FY2025 Outcomes Report

PERFORMANCE IMPROVEMENT PLAN OUTCOMES

Quality Improvement & Compliance
BEACON MENTAL HEALTH * 3100 NE 83RD STREET, SUITE 1001 * KANSAS CITY, MO 64119

Agency and Business Outcomes Report- FY25

HUMAN RESOURCES

Business Function	***Objective***	***Measurement Tool***	***FY25 Outcome***	***Comp to FY24 FY23***	***Action***
Staff Retention	Annual staff retention rate will be 75% or greater.	Annual review of turnover data	75%	73% 75%	Goal met. Continue to monitor in FY26.
Employee Satisfaction	Overall scores for satisfaction on the annual employee satisfaction survey will be 80% or above.	Satisfaction scores	61%	58% 66%	Goal not met. This represents the number of all questions where Agree/Strongly agree was equal or greater than 80% divided by the total number of questions (21/36). This is 3% higher than last year. However, the average of each question's percentage agree/strongly agree was 80%, which was also higher than last year. The Executive and Management teams have identified several action items to focus on in FY26. Continue to monitor.
Timely performance evaluations	95% of staff will receive their annual performance evaluation within 30 days of due date. 95% of new staff will receive their 90 day review within 30 days of due date.	Audit of personnel files	Annual: 85% New staff: 93%	Annual: 89% New staff: 77% Annual: 91% New staff: 90%	Goal not met. We experienced turnover last year, including staff in management and director level positions. While we went down on our percentage for annual reviews, we did improve for new staff reviews. Training was provided to managers on utilizing the performance evaluation software in early 2025. This will be monitored closely at the Exec Team level. Continue to monitor in FY26.

FINANCIAL

Business Function	***Objective***	***Measurement Tool***	***FY25 Outcome***	***Comp to FY24 FY23***	***Action***
Accounts Receivable	Days in Net AR will be less than or equal to 60 days.	Accounts Receivable detail report produced on a monthly basis	75	60 76	Goal not met. CFO and Billing Manager will be looking at way sot reduce this in FY26. Continue to monitor.
Collections	Percentage of write-offs will be 2% or less.	Write-offs as a percentage of total billings from reports from Avatar	4.59%	5.89% 0.73%	Goal not met, but an improvement from the previous year. Will continue to look at ways to reduce this and continue to monitor in FY26.
Effective Cash Management	Average daily balance will be greater than or equal to $1,000,000 monthly.	Average daily balance as reported on the Financial Summary sheet monthly	$8,281,280	$10,269,017 $7,860,722	Exceeded goal. This goal will be discontinued in FY26 and replaced with a goal related to days cash on hand.
Provider Satisfaction	90% or greater of providers will report that they receive payments in a timely manner.	Percentage of providers who *agree or strongly agree* that they receive payments in a timely manner	100%	100% 100%	Exceeded goal. Continue to monitor in FY26.
Credits	100% of credits will be completed within 60 days of identifying an overpayment.	Monitoring of known overpayments by the QI/Compliance Manager	89%	99% 93%	Goal not met; however, most credits that were repaid late were due to the state's billing system not processing/allowing for the repayment. Continue to monitor in FY26.

OVERALL AGENCY GOALS

Goal	*Objective*	*Measurement Tool*	*FY25 Outcome*	*Comp to FY24*	*Action*
Suicide Prevention	Continue to participate in the Zero Suicide Collaborative and expand the Enhanced Care Pathway with overall goal of reducing suicide attempts and deaths by suicide.	Comparison of suicide attempts/deaths by suicide from previous year	Attempts: 84 Completed: 3	Attempts: 82 Completed: 6	While there were slightly more attempts in FY24, there were less deaths by suicide. Continue to measure in FY26.
Overdose Prevention	Continue to provide training to staff on overdose prevention. Develop educational materials to provide to consumers on overdose prevention. Ensure distribution of Narcan and Fentanyl testing strips as needed with overall goal of decreasing fatal and non-fatal overdoses	Comparison of accidental non-fatal and fatal overdoses from previous year	Non-fatal: 53 Fatal: 7	Non-fatal: 61 Fatal: 8	Goal met, however, we hope to reduce this further in FY26. We will continue plans for training for staff and education and resources to our clients. Continue to measure in FY26.
Ensure All Cause Mortality Tracking	Continue to collect information regarding cause of death for all clients receiving services. Compare causes at the end of the fiscal year and analyze for trends. Determine if any additional training is needed.	Review of incident reporting analysis which includes cause of death for all clients and a trend analysis. No specific training needs were identified other than training plans already in place.	Completed	Completed	Goal met. Continue to measure in FY26.
Reduce Psychiatric & Substance Use Hospital Readmissions	No more than 20% of acute psychiatric or substance use inpatient stays during FY25 will be followed by acute readmission within 30 days.	Review of hospitalization tracking data	17% of clients hospitalized were readmitted within 30 days.	Not measured	Goal met. Although goal was less than 20% (target), we are working on measures to reduce this further. Continue to measure in FY26.

Adult Community Psychiatric Rehabilitation Services (Adult Case Management) Outcomes Report- FY25

