: Identify key CMHF audiences including where they consume news/information
- Based on audience analysis, identify appropriate channels (e.g radio, online, TV, newspaper, etc.) to reach them and develop culturally appropriate messaging to engage them.
- Increase website traffic by X to Y for those seeking care.
- Increase website traffic by X to Y for those seeking funding.
- Increase social media presence/engagement directly and indirectly to boost CMHF identify
- Increase number of followers and "likes" on social media channels
- Stakeholders report increased awareness of CMHF, and/or key issues CMHF initiated communication
- CMHF increases earned media (i.e media seeking out CMHF voice through communication efforts) on mental health issues.

3.2 Public Officials: Increase awareness among City and County officials about CMHF, its scope of responsibility/authority, the impact of its work, and to encourage ongoing support of the maximum levy rate.

KPIs

- Increase staff and/or Board member issue-based engagement with appropriate City and County officials. (i.e County, City Commission TIF, Health Departments, Advance KC etc..)

3.3 Agencies: Increase awareness among funded, nonfunded agencies, and community-based organizations about CMHF, what CMHF funds, and provide ongoing education around best practices in service delivery, and quality assurance.

KPIs

- Track and report the number of public appearances by CMHF staff to:
 - Agency Events
 - CMHF sponsored/co-sponsored events
- Introduce a measurement tool to gauge awareness changes



Supporting equitable and quality mental health care in Jackson County

Finance and Internal

November 2024 Administrative Expenses	Invoice # or Account #	Bank Confirmation #	Check #	Amount	GL Code/ Description
OPA (Conference Room Technology)	391237-0	1743	ACH	\$3,040.00	9100
Infinity	6150	1744	3001255	\$428.70	9760
Redcap	VDCC-4714046	1745	3001257	\$117.70	9660
Redcap	VDCC-4654080	1746	3001258	\$117.70	9660
Alternatives EAP	10715	1747	3001256	\$100.00	9270
Redcap	VDCC-4773790	1748	3001259	\$121.00	9660
Theresa Cummings	Mileage reimbursement	1749	ACH	\$513.49	9400
Allo (formerly Avid)	236603	1750	3001261	\$309.26	9180
Costco	000111673961960	1752	ACH	\$260.00	9310
Cincinnati Insurance	1000543969 4thQTR services	1753	ACH	\$330.00	9500
US Bank Equipment Finance	IN# 541655437	1754	300162	\$578.45	9140
Mainmark	2520- DEC Billing	1755	ACH	\$7,784.84	9540
Susan Jones	Mileage reimbursement	1756	ACH	\$97.76	9400
Subtotal Administration				\$13,798.90	

Provider Initiatives					
iBosswell	AZ200115202	1751	3001260	\$4,300.00	
Culture Journey	Oct-Nov2024	1757	3001263	\$900.00	
Integrus	#74	ACH	ACH	\$13,705.00	
Subtotal Initiatives				\$18,905.00	
Grand Total				\$32,703.90	

Sandra Jiles

Sandra Jiles (Mar 13, 2025 15:33 CDT)

Sandy Jiles, Chairperson

December 2024 Administrative Expenses	Invoice # or Account #	Bank Confirmation #	Check #	Amount	GL Code/ Description
Green Tie	IN# 8600 Internet support package	1758	3001264	\$2,500.00	9670
Green Tie	IN# 8590 Internet support package	1759	3001265	\$2,500.00	9670
Image Quest	IN5578556	1760	3001266	\$21.25	9140
Infinity	6266	1761	3001268	\$397.45	9760
First National Bank Credit Card - Business Account	Oct 2024 Billing	1762	ACH	\$3,590.43	
BCLP (Legal)	1002457075 Oct 2024	1763	3001267	\$3,995.00	9740
Alternatives EAP	10755	1764	3001269	\$100.00	9270
GFI Digital (Printer)	3035693	1765	ACH	\$9.14	9140
Gibbs (Lease for printer)	221462	1766	3001270	\$729.35	9140
Bruce Eddy	Mileage reimbursement	1767	ACH	\$43.23	9400
Welch & Associates (CPA)	October financials	1768	3001271	\$2,000.00	9700
Welch & Associates (CPA)	September financials	1769	3001272	\$2,000.00	9700
Quench	INV08278856	1770	ACH	\$262.16	9100
Omni	524998	1771	30012773	\$1,200.00	9790
Omni (VOIDED, then resubmitted later in the month)	524998	1771	30012773	-\$1,200.00	9790
Allo (formerly Avid)	236603	1750	3001276	\$309.27	9180
Steri Cycle	8009051997	1773	3001274	181.38	9100
US Bank Equipment Finance	IN# 543968473	1774	3001275	\$749.12	9140
Susan Jones	Professional Development	1775	ACH	\$50.00	9310
BCLP (Legal)	1002463798 Nov 2024	1776	3001277	\$3,995.00	9740
Gibbs (Lease for printer)	223029	1777	301278	\$364.68	9140
Theresa Cummings	Professional Development	1775	ACH	\$50.00	9310
Theresa Cummings	Mileage reimbursement	1775	ACH	\$6.03	9400
Omni	524998	1779	301279	\$1,200.00	9790
Subtotal Administration				\$25,053.49	

Provider Initiatives					
Integrus	#75	ACH	ACH	\$13,705.00	
Subtotal Initiatives				\$13,705.00	
Grand Total				\$38,758.49	

Sandra Jiles
 Sandra Jiles (Mar 13, 2025 15:33 CDT)

Sandy Jiles, Chairperson

11/14/2024 Disbursements
Jackson County Community Mental Health Fund

	Distribution	Category	Initiated	Settled	
Lead to Read	12,450.00	Training	11/14/2024	11/15/2024	
JCCMHF	12,450.00	Grant			Disbursed

