

MHR SB PROGRAMS & SERVICES COMMITTEE MEETING

March 29, 2016

4:00 p.m.

Agenda

Item	Information Enclosed	Action Required	Allocation Required	Page
1. Call to Order				
2. Recognition of Visitors				
3. Meeting Minutes: Combined P&S/P&F Committee: March 1, 2016	✓	✓		1-6
4. 120 Day Notice Update	✓			7
5. Description of Programs/Services Summaries	✓			7-30
6. FY 2016 Half-Year Provider Performance Report	✓			31-58
7. MHR SB Community Meeting	✓			59-64
8. Health Officer Credentialing	✓	✓		65
9. Recovery Council Update	✓			65
10. Recovery Helpline Update	✓			66
11. Open Session				
12. Adjournment				

**COMBINED PROGRAMS & SERVICES/
PLANNING & FINANCE COMMITTEE MEETING MINUTES
March 1, 2016**

Programs & Services Committee Members Attending:

Robin Reeves	Scott D. Johnson	Tony Pfeiffer
Andre Tiggs	Dr. Mary Gombash	Dr. Lois Ventura

Planning & Finance Committee Members Attending:

Audrey Weis-Maag	Pastor Waverly Earley	William Sanford
Dr. Tim Valko		

Programs & Services Committee Members Absent:

Pastor Donald Perryman	Andrea Mendoza Loch	Charlotte Cuno (Non-Trustee)
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Planning & Finance Committee Members Absent:

Linda Alvarado-Arce	Lynn Olman
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Visitors: Richard Arnold; Kathy Bihn, NPI; Geof Allan, UMADAOP; John DeBruyne, Rescue; Annette Clark, FSNO; Kathryn Slight, Unison; Amy Kobold, Unison; George Johnson, Rescue; Larry Leyland, TASC; Lucy Wayton, LSSNWO; Deb Angel, Recovery Council; Karen Wu, ABLE.

Staff: Scott Sylak, Tom Bartlett, Tim Goyer, Karen Olnhausen, Donna Robinson, Amy Priest, Carolyn Gallatin, Cynthia Brown-Chery, Kristal Barham, Robert Kasprzak.

Mr. Tiggs opened the meeting at 4:01 p.m., with introduction of visitors.

Meeting Minutes:

➤ **Programs & Services Committee – January 26, 2016**

The minutes were approved by consensus as presented.

➤ **Planning & Finance Committee – February 2, 2016**

The minutes were approved by consensus as presented.

OMHAS CABHI FY 2016 Award - NPI

Mr. Goyer reported that the MHR SB applied for a “Cooperative Agreement to Benefit Homeless Individuals (CABHI) Enhancement” federal grant in April 2015 that would allow Neighborhood Properties Inc. (NPI) to provide wrap-around services for homeless individuals whom they house during the grant period which runs from October 1, 2015 through September 30, 2016. On July 13, 2015, it was announced that Ohio had been awarded the grant, but not until December 31, 2015 did OMHAS release the Notice of Sub-award to MHR SB in the amount of \$316,064. Mr. Goyer indicated that the goal is to house 30 homeless individuals in existing NPI

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apartment housing stock; 10 of the 30 housed will gain employment. While the primary target is for single individuals, a family could receive housing and support based on the availability.

The following motion was recommended for consideration:

The Mental Health and Recovery Services Board of Lucas County authorizes its Executive Director to accept the grant award of \$316,064 from OMHAS for the CABHI Enhancement program, and further authorizes the Executive Director to amend the Board's FY 2016 Provider Agreement with NPI by increasing the amount in Section 6.2.2 (Pass Through Grants) from \$160,551 to \$476,615, effective October 1, 2015.

There was consensus to move the motion forward to the Board of Trustees.

OMHAS Access Success II Award-NPI

Mr. Goyer explained the OMHAS Access Success II project which targets individuals who are leaving state-operated psychiatric hospitals after long-term stays by providing housing and other supportive services. On February 10, 2016, the MHRSB received a Notice of Sub-award from OMHAS for \$23,000 for a group home placement and mental health and supportive services for up to 12 months for a Lucas County forensic client who is a not a legal resident of the United States and has a long history of homelessness. Neighborhood Properties Inc. (NPI) will coordinate the client's housing and receive the \$23,000 grant funds in conjunction with an amendment to their FY 2016 Provider Agreement.

The following motion was recommended to the Board of Trustees:

The Mental Health and Recovery Services Board of Lucas County authorizes its Executive Director to accept the grant award of \$23,000 from OMHAS for the Access Success II program, and further authorizes the Executive Director to amend the Board's FY 2016 Provider Agreement with NPI by increasing the amount in Section 6.2.2 (Pass Through Grants) from \$476,615 to \$499,615, effective February 10, 2016.

There was consensus to move the motion forward to the Board of Trustees.

December FYTD FY 2016 Grant Spending

Mr. Bartlett referred to pages 14-16 for a review of the December 2016 FYTD Grant Spending in comparison to the FY 2016 Allocation by Agency and Program. Mr. Bartlett reported that the agencies are doing very well overall in terms of grant spending vs. the budget amount, with some exceptions outlined on page 13 of the meeting packet.