Area	***Objective***	***Measurement Tool***	***FY25 Outcome***	***Comp to FY24 FY23***	***Action***
Effectiveness	70% of clients receiving a level of community support services will experience an increase in total functional assessment score from admission to follow-up assessment.	Percentage of clients who received an increase in total functional assessment score	56%	60% 67%	Goal not met. There was some delay in training during FY25, which may have led to inter-rater reliability issues. We have a new training plan for FY26 and will also examine clients with lower scores at follow-up assessment. Continue to monitor in FY26.
Effectiveness	35% of clients will be successfully discharged.	Percentage of consumers who were discharged during FY26 whose reason for discharge was “successfully discharged”.	51%	46% Not measured	Exceeded goal. Continue to monitor in FY26 and increase to 40%.
Efficiency	90% of DLAs will be completed on time, or there will be acceptable documentation of why it was not updated.	Review of DLAs in quarterly audits	88%	90% 81%	Goal not met, but very close. Work with teams that had lower percentages and continue to monitor in FY26.
Efficiency	90% of ITCD clients will have a SATS-R completed every 90 days.	Review of SATS-R in quarterly audits	92%	100% 88%	Exceeded goal. Will work to ensure all teams are meeting this goal. Continue to monitor in FY26.
Access	ITCD program participation will increase by 10% compared to FY24.	Percentage increase measured by program records	17% increase	No increase in FY24 Not measured	Exceeded goal. Continue to monitor in FY26.
Access	When a new episode is opened, staff will attempt to contact 90% of the clients within 5 business days.	Percentage of clients who were contacted within 5 business days on audit forms	95%	82% 83%	Exceeded goal. Continue to monitor in FY26.
Experience of Persons Served	95% of consumers receiving case management services will agree that their case manager acts in a respectful and professional way towards them.	Percentage of consumers who *agree* or *strongly agree* that their case manager acts in a respectful and professional way towards them	100%	Not measured	Exceeded goal. Continue to monitor in FY26.

Experience of Stakeholders	80% of Stakeholders will agree that CPRP helps to improve the overall quality of life for Beacon clients who experience severe mental illness.	Percentage of Stakeholders who *agree or strongly agree* that CPRP helps to improve the overall quality of life for Beacon clients who experience severe mental illness	89%	Not measured	Exceeded goal. Continue to monitor in FY26.

Adult Psychosocial Rehabilitation Services (Adult Community Integration) Outcomes Report- FY25

Area	***Objective***	***Measurement Tool***	***FY25 Outcome***	***Comp to FY24 FY23***	***Action***
Effectiveness	90% of consumers receiving PSR services will agree that the Day Program has a positive impact on their life.	Percentage of clients who *agree* that they feel the Day Program makes a positive impact on their life	84%	85% 85%	Goal not met. Day program staff will explore what improvements the consumers would like to see. Continue to monitor in FY26.
Effectiveness	90% of consumers receiving PSR services will agree that the groups offered at the Day Program help them learn coping skills.	Percentage of clients who *agree* that the groups offered at the Day Program help them learn coping skills	85%	Not measured	Goal not met. Day program staff will continue to explore ways to offer educational groups and illicit feedback from consumers. Continue to monitor in FY26.
Efficiency	Transportation coverage areas will be evaluated for all three programs to determine efficiency of routes.	Evidence of route exploration and evaluation	Met	Not measured	Goal met. Routes were adjusted to cover a larger area. Discontinue this goal to focus on others.
Access	Program team leads will present at case management meetings to educate about appropriate candidates for the program and services offered.	Evidence of presentations	Met	Not measured	Goal met. Discontinue this goal to focus on others.
Experience of Persons Served	85% of consumers attending the Day Program will agree that overall, they are happy with the Day Program.	Percentage of clients who *agree* that overall, they are happy with the Day Program	91%	78% 89%	Exceeded goal. Continue to monitor in FY26.
Experience of Persons Served	85% of consumers attending the Day Program will agree that they are satisfied with the educational and support groups provided daily at the program.	Percentage of clients who are satisfied with the educational and support groups provided daily at the program	81%	79% 84%	Goal not met, but there was improvement from the previous year. Continue to monitor in FY26.
Experience of Stakeholders	80% of Stakeholders will agree that participants benefit from attending the Day Program.	Percentage of Stakeholders who *agree* that participants benefit from attending the Day Program	100%	Not measured	Exceeded goal. Continue to monitor in FY26.

Children's Psychiatric Rehabilitation Services (Youth Case Management) Outcomes Report- FY25

Area	*Objective*	*Measurement Tool*	*FY25 Outcome*	*Comp to FY24 FY23*	*Action*
Effectiveness	95% of clients in services will not be hospitalized for psychiatric reasons while participating in children's community-based services.	Percentage as measured by the children's community-based services current list of clients and clients who have been hospitalized	96%	97% 98%	Goal met. Continue to monitor in FY26.
Efficiency	90% of client treatment plans will include all the services the client is receiving.	Percentage of treatment plans that include treatment that is reflected in progress notes and assessment as measured in audits	92%	96% 92%	Goal met. Continue to monitor in FY26.
Efficiency	95% of assessments will include justification for level of care.	Percentage of assessments that include justification for level of care as measured in audits	97%	86% 89%	Goal met. Continue to monitor in FY26.
Access	90% of clients/families referred for children's community-based services will be contacted within 5 business days of staff receiving the referral.	Percentage of clients/families contacted (or contact was attempted) within 5 business days of receiving the referral as measured by program waiting list	86%	63% 86%	Goal not met. In FY25, there was a brief period when referrals were not routed to the correct individual while staff were on PTO. Additionally, referred clients were put on the wrong spreadsheet (clerical error). These issues have already been addressed, and we anticipate this percentage to increase in FY26. Continue to monitor in FY26.
Experience of Persons Served	95% of families receiving in-home services will be satisfied with the way their crisis situations were handled.	Percentage of clients who *agree* or *strongly agree* that crisis situations were handled to their satisfaction	98%	94% 97%	Exceeded goal. Continue to monitor in FY26.
Experience of Persons Served	95% of families receiving in-home services will be satisfied with services, overall.	Percentage of families who *agree* or *strongly agree* that they are satisfied with the program overall	100%	99% 99%	Exceeded goal. Continue to monitor in FY26.
Experience of Stakeholders	85% of stakeholders will report positive results from services provided by Beacon.	Percentage of Stakeholders who *agree or strongly agree* that they have seen positive results from services provided by Beacon	100%	Not measured	Exceeded goal. Continue to monitor in FY26.