Sandra Jiles
X [Sandra Jiles \(Mar 13, 2025 15:33 CDT\)](#)
Sandra Jiles

12/05/24 Disbursements
 Jackson County Community Mental Health Fund

	Distribution	Category	Initiated	Settled
Sheffield Place	77,300.00	Children and Family	12/05/2024	12/09/2024
FosterAdopt Connect	109,750.00			
Operation Breakthrough	47,900.00			
Cornerstones	384,687.50			
Niles	162,500.00			
Steppingstone	124,687.50			
Crittenton	141,858.50			
CAPA	77,525.00			
Children's Place	73,162.50			
JCCMHF	1,199,371.00			Disbursed
ReDiscover	344,100.00	Safety Net	12/05/2024	12/09/2024
Family Conservancy	19,177.75			
KC Cares Clinic/RW	16,552.25			
University Health BHN-Core/NE	283,357.50			
Mattie Rhodes	59,005.00			
Burrell-Comprehensive	300,000.00			
Samuel Rodgers	32,637.50			
Swope	203,076.00			
Jewish Family Services	27,496.25			
ReStart	151,593.75			
JCCMHF	1,436,996.00			
Hope House	100,666.67	Domestic Violence	12/05/2024	12/09/2024
MOCSA	106,333.33			
Newhouse	69,766.67			
Rose Brooks	106,000.00			
JCCMHF	382,766.67			Disbursed
Child Protection Center Y2	50,500.00	Pilot Project	12/05/2024	12/09/2024
Youth Ambassadors Y3	30,000.00			
DeLa Salle Y4	50,000.00			
JCCMHF	130,500.00			Disbursed
CAPA	18,950.00	Innovations 2024	12/05/2024	12/09/2024
Rose Brooks	26,475.00			
JCCMHF	45,425.00			

Sandra Jiles
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 Sandra Jiles

12/09/24 Disbursements
 Jackson County Community Mental Health Fund

	Distribution	Category	Initiated	Settled
RDI - CIT	45,333.33	Special	12/09/2024	12/09/2024
ReDiscover - CIT Coord	23,433.33	Populations		
Reconciliation Service	88,433.33			
Jewish Vocational Serv	53,135.33			
BFMA	40,166.67			
Benilde	46,242.33			
JCCMHF	296,744.32			Disbursed

Sandra Jiles
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Sandra Jiles

12/18/2024 Disbursements
Jackson County Community Mental Health Fund

	Distribution	Category	Initiated	Settled
Genesis	6,900.00	MHFTG	12/18/2024	12/19/2024
JCCMHF	6,900.00			
				Disbursed

Sandra Jiles
X Sandra Jiles (Mar 13, 2025 15:33 CDT)

Sandra Jiles



January 17, 2024

To: Board of Trustees

From: Bruce A. Eddy, PhD, Executive Director

2025 Revenue Update: The pattern of revenue for 2025 is typical so far. Timing of property tax bills means most revenue occurs in January and February. As of today, we have about \$13.5m in new revenue. This is 79% of our base revenue. It's too early to report much about activity from other revenue sources.

Interesting Changes in the Audit Industry: We will be working again with Jim Shull of Marr and Company for the 2024 audit. We have already begun preliminary planning. Jim reports that demand for audits outpaces supply. Auditing firms are more selective in their client base, and organizations with histories of difficulty in responding timely and completely can be declined as continuing customers. Jim is nearing retirement and working with fewer customers. We are pleased that he has chosen to continue with us because of his quality work and helpful technical assistance.

Financial Statements Update: I had planned to send you the final statements for 2024 at this time, which present all activity for the year. Please find attached the November 2024 Financial Statements. We have not closed 2024 (December statements) because we are finalizing reconciliation of our year-end 403B retirement plan information. As you recall we changed payroll systems from ADP to Lever1 during 2024, which causes a one-time closeout requiring extra steps. With this exception the December statements are complete, and we will send them as soon as possible. We have nearly all of the December financial information which allows me to provide additional context for the discussions below.

Financial Statements Overview:

Page 3: Total assets were \$18m at the close of Month 11 of the fiscal year. This is about \$5m higher than last year at this time. We are likely to see reduced late-year assets in 2025, which is appropriate. Unit cost increases and improved staff retention have increased grants and spending. We will of course monitor the impact on available balances during 2025.

Page 4: By November we exceeded projected revenue for the year by over \$1m. We budgeted for the year conservatively in anticipation of protests and delays. This was reflected in current collections. In contrast Delinquent and Other collections were significantly higher than forecast.

Page 7: We held three Certificates of Deposit, totaling about \$11.6m. None of these were required for the December provider payments. That distribution was made from the money market account.

Page 8: Other Collections show how revenue that would have been regular taxes is paid to us after protests are settled. It is likely that we will continue to receive 2024 protest payment dollars in 2025.

Pages 9-11: There was not a lot of activity in Provider Allocations. The last major distribution (set of payments) occurred December 5.

JACKSON COUNTY COMMUNITY MENTAL HEALTH FUND

(A MISSOURI POLITICAL SUBDIVISION)

**FINANCIAL STATEMENTS &
SUPPLEMENTARY INFORMATION**

(INCLUDING ACCOUNTANT'S COMPILATION REPORT)

FOR THE YEAR-TO-DATE PERIOD ENDED NOVEMBER 30, 2024

JACKSON COUNTY COMMUNITY MENTAL HEALTH FUND

FOR THE YEAR-TO-DATE PERIOD ENDED NOVEMBER 30, 2024

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Welch & Associates, L.L.C.

CERTIFIED PUBLIC ACCOUNTANTS

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Kansas City, Missouri 64108
Ph. (816) 756-2620 • Fax (816) 756-2621
www.welchcpafirm.com

Accountant's Compilation Report

To the Board of Trustees
Jackson County Community Mental Health Fund
Kansas City, Missouri

Management is responsible for the accompanying financial statements of Jackson County Community Mental Health Fund, a Missouri political subdivision managed by the Board of Trustees, which comprise the statement of assets, liabilities, and net assets – modified cash basis as of November 30, 2024 and the related statements of activities and changes in net assets – modified cash basis for the period then ended and for determining that the modified cash basis of accounting is an acceptable financial reporting framework. The modified cash basis of accounting is a basis of accounting other than accounting principles generally accepted in the United States of America. We have performed a compilation engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the accompanying financial statements nor were we required to perform procedures to verify accuracy or completeness of the information provided by management. We do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

The capitalization of equipment and the recording of depreciation over the estimated useful lives of such assets is a generally accepted modification of the cash basis of accounting. The effect of this departure from the cash basis of accounting on the accompanying financial statements has not been determined for the preparation and fair presentation of the financial statements in accordance with the cash basis of accounting.