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The amount of grant underspending through the first six months of FY 2016 is estimated at \$400,823, or 3% of the total Board FY 2016 grant allocations. This is consistent with the Board's Updated Financial Forecast which assumes 2.5% in underspending.

Mr. Bartlett indicated that the United Way's Social/Emotional Learning Program was granted \$24,000 as part of the FY 2016 Purchasing Plan. Subsequent to the grant allocation, the United Way program was transferred to Toledo Public Schools; therefore, Board staff recommended that the \$24,000 allocation to United Way be rescinded.

The following motion is recommended to the Board of Trustees:

The Mental Health and Recovery Services Board of Lucas County rescinds the United Way \$24,000 Social/Emotional Learning allocation that was part of the \$17,480,606 FY 2016 Purchasing Plan approved at the May 19, 2015 Board meeting which was reduced to \$17,434,393 at the August 18, 2015 Board meeting. The adjusted total FY 2016 Purchasing Plan allocation is \$17,410,393, a reduction of \$24,000.

There was consensus to move the motion forward to the Board of Trustees.

Agencies' December FYTD FY 2016 Financial Results

Mr. Bartlett reviewed the December 2016 FYTD Agencies' Financial Results on pages 17-24 of the meeting packet. Mr. Bartlett reported that for the first six months of FY 2016, fourteen of the twenty agencies had increases in net assets (surpluses) and only six agencies experienced a reduction of net assets (deficits). Board staff expressed concern about Big Brothers Big Sisters (BBBS) deficit in comparison with same time periods in FY 2012-FY 2015. Mr. Bartlett stated that if a continuation of deficit spending occurs, BBBS will exhaust their cash within 12 to 15 months.

120-Day Notices of Material Change to Contracts

- **TASC DYS Aftercare Program**

Mr. Goyer reminded the Committee that last month the Board approved four 120-Day Notices to materially change contracts or not to renew them. The TASC DYS Aftercare Program has been in place for several years during which time OMHAS awarded the MHRSB between \$100,000 and \$200,000 per year to contract for reentry programming for juvenile offenders up to 21 year who are returning to the community from DYS correctional facilities. Over the last several years, juvenile court has led a number of initiatives designed to divert youth from going to DYS. Currently there are only 18 youth from Lucas County in DYS facility and 9 are expected to be released back to Lucas County this year. This number is down significantly from previous

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years. Additionally the program has struggled to meet it's performance measures of the last two years. Therefore, staff recommends exploring other avenues to provide the needed assistance for this small group of challenged youth/young adults, most of whom have gun related criminal charges. Staff is talking with DYS and TASC for a better use of this under-utilized allocation.

The following motion was recommended to the Board of Trustees:

The Mental Health & Recovery Services Board of Lucas County, in compliance with the Ohio Revised Code, Section 340.03, issues a 120-Day Notice of the MHRSB's intent not to renew its FY 2016 contract with Treatment Alternatives for Safer Communities (TASC) for the DYS Aftercare Program. The MHRSB Executive Director is authorized to prepare and deliver the letter to that effect.

There was consensus to move the motion forward to the Board of Trustees.

Unison "Hope is Real" Prevention Campaign

Ms. Olmhausen referred to page 25 of the meeting packet for a review of the Unison "Hope is Real" Prevention Campaign. Recently staff identified that an emphasis on the adolescent population was missing from the system's current Heroin/Opiate prevention initiative. With that, due to their expertise staff asked Unison to propose a media campaign directed toward 12-18 year olds. Unison has proposed to use a strong social media presence to raise awareness with the intent to delay the age of onset of first use. With the Board's approval Unison intends to redesign their current media campaign by utilizing their FY 2016 allocation of \$79,560 combined with an additional request of \$120,440 for a total cost of \$200,000 beginning FY 2017. The proposed project will build on Unison's current efforts utilizing the Buckeye Cable Sports Network (BCSN) where social media will be the focus of the campaign. The BCSN Student of the Month program will be another important aspect of the campaign. Sponsorship of the BCSN scholarship program includes 2,700 promos and 800 total commercials. In addition, Unison will work with a local video production agency to create a commercial to broadcast at both Franklin Park 16 and Fallen Timbers 14 theatre locations. For the remainder of FY 2016, Unison is requesting \$50,000 in start-up costs for preliminary planning for the "Hope is Real" campaign.

The following motion was recommended to the Board of Trustees:

The Mental Health and Recovery Services Board of Lucas County allocates \$50,000 in start-up costs to Unison Behavioral Health Group's "Hope is Real" campaign and authorizes its Executive Director to amend Unison's FY 2016 Mental Health and Addiction Services Provider Agreement to reflect this allocation.

There was consensus to move the motion forward to the Board of Trustees.