Intake (Assessment and Referral) Outcomes Report- FY25

Area	***Objective***	***Measurement Tool***	***FY25 Outcome***	***Comp to FY24 FY23***	***Action***
Effectiveness	95% of clients who completed an intake will report that the intake clinician explained to them what to expect from the services they were referred to.	Percentage of clients who *agree* or *strongly agree* that the intake clinician explained to them what to expect from the services they were referred to	97%	99% 100%	Exceeded goal. Continue to monitor in FY26.
Efficiency	90% of Intake Assessments will be completed within 3 business days.	Percentage as measured on reports	92%	89% 86%	Exceeded goal. Discontinue goal to focus on other areas in FY26.
Access	Track how many clients complete an intake assessment the same day as initial office contact.	Measured on program records	73%	Not measured	Goal met; however, some data was missing due to issues with the tracking process. Discontinue goal to focus on other areas.
Access	Expand Open Access hours to be able to better serve individuals who are unable to come into the agency during current OA hours.	Evidence of expanded hours	Initiated Wednesday and Saturday hours for Open Access.	Not measured	Goal met. Open Access hours were expanded in October 2024. Will change goal to focus on expansion of clients seen during these hours in FY26.
Experience of Persons Served	95% of clients who completed an intake will be satisfied, overall, with the intake process.	Percentage of clients who *agree* or *strongly agree* that they are overall satisfied with the intake process	100%	100% 100%	Exceeded goal. Continue to monitor in FY26.
Experience of Stakeholders	80% of Stakeholders would recommend Beacon's Open Access walk-in screenings to others.	Percentage of Stakeholders who *agree* or *strongly agree* that they would recommend Beacon's Open Access walk-in screenings to others	90%	Not measured	Exceeded goal. Continue to monitor in FY26.

Crisis Services Outcomes Report- FY25

Area	*Objective*	*Measurement Tool*	*FY25 Outcome*	*Comp to FY24 FY23*	*Action*
Effectiveness	75% of youth in crisis therapy will demonstrate decreased or stabilized depressive symptoms on the Patient Health Questionnaire-9.	Percentage of youth whose PHQ-9 score stabilized or decreased	72%	65% 75%	Goal not met, but an improvement from the previous year. A significant portion of the youth in crisis therapy had not been engaged in services long enough to be reassessed. A new staff member has been added, which is increasing enrollment and improvement is expected for this goal. Increase to 85% and continue to monitor for FY26.
Effectiveness	70% of adults on the Enhanced Care Pathway will be discharged successfully within 6 months.	Percentage based on program records	54%	53% 57%	Goal not met. When the program was expanded, more clients were referred who didn't end up participating. Will look at modifying the reports to pull more accurate reasons for discharge and will change wording on goal slightly for FY26.
Efficiency	90% of clients requiring crisis face-to-face interventions will receive follow up that includes attempted outreach by a crisis team member within 2 business days.	Percentage as measured on program tracking records	92%	52% 67%	Goal met. Change goal slightly for FY26 and continue to monitor.
Efficiency	Safety Plans will be completed on 95% of clients on the Enhanced Care Pathway.	Percentage as measured on program tracking records	93%	96% 93%	Goal not met. As mentioned previously, when the ECP program was expanded more clients were referred who didn't end up participating, which affected this goal. Change goal slightly for FY26 and continue to monitor.
Access	90% of mobile response dispatches will arrive on scene within 60 minutes for urban and 120 minutes for rural or be available via telehealth.	Percentage as measured on program tracking records	86%	Not measured	Goal not met. Unable to respond to some requests for a mobile response due to inclement weather and staff were not yet trained on utilizing telehealth. Staff have since received training and follow-up. Change goal slightly for FY26 and continue to monitor.
Access	90% of clients referred to crisis case management will have attempted contact	Percentage as measured on program tracking records	81%	64% Not measured	Goal not met. There were some internal challenges about how to track when a client was assigned to crisis case

	within 1 business day from the day assigned.				management and how the time of day affected the ability for staff to attempt contact. Change goal from 1 day to 2 days and continue to monitor in FY26.
Access	95% of new crisis case management referrals will be assigned within 1 business day.	Percentage as measured on program tracking records	57%	61% Not measured	Goal not met. Goal discontinued with the focus on other goals.
Experience of Persons Served	90% of clients will be satisfied with the support they received from the crisis staff.	Percentage of clients who *agree* or *strongly agree* that they are satisfied with the support they received from the crisis staff	90%	100% 89%	Goal met. Continue to monitor in FY26 and increase number of clients who participate in the survey.
Experience of Stakeholders	85% of stakeholders would recommend Beacon's Crisis Services to someone in need of assistance.	Percentage of stakeholders who *agree or strongly agree* that they would recommend Beacon's Crisis Services to someone in need	100%	Not measured	Exceeded goal. Continue to monitor in FY26.

Medication Services Outcomes Report- FY25

Area	*Objective*	*Measurement Tool*	*FY25 Outcome*	*Compared to FY24 FY23*	*Action*
Effectiveness	80% of clients receiving Medication Services will report that as a result of their services with their provider, their symptoms are not bothering them as much.	Percentage of clients who *agree* or *strongly agree* that as a result of their services with their provider, their symptoms are not bothering them as much	79%	84% 87%	Slightly below goal. Continue to monitor in FY26.
Efficiency	The Client/Caregiver Education form, showing evidence of medication education, will be completed in 85% of client charts.	Review of audit forms	65%	86% Not measured	Goal not met. There was some confusion from telehealth providers about completing this when not in the office, but education has since been provided. Continue to monitor in FY26.
Efficiency	85% of treatment plans will be completed within three visits and annually.	Review of audit forms	71%	66% 60%	Goal not met, but rate has increased from previous years. Additional monitoring reports have been developed, and steps have been put in place to improve timely completion of treatment plans. Continue to monitor in FY26.
Efficiency	A Suicide Risk Assessment will be completed for 90% of individuals in Medication Services.	Percentage of individuals in Medication Services who have an assessment completed	99%	96% 100%	Goal met. Continue to measure in FY26.
Efficiency	A Columbia Suicide Rating Scale will be completed on 95% of clients on the Enhanced Care Pathway.	Review of program audits	95%	67% Not measured	Goal met. The Columbia Suicide Rating Scale is now a required field in the progress notes for in-person contacts. Discontinue goal in FY26 to focus on other areas.
Efficiency	At least 55% of clients receiving Medication Services (ages 18 and older) will be screened for unhealthy alcohol use and will receive follow-up if screened positive.	Percentage of clients receiving Medication Services (ages 18 and older) who have a screening for unhealthy alcohol use and follow-up is indicated in the chart	39%	50% 54%	Goal not met. While staff may have been providing this education, the box was not always checked, which is needed for our outcome measurements. Further education will be offered to staff on the importance of selecting the correct CQI Indicators on notes. Continue to measure in FY26.
Access	Reduce time adult clients	Number of days clients wait for	80	55	Goal not met. There was some staff