The accompanying supplementary information on pages 6-13 is presented only for the purpose of additional analysis and is not a required part of the basic financial statements. Additionally, we have performed no procedures with respect to the budgeted information, which has been included in these financial statements at management's instruction and is not a required part of the basic financial statements or supplementary information. Such information is the responsibility of management. The supplementary information was subject to our compilation engagement. We have not audited or reviewed the supplementary information and do not express an opinion, a conclusion, nor provide any assurance on such information.

Management has elected to omit all of the disclosures which are ordinarily included in financial statements prepared in accordance with the modified cash basis of accounting. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about Jackson County Community Mental Health Fund's financial position, results of operations, and cash flows. Accordingly, these financial statements are not designed for those who are not informed about such matters.

Welch & Associates, L.L.C.

Welch & Associates, L.L.C.

Kansas City, Missouri

December 18, 2024

FINANCIAL STATEMENTS

JACKSON COUNTY COMMUNITY MENTAL HEALTH FUND
STATEMENTS OF FINANCIAL POSITION
As of November 30, 2024; October 31, 2024; and November 30, 2023

	Nov-2024	Oct-2024	Nov-2023
ASSETS			
CURRENT ASSETS			
Petty Cash	\$ 217	\$ 61	\$ 201
Cash - Provider Allocations Account (a)	50,000	50,000	50,000
Cash - Administrative Account (a)	35,999	37,415	37,487
Cash - Super NOW Account	6,497,813	5,853,185	1,301,071
Other Receivable	0	0	0
Investments	11,578,920	11,578,920	11,672,246
Total Current Assets	18,162,949	17,519,581	13,061,005
FIXED ASSETS			
Fixed Assets - Cost	52,725	52,725	50,682
Accumulated Depreciation	(20,868)	(20,868)	(20,868)
	31,857	31,857	29,814
OTHER ASSETS			
Security Deposit	3,750	3,750	3,750
	3,750	3,750	3,750
	\$ 18,198,556	\$ 17,555,188	\$ 13,094,569
LIABILITIES AND NET ASSETS			
CURRENT LIABILITIES			
Retirement Payable	\$ 3,367	\$ 3,367	\$ (333)
Visa Payable	3,469	(120)	9,477
Other Payable	0	0	0
Tax Distribution Overpayment	0	0	0
Prepaid Revenue	422,670	0	320,935
Total Current Liabilities	429,506	3,247	330,079
NET ASSETS			
Beginning Net Assets	12,621,459	12,621,459	8,342,998
YTD Change in Net Assets	5,147,591	4,930,482	4,421,492
	17,769,050	17,551,941	12,764,490
	\$ 18,198,556	\$ 17,555,188	\$ 13,094,569

These accounts operate in a manner that at the close of "posting transactions" each day, sufficient funds are transferred to or excess funds are transferred from these accounts to maintain their daily minimum (a) balance at \$50,000 in 2024 (in 2023 the "admin" account had a \$20,000 daily minimum). Any amount reported on this financial statement that is different than the daily minimum balance is due to transactions recorded on the books that have not been presented to the bank or transactions posted at the close of business on the last weekday of the month that have not been swept to/from the various accounts.

See Accountant's Compilation Report

JACKSON COUNTY COMMUNITY MENTAL HEALTH FUND
STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS
For the Year-to-Date Period Ended November 2024 and 2023; and Annual Budget

	Nov-2024 Actual	Annual Budget	Nov-2023 Actual
REVENUES			
Current Tax Collections	\$ 14,760,732	\$ 14,914,509	\$ 14,553,800
Current Tax Collections - refunded (a)	0	0	0
Delinquent Tax Collections	335,369	240,000	292,901
Delinquent Tax Collections - Late Fees	157,186	120,000	125,224
Other Collections	1,517,449	1,000,000	1,023,590
Total Tax Collections	16,770,736	16,274,509	15,995,515
Interest Income - Investments	800,928	225,000	351,172
Miscellaneous Income	8,034	0	191
	17,579,698	16,499,509	16,346,878
PROVIDER ALLOCATIONS			
Safety Net	4,124,363	5,800,000	3,675,023
Children and Families	3,609,006	4,900,000	4,352,851
Domestic and Sexual Violence	817,309	1,148,300	934,956
Pilot Projects	155,500	400,000	150,000
Special Populations	502,823	804,600	669,703
Discretionary Projects	65,825	500,000	74,837
Prior Year Performance Bonus	1,230,443	1,500,000	630,586
Prior Year Allocations	324,636	0	117,283
	10,829,905	15,052,900	10,605,239
BOARD DESIGNATED ALLOCATIONS			
Technical Support and Evaluation	90,666	350,000	135,800
Agency Emergency and Contingency	45,000	200,000	0
Disaster Response	0	250,000	0
Special Initiatives	213,267	10,092,864	189,957
	348,933	10,892,864	325,757
ADMINISTRATIVE EXPENSES			
Personnel Costs	605,043	724,430	575,643
Employee Benefits	120,322	170,266	118,904
Insurance	6,327	12,323	11,566
Office/Administrative Expense	126,222	130,226	97,385
Professional Fees	104,432	94,900	73,876
Staff/Board Meeting and Development	28,648	31,000	29,981
Technology Costs	138,919	218,500	87,035
	1,129,913	1,381,645	994,390
Contingency - Other	0	20,000	0
Capitalized Expenditures	123,356	0	0
Total Administrative Expenses	1,253,269	1,401,645	994,390
INCREASE/DECREASE IN NET ASSETS	5,147,591	(10,847,900)	4,421,492
NET ASSETS, BEGINNING	12,621,459	12,621,459	8,342,998
NET ASSETS, ENDING	\$ 17,769,050	\$ 1,773,559	\$ 12,764,490

(a) In order to expedite payment of property tax revenues to taxing jurisdictions, Jackson County distributes funds (Current Tax Collections) that may be under protest. Protests are adjudicated by the Board of Equalization. When the Protestor prevails, the protest amount is deducted from Current Tax Collections.