	are waiting for an initial psychiatric evaluation compared to FY24.	an appointment tracked on scheduling records		41	turnover and hiring challenges which impacted client wait time. Continue to measure in FY26.
Experience of Persons Served	95% of clients will report overall satisfaction with their provider.	Percentage of clients rating a 4 or 5 on "Overall I am satisfied with my provider" on the Medication Services Satisfaction Survey	92%	94% 98%	Goal not met, but not far from the benchmark. Change wording of goal for FY26 and continue to measure.
Experience of Persons Served	Monitor reasons for clients requesting a change to their medication provider. Develop training for med providers as needed.	Measured on program records	Met	Met	Goal met. Continue to monitor in FY26.
Experience of Stakeholders	90% of stakeholders agree that the Medication Services department returns phone calls/emails in a timely manner.	Percentage of Stakeholders who *agree or strongly agree* that the Medication Services department returns phone calls/emails in a timely manner	93%	Not measured	Goal met. Discontinue this goal to focus on other areas in FY26.

Outpatient Therapy Outcomes Report- FY25

Area	*Objective*	*Measurement Tool*	*FY25 Outcome*	*Comp to FY24 FY23*	*Action*
Effectiveness	95% of clients in traditional Outpatient Therapy will report that they are better at handling daily life.	Percentage of clients who *agree* or *strongly agree* that as a result of therapy, they are better at handling daily life on the Outpatient Therapy Satisfaction Survey	96%	96% 95%	Goal met. Continue to monitor in FY26.
Effectiveness	85% of clients will not be hospitalized for psychiatric reasons while active in DBT services.	Measured on program records	90%	Not measured	Exceeded goal. Continue to monitor in FY26.
Effectiveness	90% of clients participating in DBT will report that they are better able to cope with their problems.	Percentage of clients answering *agree* or *strongly agree* to "The DBT skills group has taught me skills to cope better with problems" on the DBT Satisfaction Survey	97%	100% 92%	Exceeded goal. Continue to monitor in FY26.
Effectiveness	90% of clients participating in DBT will report that they are more emotionally regulated.	Percentage of clients answering *agree* or *strongly agree* to "DBT therapy has helped me to be more emotionally regulated" on the DBT Satisfaction Survey	95%	96% 96%	Exceeded goal. Increase to 95% and continue to monitor in FY26.
Effectiveness	95% of clients participating in Outpatient Therapy will report as a result of therapy they feel they are making progress on achieving their treatment plan goals.	Percentage of clients who *agree* or *strongly agree* that as a result of therapy they feel they are making progress on achieving treatment plan goals on the Outpatient Therapy Satisfaction Survey.	96%	96% 97%	Exceeded goal. Continue to monitor in FY26.
Efficiency	90% of treatment plans for individuals in therapy services will be completed by the 3rd visit.	Percentage of treatment plans completed by 3rd visit as determined by chart audits	82%	63% 74%	Goal not met, but there was a significant improvement compared to the previous two years. The therapy team is continuing to monitor this and hope that the addition of a program assistant for the therapy team will assist in improving the percentage of plans completed on time. Continue to monitor in FY26.

Efficiency	90% of clients in DBT will have a formal safety plan documented in their chart.	Percentage of charts containing formal safety plans as evidenced by audit forms.	76%	Not measured	Goal not met. We audited two times during the fiscal year and there was improvement seen during the second audit. Continue to monitor in FY26.
Access	Add one additional therapist in Ray County.	Evidence of added position	Did not meet	Not measured	Goal not met. Despite having the position open for 9 months, we have been unable to fill this position. We have decided to discontinue this goal, but we will be adding another therapist at the Beacon location who will be able to offer telehealth for individuals in Ray County.
Access	Add one additional DBT group.	Evidence of added group	Second DBT group added in March 2025.	Not measured	Goal met. Will discontinue in FY 26 to focus on other access goals.
Experience of Persons Served	95% of clients in traditional Outpatient Therapy will report overall satisfaction with therapy.	Percentage of clients who *agree* or *strongly agree* that overall, they are satisfied with the therapy services they are receiving on the Outpatient Therapy Satisfaction Survey	99%	100% 99%	Exceeded goal. Continue to monitor in FY26.
Experience of Persons Served	95% of clients in DBT will agree that their therapist is sensitive to their background and culture.	Percentage of clients who *agree* or *strongly agree* that their therapist is sensitive to their background and culture on the DBT Satisfaction Survey	97%	Not measured	Exceeded goal. Continue to monitor in FY26.
Experience of Stakeholders	85% of stakeholders will report that when they refer an individual to therapy, the individual's preferences (e.g. gender of therapist, location, specialties) are honored.	Percentage of Stakeholders who agree or strongly agree that when they refer a client to therapy, the individual's preferences are honored	ND	Not measured	Goal not met. This question was mistakenly left out of the survey this year, but we do plan on adding it to next year's survey. While this question was not asked, we did receive positive feedback about our therapy program in general. However, 22% of stakeholders reported they didn't fully understand the process of referring a client to therapy so we will target that question for FY26.

Employment Services Outcomes Report- FY25

Area	*Objective*	*Measurement Tool*	*FY25 Outcome*	*Comp to FY24 FY23*	*Action*
Effectiveness	50% of individuals served will obtain employment within 120 Days of receipt of VR authorization.	Percentage of clients who obtained employment within 120 days of receipt of VR authorization	27%	43% 59%	Goal not met. After review with the team, it was determined that several clients stopped engaging in services after the VR authorization was obtained. Additionally, there were not as many job openings with the regular employers that the employment services team partners with. The team is looking at different ways to increase employment opportunities. Continue to monitor in FY26.
Effectiveness	60% of persons obtaining employment through Supported Employment will maintain their job for 90 days.	Percentage of persons obtaining employment who have maintained their job for 90 days	55%	83% 63%	Goal not met. Since engaging consumers was a challenge in FY25, there were fewer clients who could be counted towards this measure. Continue to monitor in FY26.
Efficiency	50% of clients accepted in Employment Services will be presented (via face to face or phone) to an employer within 30 days from completion of Vocational Profile.	Percentage of clients presented to an employer face-to-face within 30 days of Vocational Profile	46%	55% 50%	Goal not met. Internal documentation presented a challenge to finding the data for this outcome. Additional training has been provided for staff to address documentation. Continue to monitor in FY26.
Access	Employment Services Manager or designee will initiate contact with 75% of new referrals within 10 business days.	Percentage of clients contacted as tracked in program records	70%	55% 62%	Goal not met, but there was a significant increase from previous years. Continue to monitor in FY26.
Experience of Persons Served	90% of clients will report overall satisfaction with Employment Services.	Percentage of clients who *agree* or *strongly agree* that overall, they are satisfied with the Employment Services they receive at Beacon	100%	100% 96%	Exceeded goal. Continue to monitor in FY26.
Experience of Stakeholders	80% of Stakeholders will have seen positive results with services provided by	Percentage of Stakeholders who *agree or strongly agree* that they have seen positive	100%	100% Not measured	Exceeded goal. Continue to monitor in FY26.

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Prevention and Wellness Outcomes Report- FY25

Area	***Objective***	***Measurement Tool***	***FY25 Outcome***	***Comp to FY24 FY23***	***Action***
Effectiveness	Establish a baseline for new, unduplicated clients who attend Coalition events, trainings and programs.	Measured by program records	19,808	Not measured	Goal met. Discontinue goal to focus on other goals.
Efficiency	90% of Stakeholders will agree that Beacon Prevention Staff provide timely services.	Percentage of Stakeholders who answer *agree* or *strongly agree* that Beacon Prevention Staff provide timely services	97%	Not measured	Exceeded goal. Continue to monitor in FY26.
Access	85% of Coalition Stakeholders will agree that Beacon Prevention Staff are available when needed.	Percentage of Stakeholders who answer *agree* or *strongly agree* that staff are available when needed	100%	100% 95%	Exceeded goal. Continue to monitor in FY26.
Experience of Stakeholders	85% of Coalition volunteers and other stakeholders will agree that they are satisfied with their involvement in Beacon prevention programs and coalitions.	Percentage of Stakeholders who *agree* or *strongly agree* that they are satisfied with their involvement in Beacon prevention programs and coalitions	90%	82% 100%	Exceeded goal. Change wording slightly for FY26 and continue to monitor.

Adolescent CSTAR Outcomes Report- FY25

Area	*Objective*	*Measurement Tool*	*FY25 Outcome*	*Comp to FY24 FY23*	*Action*
Effectiveness	65% of clients in the Adolescent CSTAR program will be abstaining from alcohol and/or other substances at time of discharge.	Percent of clients who abstained from alcohol and other substances upon discharge, as measured by discharge summary report	ND	25% 67%	Goal not met. This is a small program and none of the clients served this year met the criteria to be measured. Continue to monitor in FY26.
Efficiency	50% of charts audited will have documentation of family/guardian outreach.	Percentage from program audits	50%		Goat met, but only a small number of charts were audited. Increased auditing efforts have been addressed. Continue to monitor in FY26.
Efficiency	90% of new clients will have an ASAM rating scale done at the time of intake.	Percentage from program audits	100%		Exceeded goal, but there was only one chart audited where this criterion was applicable. Continue to monitor in FY26.
Access	85% of clients will have their first service within 5 business days from their program assessment.	Percentage from program records	100%		Exceeded goal, but as above, only a small number of charts were audited. Continue to monitor in FY26.
Access	Explore options to increase referrals to the program.	Evidence of discussion and exploration to increase referrals	Goal met	Not measured	Goal met. We are working on streamlining access, outreach, and increasing collaboration/coordination with potential referral sources. Discontinue for FY26.
Experience of Persons Served	95% of clients in the Adolescent CSTAR program will report that they feel accepted by the treatment team.	Percentage of clients that *agree* or *strongly agree* that they feel accepted by the individuals involved in their treatment	100%	100% 100%	Exceeded goal but low number of surveys returned. Continue to monitor in FY26.
Experience of Stakeholders	85% of Stakeholders will likely refer to the Adol CSTAR program in the future.	Percentage of Stakeholders *very likely or likely* to refer to the Adol CSTAR program in the future	100%	Not measured	Exceeded goal but low number of surveys returned. Will work on plan to increase stakeholder survey return rate. Continue to monitor in FY26.

Adult CSTAR Outcomes Report- FY25

Area	***Objective***	***Measurement Tool***	***FY25 Outcome***	***Comp to FY24 FY23***	***Action***
Effectiveness	65% of clients in the Adult CSTAR program will be abstaining from alcohol and/or other substances (legal and illegal) at time of discharge.	Percent of clients who abstained from alcohol and other substances upon discharge, as measured by discharge summary report	60%	39% 52%	Goal not met but improved over last 2 years. Staff will explore offering other levels of care when clts report difficulty abstaining from substances and provide training accurately recording abstinence on discharge summaries. Continue to monitor in FY26.
Effectiveness	90% of clients in the Adult CSTAR program will agree that they are better able to cope when things go wrong.	Percent of clients that *agree* or *strongly agree* that they are better able to cope when things go wrong	97%	96% 87%	Exceeded goal. Continue to monitor in FY26.
Efficiency	80% of treatment plan goals are met, revised or discontinued in a timely manner.	Percentage from program audits	88%	50% Not measured	Goal met but the sample size was small due to audits being completed later than usual due to turnover in the program. Continue to monitor in FY26.
Efficiency	90% of completed treatment plans will include measurable interventions relative to the needs of each ASAM dimension.	Percentage from program audits	100%	Not measured	Goal met but the sample size was small due to audits being completed later than usual (as mentioned above). Continue to monitor in FY26.
Access	85% of clients will have their first service within 5 business days from their program assessment.	Percentage from program record	96%	Not measured	Exceeded goal. Continue to monitor in FY26.
Experience of Persons Served	95% of clients in CSTAR agree that staff responds to their needs.	Percent of clients who *agree* or *strongly agree* that staff respond to their needs	100%	99% 98%	Exceeded goal. Continue to monitor in FY26.
Experience of Persons Served	95% of clients in CSTAR will agree they were treated with respect and dignity.	Percent of clients who *agree* or *strongly agree* that they were treated with respect and dignity	100%	99% 96%	Exceeded goal. Continue to monitor in FY26.
Experience of Stakeholders	80% of Stakeholders will agree that Beacon's services are easily accessible and clearly communicated.	Percent of stakeholders who *agree or strongly agree* that Beacon's services are easily accessible and clearly communicated	50%	Not measured	Goal not met. In FY25, only 6 stakeholder surveys were returned. Communication with stakeholders as well as increased survey results will be prioritized in FY26. Continue to monitor in FY26.