See Accountant's Compilation Report

SUPPLEMENTARY INFORMATION

**JACKSON COUNTY COMMUNITY MENTAL HEALTH FUND
SUPPLEMENTAL SUMMARY REPORT
November 30, 2024**

TOTAL 2024 BUDGETED REVENUES \$ 14,914,509 \$ 395,000 \$ 1,000,000 \$ 225,000 \$ 16,534,509

	LEVY RECEIVED	DELINQUENT TAXES & FEES	OTHER COLLECTIONS	INTEREST EARNED	MISC. INCOME & PY ALLOCATIONS REFUNDED	TOTAL
November	\$ 31,479	\$ 21,914	\$ 282,296	\$ 19,902	\$ 0	\$ 355,591
Prior year-to-date	14,729,253	470,641	1,235,153	781,026	8,034	17,224,107
Year-to-date	<u>\$ 14,760,732</u>	<u>\$ 492,555</u>	<u>\$ 1,517,449</u>	<u>\$ 800,928</u>	<u>\$ 8,034</u>	<u>\$ 17,579,698</u>

	AS OF 11/30/2024	INTEREST AT MATURITY (Est.)	TOTAL
<u>Cash & Investments</u>			
Blue Ridge Bank Accounts	\$ 6,583,812		\$ 6,583,812
Petty Cash	217		217
Certificate of Deposit	11,578,920	\$ 381,797	11,960,717
Total Cash & Investments	18,162,949	<u>\$ 381,797</u>	<u>\$ 18,544,746</u>
Prepaid Revenue	422,670		
<u>Budget - Remaining</u>			
Revenue	0		
Provider Allocations	(4,547,631)		
Board Designated Allocations	(10,543,931)		
Administrative Expenses	(148,376)		
Available Cash & Investments	<u>\$ 3,345,681</u>		

	BUDGETED	DISBURSED YEAR-TO-DATE	BUDGET REMAINING
<u>ALLOCATED TO PROVIDERS</u>			
Safety Net	\$ 5,800,000	\$ 4,124,363	\$ 1,675,637
Children and Families	4,900,000	3,609,006	1,290,994
Domestic and Sexual Violence	1,148,300	817,309	330,991
Pilot Projects	400,000	155,500	244,500
Special Populations	804,600	502,823	301,777
Discretionary Projects	500,000	65,825	434,175
Prior Year Performance Bonus	1,500,000	1,230,443	269,557
	<u>\$ 15,052,900</u>	<u>\$ 10,505,269</u>	<u>\$ 4,547,631</u>
<u>BOARD DESIGNATED</u>			
Technical Support and Evaluation	\$ 350,000	\$ 90,666	\$ 259,334
Agency Emergency and Contingency	200,000	45,000	155,000
Disaster Response	250,000	0	250,000
Special Initiatives	10,092,864	213,267	9,879,597
TOTAL	<u>\$ 10,892,864</u>	<u>\$ 348,933</u>	<u>\$ 10,543,931</u>

* Please note: Disbursed Year-to-Date may not equal disbursements in other sections of the financial statements and supplementary schedules because of prior year allocations disbursed during the current year.

2024 Assessed Valuation \$14,100,000,000
2023 Assessed Valuation \$13,200,000,000

See Accountant's Compilation Report

**JACKSON COUNTY COMMUNITY MENTAL HEALTH FUND
 SUPPLEMENTAL INVESTMENT SUMMARY REPORT
 November 30, 2024**

<u>Type of Investment</u>	<u>Number</u>	<u>Date of Investment</u>	<u>Maturity Date</u>	<u>Investment Amount</u>	<u>Interest Rate</u>	<u>Est. Interest To Receive At Maturity</u>
Certificate of Deposit	6686	6/28/2024	12/28/2024	\$ 4,000,000	4.50%	\$ 91,500
Certificate of Deposit	6034	1/22/2024	1/18/2025	5,212,689	4.50%	235,874
Certificate of Deposit	9452	7/18/2024	1/18/2025	2,366,231	4.50%	54,423
				<u>\$ 11,578,920</u>		<u>\$ 381,797</u>

Note 1: Investments are listed in order of maturity

Note 2: Estimated interest to receive at maturity may not occur during this fiscal year

See Accountant's Compilation Report

**JACKSON COUNTY COMMUNITY MENTAL HEALTH FUND
SUPPLEMENTAL SCHEDULE OF OTHER COLLECTIONS
For the Year-to-Date Period Ended November 30, 2024 and 2023**

	<u>Nov-2024</u> <u>Year-To-Date</u>	<u>Nov-2023</u> <u>Year-To-Date</u>
OTHER COLLECTIONS		
M&M Replacement / Financial Institution Tax	\$ 394,744	\$ 39,586
Payment in Lieu of Taxes (PILOT)	148,900	334,912
Rail / Utility Tax	587,151	619,209
Tax Increment Financing	0	165
Protest	354,865	0
Tax Compliance Payment	31,789	7,707
Excess Proceeds Distribution	0	22,011
Total Other Collections	<u>\$ 1,517,449</u>	<u>\$ 1,023,590</u>

See Accountant's Compilation Report

JACKSON COUNTY COMMUNITY MENTAL HEALTH FUND
SUPPLEMENTAL SCHEDULE OF PROVIDER ALLOCATIONS
For the Year-to-Date Period Ended November 2024 and 2023; and Annual Budget

	Nov-2024 Year-To-Date	Nov-2023 Year-To-Date	Annual Budget
SAFETY NET			
Comprehensive Mental Health Services/Burrell	\$ 900,000	\$ 612,757	\$ 1,200,000
Family Conservancy	57,533	104,833	161,050
Jewish Family Services	82,489	54,207	122,730
KC Care Clinic/ Ryan White	49,656	41,010	80,340
Mattie Rhodes Center	197,015	239,275	262,500
Rediscover, Inc.	1,032,300	1,228,135	1,376,400
Restart	248,156	166,100	330,875
Samuel Rodgers	97,913	120,603	130,550
Swope Health Services	609,228	557,621	950,000
University Health (TMC)	850,073	550,482	1,133,430
Difference From Plan (Rounding)	██████████	██████████	52,125
Total Safety Net	4,124,363	3,675,023	5,800,000
CHILDREN AND FAMILIES			
Child Abuse Prevention Association (CAPA)	232,575	249,450	310,100
Child Advocacy Services Center (The Children's Place)	219,487	274,907	292,650
Cornerstones of Care	1,161,057	1,478,275	1,538,750
Crittenton Children's Center	425,576	499,128	575,300
FosterAdopt Connect	329,250	208,391	439,000
KVC Niles	487,500	597,600	650,000
Operation Breakthrough	147,598	200,900	200,900
Sheffield Place	231,900	309,200	309,200
Steppingstone	374,063	535,000	535,000
Difference From Plan (Rounding)	██████████	██████████	49,100
Total Children and Families	3,609,006	4,352,851	4,900,000
DOMESTIC AND SEXUAL VIOLENCE			
Hope House	253,108	220,927	302,000
Metropolitan Organization to Counter Sexual Abuse (MOCSA)	212,667	255,600	319,000
New House	139,534	156,429	209,300
Rose Brooks Center	212,000	302,000	318,000
Difference From Plan (Rounding)	██████████	██████████	0
Total Domestic and Sexual Violence	817,309	934,956	1,148,300
PILOT PROJECTS			
Child Protection Center	50,500	50,000	101,000
De La Salle	50,000	50,000	100,000
Sisters in Christ	25,000	0	75,000
Youth Ambassadors	30,000	50,000	60,000
Difference From Plan (Rounding)	██████████	██████████	64,000
Total Pilot Projects	155,500	150,000	400,000

See Accountant's Compilation Report

JACKSON COUNTY COMMUNITY MENTAL HEALTH FUND
SUPPLEMENTAL SCHEDULE OF PROVIDER ALLOCATIONS
For the Year-to-Date Period Ended November 2024 and 2023; and Annual Budget

	Nov-2024 Year-To-Date	Nov-2023 Year-To-Date	Annual Budget
SPECIAL POPULATIONS			
Benilde Hall	\$ 92,485	\$ 174,277	\$ 180,200
Budget and Financial Management Assistance (BFMA)	80,333	120,500	120,500
Jewish Vocational Services	106,271	100,326	168,300
Reconciliation Services	176,867	204,300	265,300
ReDiscover	46,867	70,300	70,300
Difference From Plan (Rounding)	0	0	0
Total Special Populations	502,823	669,703	804,600

DISCRETIONARY PROJECTS

Child Abuse Prevention Association (CAPA)	18,950	46,920	
Culture Journey	7,950	4,200	
Evaluation - J. Brook	0	19,717	
KVC Niles	0	0	
Lead to Read	12,450	0	
Mattie Rhodes	0	0	
MetroCouncil	0	4,000	
Newhouse	0	0	
Rose Brooks	26,475	0	
Samuel Rodgers	0	0	
Steppingstone	0	0	
Allocation for category	0	0	
Total Discretionary Projects	65,825	74,837	500,000

PRIOR YEAR PERFORMANCE BONUS (a)

Benilde Hall	9,482	0	
Child Abuse Prevention Association	23,594	18,958	
Child Advocacy Service Center (The Children's Place)	42,942	16,586	
CMHS Comprehensive	90,348	63,244	
Cornerstones of Care	160,586	118,254	
Crittenton	65,444	32,686	
Family Conservancy	7,626	7,120	
Foster Adopt Connect	77,090	10,771	
Hope House	48,933	21,336	
Jewish Family Services	18,598	6,562	
Jewish Vocational Services	3,491	0	
KC Cares Clinic	5,502	0	
KVC Niles	44,621	0	
Mattie Rhodes	17,966	18,942	
MOCSA	15,954	0	
Newhouse	26,700	11,889	
Operation Breakthrough	16,072	0	
Reconciliation Services	15,735	0	
ReDiscover	169,691	98,251	
ReStart	13,469	9,895	
Rose Brooks Center	65,265	21,957	
Samuel Rodgers	9,477	0	

See Accountant's Compilation Report

JACKSON COUNTY COMMUNITY MENTAL HEALTH FUND
SUPPLEMENTAL SCHEDULE OF PROVIDER ALLOCATIONS
For the Year-to-Date Period Ended November 2024 and 2023; and Annual Budget

	<u>Nov-2024 Year-To-Date</u>	<u>Nov-2023 Year-To-Date</u>	<u>Annual Budget</u>
PRIOR YEAR PERFORMANCE BONUS (continued)			
Sheffield Place	\$ 56,285	\$ 24,735	
Steppingstone	52,254	42,800	
Swope Health Services	91,744	54,794	
University Health (TMC)	81,574	51,806	
Allocation for category			\$ 1,500,000
Total Prior Year Performance Bonus	<u>1,230,443</u>	<u>630,586</u>	<u>1,500,000</u>
PRIOR YEAR ALLOCATIONS DISBURSED DURING THE CURRENT YEAR			
Child Protection Center	25,000	0	
Comprehensive Mental Health Services/Burrell	249,636	0	
De La Salle	50,000	33,333	
Family Conservancy	0	28,750	
Reconciliation Services	0	5,000	
Rose Brooks	0	25,200	
Youth Ambassadors	0	25,000	
Total Prior Year Allocations Disbursed During the Current Year	<u>324,636</u>	<u>117,283</u>	
TOTAL PROVIDER ALLOCATIONS	<u><u>\$ 10,829,905</u></u>	<u><u>\$ 10,605,239</u></u>	<u><u>\$ 15,052,900</u></u>

(a) Reported as Board Designated distributions in 2022

JACKSON COUNTY COMMUNITY MENTAL HEALTH FUND
SUPPLEMENTAL SCHEDULE OF BOARD DESIGNATED
For the Year-to-Date Period Ended November 2024 and 2023; and Annual Budget