Treatment Court Outcomes Report- FY25

Area	*Objective*	*Measurement Tool*	*FY25 Outcome*	*Comp to FY24 FY23*	*Action*
Effectiveness	85% of clients in the Ray, Platte, and Clay Drug Court programs and Platte and Clay County DWI Court programs will abstain from alcohol and drug use by time of discharge.	Percent of clients who are abstinent at the time of last contact as measured by the discharge summary indicating abstinence due to self-report or drug screen	91%	98% 92%	Exceeded goal. Continue to monitor in FY26.
Effectiveness	90% of clients discharged will have successfully completed the program.	Measured on program records	82%	90% Not measured	Goal not met. Continue to monitor in FY26.
Efficiency	90% of completed treatment plans will include measurable interventions relative to the needs of each ASAM dimension.	Percent provided by review of audit forms	95%	Not measured	Goal met. Continue to monitor in FY26 and efforts will be made to increase the number of charts audited.
Access	While waiting for access to treatment after they have pled into the program, 70% of clients will be provided with a monthly support service that includes an assessment of need.	Percent provided by review of audit forms	93%	82% 34%	Goal met. Continue to monitor in FY26.
Access	At least ten clients will access the new Clay County DWI Court in FY25.	Count measured by program records	10 admits	Not measured	Goal met. Clay County DWI continues to obtain new referrals. Discontinue goal to prioritize other goals.
Experience of Persons Served	95% of clients in Drug Court and DWI Court programs will agree that staff responds to their needs.	Percent of clients that *agree* or *strongly agree* that staff responds to their needs	99%	99% 99%	Exceeded goal. Continue to monitor in FY26.
Experience of Persons Served	95% of clients in Drug and DWI Court programs will agree that they were treated with respect and dignity.	Percent of clients that *agree* or *strongly agree* that they were treated with respect and dignity	100%	99% 100%	Exceeded goal. Continue to monitor in FY26.
Experience of Stakeholders	90% of Stakeholders will report that their requests for information are responded to in a timely manner.	Percentage of Stakeholders that *agree or strongly agree* that their requests for information were responded to in a timely manner	100%	Not measured	Exceeded goal. Continue to monitor in FY26.

Outpatient Opioid Treatment Outcomes Report- FY25

Area	***Objective***	***Measurement Tool***	***FY25 Outcome***	***Comp to FY24 FY23***	***Action***
Effectiveness	90% of MAT clients will agree that the medication services they received helped them deal more effectively with substance use.	Percentage of clients that *agree* or *strongly agree* that the medication services they received helped them deal more effectively with substance use	100%	100% 89%	Goal met, but low number of surveys returned. Continue to monitor in FY26 and explore ways to improve survey return rate.
Efficiency	90% of MAT clients will have documentation in their chart of education on overdose prevention, recognition and response.	Percentage as measured on program reports	100%	80% 83%	Exceeded goal. Continue to monitor in FY26.
Efficiency	75% of treatment plans audited will reflect MAT services.	Percentage as measured on program audits	91%	91% 58%	Exceeded goal. Increase to 85% and continue to monitor in FY26.
Access	Add two additional Suboxone providers.	Evidenced by staff addition	Not met; 1 provider added	Not met Not measured	Goal not met. One provider was added and there are plans for another provider to begin FY26. Change goal to “Add one Suboxone provider in FY26.”
Access	85% of clients will have a psychiatric evaluation within 5 business days of their MAT Assessment.	Percentage as measured on program reports	85%	Not measured	Goal met. Continue to monitor in FY26.
Experience of Persons Served	95% of MAT clients will agree that they were treated with respect and dignity.	Percentage of clients that *agree* or *strongly agree* that their provider treats them with dignity and respect	100%	100% 95%	Goal met, but low number of surveys returned. Continue to monitor in FY26.
Experience of Stakeholders	85% of Stakeholders will agree that MAT providers and their team are available for collaboration on behalf of their clients.	Percentage of Stakeholders who *agree or strongly agree* that MAT providers and their team are available for collaboration	100%	Not measured	Goal met, but low number of surveys returned. Continue to monitor in FY26.