	Nov-2024 Year-To-Date	Nov-2023 Year-To-Date	Annual Budget
TECHNICAL SUPPORT AND EVALUATION			
Resource Development Institute - CIT/MHC Evaluation	\$ 90,666	\$ 135,800	\$ [REDACTED]
Resource Development Institute - School based	0	0	[REDACTED]
Budgeted Amount	[REDACTED]	[REDACTED]	350,000
Total Technical Support and Evaluation	<u>90,666</u>	<u>135,800</u>	<u>350,000</u>
AGENCY EMERGENCY/CONTINGENCY			
University Health (TMC)	45,000	0	[REDACTED]
Budgeted Amount	[REDACTED]	[REDACTED]	200,000
Total Agency Emergency and Contingency	<u>45,000</u>	<u>0</u>	<u>200,000</u>
DISASTER RESPONSE			
To be determined	0	0	[REDACTED]
Budgeted Amount	[REDACTED]	[REDACTED]	250,000
Total Disaster Response	<u>0</u>	<u>0</u>	<u>250,000</u>
SPECIAL INITIATIVES			
Alive and Well	0	20,000	[REDACTED]
iBossWell	55,738	13,750	[REDACTED]
Integrus Health Group	157,529	153,207	[REDACTED]
Mattie Rhodes	0	3,000	[REDACTED]
Budgeted Amount	[REDACTED]	[REDACTED]	10,092,864
Total Special Initiatives	<u>213,267</u>	<u>189,957</u>	<u>10,092,864</u>
TOTAL BOARD DESIGNATED	<u><u>\$ 348,933</u></u>	<u><u>\$ 325,757</u></u>	<u><u>\$ 10,892,864</u></u>

See Accountant's Compilation Report

**JACKSON COUNTY COMMUNITY MENTAL HEALTH FUND
SUPPLEMENTAL SCHEDULE OF PROVIDER ALLOCATIONS - TOTALS BY AGENCY
For the Year to Date Period Ended October 31, 2024**

Agency	Safety Net	Children & Families	Domestic and Sexual Violence	Pilot Programs	Special Populations	Discretionary Projects	Prior Year Performance Bonus	Prior Year Allocations	Emergency or Disaster	Total
Benilde Hall					92,485		9,482			101,967
Budget and Financial Management Assistance					80,333					80,333
Child Abuse Prevention Association		232,575				18,950	23,594			275,119
Child Advocacy Services Center (The Children's Place)		219,487					42,942			262,429
Child Protection Center				50,500				25,000		75,500
Comprehensive Mental Health Services/Burrell	900,000						90,348	249,636		1,239,984
Cornerstones of Care		1,161,057					160,586			1,321,643
Crittenton Children's Center		425,576					65,444			491,020
Cultural Journey						7,950				7,950
De La Salle				50,000				50,000		100,000
Evaluator										
Family Conservancy	57,533						7,626			65,159
First Call										
FosterAdopt Connect		329,250					77,090			406,340
Genesis School										
Hope Faith Ministries										
Hope House			253,108				48,933			302,041
Jewish Family Services	82,489						18,598			101,087
Jewish Vocational Services					106,271		3,491			109,762
KC Care Clinic / Ryan White	49,656						5,502			55,158
KC Common Good										
KVC Niles		487,500					44,621			532,121
Lead to Read						12,450				12,450
Mattie Rhodes Center	197,015						17,966			214,981
MetroCouncil										
Metropolitan Organization to Counter Sexual Abuse			212,667				15,954			228,621
New House			139,534				26,700			166,234
Operation Breakthrough		147,598					16,072			163,670
Reconciliation Services					176,867		15,735			192,602
Rediscover	1,032,300				46,867		169,691			1,248,858
Restart	248,156						13,469			261,625
Rose Brooks Center			212,000			26,475	65,265			303,740
Samuel Rodgers	97,913						9,477			107,390
Sheffield Place		231,900					56,285			288,185
Sisters in Christ				25,000						25,000
Steppingstone		374,063					52,254			426,317
Swope Health Services	609,228						91,744			700,972
University Health (TMC)	850,073						81,574		45,000	976,647
Youth Ambassadors				30,000						30,000
	<u>4,124,363</u>	<u>3,609,006</u>	<u>817,309</u>	<u>165,500</u>	<u>502,823</u>	<u>65,825</u>	<u>1,230,443</u>	<u>324,636</u>	<u>45,000</u>	<u>10,874,905</u>

See Accountant's Compilation Report



Supporting equitable and quality mental health care in Jackson County

Human Resources

Policy Number 600 Paid Time Off (PTO)

Approved 10/26/20

Amended 01/08/2025

The Community Mental Health Fund paid time off (PTO) plan allows time off for vacations, short-term illnesses, and personal/family matters. It is designed to be a flexible time off plan, appropriate to the needs of a small organization.

Eligibility and Procedure. PTO is accrued upon hire or transfer into a benefits-eligible position. Eligible employees must be scheduled to work at least 20 hours per week on a regular basis. Employees working less than 20 hours per week on a regular basis, on-call and temporary employees are not eligible to accrue PTO. PTO accruals are available for use in the pay period following completion of 30 days of employment. All PTO hours thereafter are available for use in the pay period following the pay period in which they are accrued.

Accrual and Payment of PTO. Accruals are based upon paid hours up to 2,080 hours per year, excluding overtime. Employees working less than 40 hours per week and at least 20 hours per week will earn PTO hours on a prorated basis. Length of service determines the rate at which the employee will accrue PTO. Employees become eligible for the higher accrual rate on the first day of the pay period in which the employee's anniversary date falls.

PTO Accumulation Phase-In. The table below summarizes the phase-in of the current PTO maximum accumulation procedure based on a biweekly pay period. The previous accumulation policy applies only to employees hired before 12/31/2014 and will be phased out through attrition. The current policy applies to all employees hired after January 1, 2015. Hours above the maximum cannot be accrued, utilized, or carried over.

Years of Service	Full-Time Days/Hours (Part-Time Pro-Rated)	
	Hired Before 12/31/2014	Hired After 1/1/2015
Less than 1 year		4 hours per pay period / 104 annually 104 hours maximum
1-4		5.5 hours per pay period / 144 annually 144 hours maximum
5-10		7 hours per pay period / 184 annually 184 hours maximum
11-14	9.84 hrs per pay period / 255 annually 255 hours maximum	8.5 hours per pay period / 221 annually 221 hours maximum
15+	11.38 hrs per pay period / 295 annually 295 hours maximum	10.5 hours per pay period / 260 annually 260 hours maximum

Sick Time: An employee should use PTO for time off when ill. If an employee will be absent it is their responsibility to contact their supervisor immediately, and no later than one hour after the start of the workday (policy number 400).