Healthcare Home Outcomes Report- FY25

Area	***Objective***	***Measurement Tool***	***FY25 Outcome***	***Comp to FY24 FY23***	***Action***
Effectiveness	60% of individuals enrolled in HCH will show improvement in out-of-range results in A1c.	Percentage as measured on program reports	61%	66% 65%	Goal met. Will change goal for FY26 to other priority initiatives, such as reduction in blood pressure.
Efficiency	85% of HCH Medicaid clients will have a screening completed during FY25.	Percentage as measured by Care Manager	90%	89% 87%	Goal met. Continue to monitor in FY26.
Efficiency	65% of HCH Non-Medicaid clients will have a screening completed during FY25.	Percentage as measured by program reports	91%	67% 45%	Goal met. Increase to goal to 80% and continue to monitor in FY26.
Access	95% of enrollees will report they have a Primary Care Physician and they understand how and when to access the provider or, if not, they were provided resources on Primary Care services on site.	Percentage as measured on program reports	100%	100% 99%	Goal met. Continue to measure in FY26.
Experience of Persons Served	100% of HCH members will be satisfied, overall, with the HCH services they receive.	Percentage of members who *agree* or *strongly agree* they are satisfied with the Healthcare Home services they receive	100%	100% 100%	Goal met. Have met this goal at 100% three years in a row. Will discontinue to focus on other client experience areas.
Experience of Stakeholders	90% of Stakeholders will feel included in the collaboration with the HCH department.	Percentage of Stakeholders that *agree or strongly agree* that they feel included in the collaboration with the HCH department	100%	Not measured	Goal met. Continue to explore new options for stakeholder survey return and continue to measure in FY26.
Experience of Stakeholders	Collaborate with Health Services Coordinator at North Kansas City School District twice a year to develop professional development opportunities.	Evidenced by meeting records	Not met; met once.	Met Not measured	Goal not met. Efforts were made to collaborate with the Health Services Coordinator, but there was difficulty coordinating with schedules and personnel changes at NKCSD and therefore only one meeting took place during FY25. Continue to monitor in FY 26.

School Based Services Outcomes Report- FY25

Area	*Objective*	*Measurement Tool*	*FY25 Outcome*	*Comp to FY24 FY23*	*Action*
Effectiveness	90% of students agree that they feel like they can control their emotions better.	Percentage of students that *agree* or *strongly agree* that they feel like they can control their emotions better now that they have started working with Beacon	84%	89% 85%	Goal not met. In FY25 there was a higher number of students new to services when the survey was distributed this year, which likely impacted this question. Staff will review the question with the younger clients prior to distributing the survey to ensure comprehension. Continue to monitor in FY26.
Efficiency	85% of students will have their first therapy appointment within 10 school days from the assessment.	Percentage measured by program reports	85%	78% Not measured	Goal met. Discontinue to focus on other areas.
Access	There will be a 10% increase in number of individual therapy clients in FY25 compared to FY24.	Percentage measured by program records	23% increase	Not measured	Goal met. Continue to monitor with slight change in the services included in FY26.
Experience of Persons Served	95% of students will be satisfied with the therapeutic services they have received.	Percentage of students that *agree* or *strongly agree* that they are happy/satisfied with the therapeutic services they have received	97%	99% 98%	Goal met. Continue to monitor in FY26.
Experience of Stakeholders	95% of school personnel will agree that requests for information about services, or about an individual receiving services, are responded to in a timely manner.	Percentage of Stakeholders that *agree* or *strongly agree* that requests for information about services, or about an individual receiving services, are responded to in a timely manner	100%	100% 94%	Goal met. Discontinue this goal to focus on other areas of experience for our stakeholders.

Youth PSR (Youth Community Integration) Outcomes Report- FY25

Area	***Objective***	***Measurement Tool***	***FY25 Outcome***	***Comp to FY24 FY23***	***Action***
Effectiveness	90% of youth will agree that attending Youth PSR programs has a positive impact on their life.	Percentage of clients who agree that attending Youth PSR programs has a positive impact on their life	100%	100% 100%	Exceeded goal. Continue to monitor in FY26.
Effectiveness	90% of youth will agree that they have learned new skills in the Youth PSR group.	Percentage of clients who agree that they have learned new skills in the Youth PSR group	62%	Not measured	Goal not met. In FY25, the survey was distributed mid-series to new clients, who had not yet learned new skills. For FY26, the surveys will be distributed at the end of each unit for accuracy. Continue to monitor in FY26.
Efficiency	90% of Treatment Plans will include PSR service interventions and will be signed by PSR supervisor.	Percentage as measured in program audits	89%	100% 60%	Goal not met. During FY25 there was staff and managerial turnover. Additional training has been provided for the new manager and staff. Continue to monitor in FY26.
Access	Explore changes to the PSR program to make it more accessible (i.e. age groups, sites, days, etc.).	Evidenced by program records	Met	Not measured	Goal met. Based on findings, new goals related to increased participation have been added.
Experience of Persons Served	85% of consumers attending the Day Program will rate their overall happiness with the program at a 4 or 5 on a scale of 1-5.	Percentage as measured by the Youth PSR Satisfaction Survey	83%	100% 100%	Goal not met. The survey was distributed to some individuals who were attending their first group. For FY26, the surveys will be distributed at the end of each unit for accuracy. Continue to monitor in FY26.
Experience of Persons Served	85% of consumers attending the PSR Parent Group will report overall satisfaction.	Percentage of Parent Groups attendees who *agree or strongly agree* that they are overall satisfied	100%	100% Not measured	Exceeded goal. Continue to monitor in FY26.
Experience of Stakeholders	85% of Stakeholders agree that family members and/or clients referred have reported positive results/experiences.	Percentage of Stakeholders who *agree or strongly agree* that family members and/or clients referred have reported positive results/experiences.	100%	Not measured	Exceeded goal. Continue to monitor in FY26.

Supported Housing Outcomes Report- FY25

Area	*Objective*	*Measurement Tool*	*FY25 Outcome*	*Comp to FY24 FY23*	*Action*
Effectiveness	95% of clients will agree that they are better able to manage their home because of the program.	Percentage of clients who *agree or strongly agree* that they are better able to manage their home because of the program	89%	91% 93%	Goal not met. In FY25 there was client turnover and more openings than usual during survey months, which impacted the sample size. Continue to monitor in FY26.
Efficiency	90% of Clustered Housing progress notes will be completed on time.	Percentage measured by program records	83%	87% 68%	Goal not met. Progress note timeliness will continue to be addressed with staff, and additional training provided. Continue to monitor in FY26.
Access	95% of clients will agree that they are able to get help from staff at the apartment when needed.	Percentage of clients who *agree or strongly* agree that they are able to get help from staff at the apartment as need	100%	100% 100%	Goal met. Continue to monitor in FY26.
Experience of Persons Served	90% of clients will agree that they are satisfied with the support they get in the apartment program.	Percentage of clients who *agree or strongly* agree that they are satisfied with the support they get in the apartment program	100%	100% 93%	Goal met. Continue to monitor in FY26.
Experience of Stakeholders	90% of Stakeholders will feel included in the collaboration with the Housing Team and Case Managers.	Percentage of Stakeholders who *agree or strongly agree* that they feel included in the collaboration with the Housing Team and Case Managers	100%	100% Not measured	Goal met. Continue to monitor in FY26.
Experience of Stakeholders	90% of Stakeholders will have seen positive results with supportive housing services provided by Beacon.	Percentage of Stakeholders who *agree or strongly agree* that they have seen positive results with supportive housing services provided by Beacon	100%	100% Not measured	Goal met. Continue to monitor in FY26.

Additional CCBHC Outcomes Report- FY25

(all of these outcomes are from a 6 month period of July-Dec 2024 in coordination with the CCBHC Abbreviated Period as the transition is made to measuring calendar year timeframes)

Measure	***Goal***	***Purpose***	***Measurement Tool***	***FY25 Outcome***	***Comp to FY24 FY23***	***Action***
Suicide Risk Assessment	At least 90% of youth and 85% of adults with a diagnosis of major depressive disorder (MDD) will have a documented suicide risk assessment.	Reduce suicide attempts and deaths by suicide.	CCBHC Measures Reporting	Youth: 100% Adult: 99.8%	Youth: 99% Adult: 99.5% Youth: 95% Adult: 95%	Goal met. Goal is being discontinued in current CCBHC measures.
Follow-up After Hospitalization for Mental Illness	At least 80% of youth and 75% of adults, who were hospitalized for treatment of selected mental illness diagnoses, will have an outpatient visit with a mental health practitioner within 7 days and within 30 days of discharge.	Reduce readmissions, increase access, and care coordination	CLIVE Data Warehouse	Youth: 72% Adult: 78%	Youth: 84.47% Adult: 76.22% Youth: 82.95% Adult: 80.99%	Goal not met for youth but was met for adults. Will continue to provide training to staff to ensure clients are scheduled for follow-up promptly. Continue to monitor for the remainer of Calendar Year 2025.
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	At least 35% of clients age 13 and older with a new episode of alcohol or other drug (AOD) dependence who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days of the diagnosis will have two or more additional services with a diagnosis of AOD within 30 days of the initiation visit.	Increase access for consumers with SUD, reduce morbidity, mortality, and healthcare costs and improve outcomes	CCBHC Measures Reporting	27%	31.06% 29.56%	Goal not met. Will continue to explore ways to engage AOD referrals. Continue to monitor for remainer of CY25.
Time to Services	Establish baseline from date of initial evaluation to date of first service.	Reduce wait time for services	Internal report	1.4	2.37 2.55	Goal met. Continue to measure for remainer of

						CY25.
Depression Remission	Establish baseline data to determine the percentage of clients (12 years of age or older) with Major Depression or Dysthymia who reach Remission Six Months (+/- 60 days) after their initial evaluation.	Improve depression inventory scores for individuals with a diagnosis of depression.	CCBHC Measures Reporting	Not measured		The Depression Remission measure was not reported by CCBHCs in FY25 due to the abbreviated reporting period and changing from 12 month to 6 month follow-up. Continue to monitor for the remainer of CY25.
Unhealthy Alcohol Use	100% of new clients will be screened for unhealthy alcohol use using the AUDIT-C. Improve percentage from FY24 of clients who receive brief counseling if identified as an unhealthy alcohol user.	Identify individuals at risk for unhealthy alcohol use and increase access to services.	Internal Report and CCBHC Measures Reporting	New clients: 100% Counseling: 56%	New clients: 100% Counseling: 52% New clients: 100% Counseling: 53%	Goal met. All new clients 12 and older were screened. The counseling outcome applies to those 18+. Continue to monitor for the remainder of CY25.
Screening for Social Drivers of Health	100% of new clients will be screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety. Results will be evaluated to determine if there are any populations experiencing health disparities, and, if so, how we will use this data to improve outcomes for these populations.	Screen and identify for needs and identify specific populations facing health disparities	Internal Report	100%	ND ND	Goal met. However, the CCBHC measure specifies that all clients should be screened for SDOH. Change goal to remove “new” and continue to monitor for the

						remainder of CY25.
Screening for Depression and Follow-Up Plan Youth and Adult	Improve percentage from FY24 of clients ages 18 and older screened for depression at their visit, and if positive, document a follow-up plan.	Identify individuals with depression and provide follow-up care.	CCBHC Measures Reporting	26%	38% 31%	Goal not met. Additional training provided to clinical staff for selecting appropriate CQIs. Continue to monitor for the remainder of CY25.
Tobacco Use: Screening & Cessation Intervention	Improve percentage from FY24 of clients aged 18 years and older who were screened for Tobacco Use and who received a Tobacco Cessation Intervention	Reduce tobacco use	CCBHC Measures Reporting	16%	22% 27%	Goal not met. Goals is being discontinued in current CCBHC measures, but staff will be reminded to document when they provide a tobacco cessation intervention.

Client Comments

My therapist is amazing! I have been able to accomplish more and be more emotionally regulated. I'm also able to bring myself back from chaos and become emotionally regulated more quickly.

Day Program is my Happy Place!

You all do a great job making us feel welcome here.

I feel more like a normal member of society at Day Program. We do things in the community (i.e. go to stores, and other activities).

DBT has given me clarity and hope. Understanding of how I feel has given me the tools and skills to keep myself calm during disagreements.

If it wasn't for a place like this, I wouldn't be here today because of my depression and bipolar depression was so bad. I'm very appreciative of everyone and the front desk and pharmacy are always kind.

We love working with Beacon. Our students have shown GREAT improvement in their work with the therapists, and the students are very happy with the services that they receive.

I am absolutely navigating life much better thanks to the guidance and tools I have received through my therapy. Having my therapist in my corner gives me the courage to continue facing life and it's continuous waves of changing emotions.

I like Recreational Therapy because it helps me control my emotions. Even though I have very sensitive emotions, I always come back happy from rec therapy.