Use and Scheduling of PTO: Employees are required to use available PTO when taking time off from work. PTO may be taken in increments of as low as one hour. Whenever possible, PTO must be scheduled in advance. PTO is subject to supervisory approval, department staffing needs and established departmental procedures. Unscheduled absences will be monitored. An employee will be counseled when the frequency of unscheduled absences adversely affects the operations of the department. The supervisor may request that the employee provide a statement from a health care provider concerning the justification for an unscheduled absence.

When PTO is used, an employee is required to use PTO hours according to his or her regularly scheduled workday. For example, if an employee works a six-hour day, he or she would request six hours of PTO when taking that day off. PTO is paid at the employee's straight time rate. PTO is not part of any overtime calculation.

Employees borrowing from their PTO banks is for extenuating circumstances and will be limited. A negative balance to PTO must be approved by a supervisor.

Jury Duty: part- or full-time employees will receive their regular pay.

Bereavement: Full and part-time employees are eligible for up to three days of paid time off to take care of family matters in the event of the death of an immediate family member of you or your domestic partner. Time off for other significant individuals in your life can be used via PTO.

Payment upon Separation

In accordance with Missouri State law, after 90 days of employment, an employee will be paid upon resignation, separation or retirement for all PTO hours accumulated but not used. Employees whose hours regularly drop below 20 hours per week will be paid PTO on the effective date of the change in hours.

Short Term Disability:

Jackson County Community Mental Health Fund offers Short-Term Disability. Short-term Disability helps you replace a portion of your income when you are unable to work and stop receiving pay from your employer due to a disability. Refer to Policy 635 for more information on the Short-Term Disability Benefit.

Please note, you cannot utilize PTO while receiving the Short-Term Disability benefit. There is a 7-day elimination period with the Short-Term Disability policy, and PTO may be used during this time. If you are receiving pay continuation, your STD benefits will start when pay from your employer ends.

Continuation of Benefits

Health insurance benefits will continue to be provided during the employee's leave under this policy at the same rate as in effect before the leave was taken regardless of length of service, provided the employee has at least one full year of service. You will need to arrange benefit premium payments for any length of time you are not receiving pay continuation from your employer. If payment is not received, your benefits may be terminated, and you will be offered COBRA.

Requests for Short Term Disability Leave

The employee will provide his or her supervisor and Lever1 with notice of the request for leave at least 30 days prior to the proposed date of the leave (or if the leave was not foreseeable, as soon as possible). The employee must complete the necessary HR forms and provide all documentation as required by the HR department to substantiate the request.

As is the case with all company policies, the organization has the exclusive right to interpret this policy.

Policy Number 345: Professional Development

Draft 12/09/24

The CMHF values staff proficiency across a range of professional competencies, consistent with the individual's job description. Professional development is encouraged by the CMHF to stay abreast of best practices in the field and to effectively carry out professional duties. The CMHF may consider support for professional development in the following ways:

Eligibility: Employees who have completed one year of employment with CMHF are eligible under this policy.

Types of Professional Development

CEU's to Maintain Licensure: For positions that require licensure, or for employees who hold a certification in which CEU's are needed maintain it, CMHF will consider support using the following criteria:

- The employee must be in good standing with their performance evaluations.
- If licensure is not specifically stated in Job Description, the employee seeking CMHF support for CEU's should seek approval from supervisor for support.
- Upon completion of CEU's attendance, the employee is responsible for submitting verification of CEU completion and a current copy of licenses or certifications at the time of renewal.

CMHF provides two types of CEU support:

1. **Subscription Service:** CMHF engages with a subscription service through the National Association of Social Work that delivers and monitors continuing education units applicable to professional social work and other behavioral health disciplines. The program is efficient and cost-effect, permitting staff to enroll in required training courses virtually, and eliminating the need for separate invoicing/payment for each training session.
2. **Self-enrolled training:** While beneficial, the subscription service is not all-inclusive in the scope of training offerings and may not apply to all certification requirements outside professional social work. To receive CMHF support for self-enrolled training in advance, employees must complete a Professional Development Request form (Exhibit #), then upon completion, submit proof of training. Failure to submit documentation of completion will result in denial of future training support requests.

Conference and Training Participation: Participation in conferences is an important aspect of CMHF's community engagement and support for a network of mental health care in furtherance of our mission. Active participation in training, meetings and symposia can contribute to professional growth, utilization/adoption of effective practices, strengthening the CMHF provider network, and leveraging CMHF's impact in mental health and related fields. CMHF will support attendance and

participation of conferences, meetings and symposia with the submission of the Professional Development request form.

Request for Professional Development: Employees must complete and submit a Professional Development Request form (Exhibit #) to their supervisor prior to attending any professional development activity. The request form will include information about the professional development, alignment with job duties, benefit to the CMHF, competencies/credentials, costs associated with the training, request for time off if any, any contributions of time or financial resources by the employee, and any other information necessary to approve the request.

Financial Assistance: The Executive Director or Deputy Director may consider financial assistance for professional development education, training, courses and CEU's based on the available budget. This type of support cannot be guaranteed.

For reimbursement of professional development expenses, employees must successfully complete the training that was approved and submit a Reimbursement Request Form (Exhibit #) with any receipts associated with training, completion certifications or evidence of attendance or passing grade. The CMHF will coordinate the reimbursement with Lever 1 and the reimbursement will be reflected on the employee's next paycheck.

Professional Development Travel Expenses: Local and Out-of-State travel expenses are reimbursable with prior approval from the supervisor. The mileage rate shall be computed as the distance from the CMHF office to the destination and the return trip. The employee's residence shall not be considered for mileage reimbursement. Mileage is reimbursed at the prevailing federal rate.

Employees are responsible for arranging air, train, hotel or other travel when attending an out-of-state event. Employees must submit all receipts for reimbursement of travel related expenses.

Personal Automobile: If an employee elects to use his/her personal automobile instead of air travel, the total mileage reimbursement shall not exceed the cost of Air Coach fare for the same destination. Other reimbursable automobile travel expenses include toll fees, parking fees (auto rental requires prior approval). Allowable airport parking fees include satellite and long-term parking.

Ground Transport: Expenses incurred with ride sharing, taxis, buses, and airport shuttles, are reimbursable as legitimate ground travel expenses if they occur during approved travel to destinations outside the Greater Kansas City region.

Hotel and Meals: Community Mental Health Fund employees shall be allowed reimbursement for hotel and meal expenses incurred while traveling out of town on organization business. Tips are noted directly on the meal receipts. The employee must retain a copy of the hotel bill and submit it, along with other receipts

Reasonable gratuities: May be permitted when carrying extra luggage for business purposes, or when other circumstances (e.g., physical strength considerations) warrant.

Publications or computer applications sold at conferences are not covered by the travel budget and are budgeted separately as publication. Reimbursement is based only on the availability of

funds for books and publications. Receipts for all publications must be submitted (along with other receipts) at the time of return, and should note each publication's title, for accounting purposes.

Per Diem Option: Per diem rates are calculated based on the General Services Administration rate for the destination city. Travel expenses that may be covered by the per diem rate include meals (maximum gratuity of 20%), non-airport ground transportation and other associated costs. Employees must decide if they want to receive the per diem rate or get reimbursed for actual expenses. Employees cannot choose both options.

Time Off for Professional Development: Employees may request up to 20 hours of additional Paid Time Off per year to attend college credited classes/educational programs related to their current role. Time off must be requested in advance and approved by the employee's supervisor.

Review Process: The Executive Director (or HR Committee Chair when the Executive Director is the applicant) will review Professional Development Request forms based on the nature of the training or course, the training organization, alignment with job duties, benefit to CMHF, competencies/credentials conferred, costs, request for time off if any, any contributions of time or financial resources by the applicant, and any other information for consideration, and available budget. Employees will be notified of approval or denial within seven (7) days of submission.

Personal Expenses Prohibited: Support or reimbursement shall not be provided for expenses incurred for the sole benefit of the employees (e.g., side trips, valet service, laundry, television movie charges, bar bills, entertainment, additional travelers, extra meals, etc.).

Executive Director Requests: The HR Committee Chair or a designated alternate will review requests and provide a written response within seven (7) days of submission.

Policy Number 505 Grievance Procedure

Submitted 09/01/2024

The Community Mental Health Fund recognizes that there are times when the need arises for employees to express concerns or complaints in a formal manner. The following procedures will ensure that employees receive a fair and unbiased review of workplace concerns.

Informal Resolution

Step 1: Address the Issue Directly. Employees are encouraged to address the issue directly with the person involved if they feel comfortable doing so. This can often resolve misunderstandings or conflicts quickly.

Step 2: Speak to Executive Director/Lever1. If the issue cannot be resolved informally or the employee is not comfortable addressing it directly, they should speak with the Executive Director or immediate supervisor. In the case that the Executive Director has a grievance, they should immediately contact Lever1. The necessary parties will attempt to resolve the issue through discussion and mediation.

Formal Grievance

Step 1: Submit a Written Grievance. If the issue remains unresolved after any informal efforts, the employee can submit a formal written grievance to Lever1. The grievance should include details of the issue, any relevant evidence, and the desired outcome.

Step 2: Investigation/Interview Process. Lever1 HR will acknowledge they have received the grievance, and an investigation will follow. The investigation will be conducted fairly and impartially. Lever1 HR may interview anyone they deem necessary to reach a conclusion. This could include: the employee, the person(s) involved, and any witnesses to the event.

Step 3: Conclusion: After completing the investigation in its entirety, Lever 1 HR will provide a written response to the employee detailing findings and where to go from here. The resolution may include recommendations for further action, disciplinary measures, or changes to policies or practices.

Non-Retaliation

CMHF prohibits retaliation of any sort in the event of a grievance. Any form of retaliation will be subject to disciplinary action up to and including termination.

Policy Number 510: Personal Cell Phone Use

Submitted 01/09/2025

Employee use of personal cellphones at work offers potential benefits to the workplace and the employee. Use of personal cellphones at work also poses potential risks, and under some circumstances, must be limited.

Potential Benefits

Convenience: Our communication vendor allows employees to forego a land line telephone at the office, forwarding work calls automatically to a personal cell number.

Improved Communication: Personal cell phones assist staff who are out of the office to easily communicate for work purposes.

Security: Some work-related applications require a personal cell phone for two-factor authentication to access certain web-based and cloud-based applications.

Peace of mind: Personal cell phones may enhance personal safety and are helpful for family caregiving, emergencies, etc.

Potential Risks and Limitations

Banking: For security reasons a personal cell phone may not be used for CMHF banking. Currently, financial transactions requiring scanning should use office equipment and email.

Spreadsheets: The small keypad and limited visual space on mobile devices increase the risk of error in essential data. Cell phones may not be used for data entry or spreadsheet manipulation.

Security: The nature of CMHF's work brings significant risks of phishing, malware, and other forms of attack, where attackers attempt to gain access through employee cell phones. Never download an application or disclose login credentials in response to an emailed or texted link. Instead, verify by going to legitimate websites, application stores and logging in, or by calling the organization directly. See your supervisor for more information or to obtain security training on this topic.

Other Applications: Some computer applications are not fully functional on mobile devices. As a public funder whose essential work relies on accuracy, CMHF may limit or prohibit the use of mobile devices in other applications.

Distraction, entertainment, long personal calls: Supervisors may counsel and limit personal cellphone use to break times if attention, availability for work, disruption, or the working environment are impacted by excessive cell phone use during work time. A pattern of personal calls that interfere with operations can be grounds for disciplinary action (Policy Number 500).



Supporting equitable and quality mental health care in Jackson County.

Appropriations



COMMUNITY
MENTAL HEALTH
FUND

Supporting equitable and quality mental health care in Jackson County

Value Based Payment



COMMUNITY
MENTAL HEALTH
FUND

Supporting equitable and quality mental health care in Jackson County

Accountability and Compliance



January 2025 Board Packet

Final Audit Report

2025-03-13

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