Access to Treatment Workgroup Report

Mr. Sanford stated that the Access to Treatment Workgroup has met monthly since January 2015 which resulted in the draft report presented for the Committee's consideration. He expressed appreciation to the Board members, agencies and other individuals that openly participated in the discussions.

Mr. Sylak reviewed the Access to Treatment Workgroup Report indicating that the design of the workgroup was to identify various systemic issues and recommend improvements that would result in improved access to treatment. By design, the group took a practical approach to formulating their recommendations to ensure maximum impact. He noted that the Board doesn't have to implement 100% of the recommendations contained in the Report, but this is what the workgroup identified for the Board's consideration.

Dr. Ventura said she was very impressed with the Report and realizes that some of the recommendations will be hard to implement as it will require action by other entities besides the Board. Overall, she said the recommendations are "spot on."

Pastor Earley asked what the follow-up will be; Mr. Sylak said upon acceptance of the Workgroup Report by the Trustees, the Board staff will do an internal evaluation of the report recommendations and develop individualized work plans for each recommendation. Mr. Sylak envisions that the Access to Treatment Workgroup will transition from a Board level workgroup to a staff led committee designed to help implement and monitor the progress of the recommendations. Board staff will report progress back to the Trustees at regular intervals.

The following motion is recommended to the Board of Trustees:

The Mental Health and Recovery Services Board of Lucas County accepts the Access to Treatment Workgroup report as presented.

There was consensus to move the motion forward to the Board of Trustees.

Recovery Council Update

Ms. Barham reported that the Recovery Council met for the first time on February 16 since the unfortunate passing of Mr. Bob Arquette. The Council did not have a quorum and they are currently without leadership. At their next meeting, the Council will continue to discuss attendance according to their current Charter. Ms. Barham reported that the Recovery Council is planning a Problem Gambling community awareness forum at the Zepf Center on March 21, 2016. Mr. Sylak said with the anticipated acceptance of the revised Governance and Public Affairs Policies, he believes it's time to consider restructuring the Recovery Council.

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Ms. Weis-Maag said that during her six year tenure on the Board, the Recovery Council has had high membership turnover and struggled with meeting attendance and meeting the demands of its Charter. Therefore, she is looking forward to a change in the structure. Mr. Sylak said there is a solid core of Recovery Council members who participate from which to build upon and he will work with those members to provide recommendations for a revised structure.

Open Session

- Mr. Arnold provided an update with regard to recent City Council activities on several group home public hearings and explained the various zoning stipulations and challenges associated with them. He said that the Planning Commission will hold meetings later in March and April that will consider zoning changes from several group home operators.
- Mr. Arnold said that last Thursday the Access to Treatment Workgroup met and finalized their report. He said it is an “eerie” coincidence that it was the same day that The Blade ran its obituary on Lawrence Fitzgerald James who in 2008 stabbed a gas station attendant over cigarettes. Mr. James spent two years in prison and five weeks after his discharge, he stabbed a UT student over a cigarette and was sent to prison for life. He hung himself in his jail cell on February 12, 2016 and passed away on February 17. Mr. James’ obituary showed an adorable picture in his childhood, stating that he started hearing voices at age 9 which is when he committed his first crime. Mr. Arnold said Mr. James had a family that was there for him, and the end result was one family lost a son due to murder and the other family lost a son due to suicide. He feels it is a case study that the Board should learn from.

Adjournment

The meeting was adjourned at 5:19 p.m.

Status of 120-Day Notices

Earlier this year, MHR SB issued notices to five programs that it did not intend to fund those programs in FY 2017 or that funding levels would be reduced from FY 2016. Four agency programs received 120 day notices on February 17, 2016. These agencies were:

- Rescue – Inpatient Physicians
- Big Brothers/Big Sisters – Mentoring Triad
- Family Service of Northwest Ohio – Breaking the Cycle
- UMADAOP – AOD POS

On March 16, 2016, TASC was the fifth organization to receive a 120 day notice for its DYS Program.

To date, Rescue has given indication that it will not appeal a reduction in funds for the inpatient physicians program. Family Service of Northwest Ohio (FSNO) and Big Brothers/Big Sisters (BBBS) have appealed their notices; MHR SB staff has met with FSNO and scheduled a meeting with BBBS. Finally, UMADAOP has given a verbal indication of their intent to appeal, but according to established procedures must provide written notice.

TASC has not provided an indication as to their intent to appeal at this time.

It is worthy of note that the local appeal process should be concluded within the first 60 days of 120 day appeal process, leaving 60 days for the appealing agency to request OMHAS intervention.

Review of Current Program/Services Summaries

In a separate attachment is a list of 2016 Program Summaries that were taken from agency submissions in conjunction with the FY 2016 Purchasing Plan. The intent of including this information is to provide staff and Board members an inventory of MHR SB funded programs to be used as a resource. It has been sorted into three categories: Prevention, Treatment and Support Services to provide some structure to the list.



MHRSB of Lucas County – 2016 Program Summaries

PREVENTION

Adelante – Buena Vida - \$91,800

Provide AOD prevention services to Lucas County students in the 6th grade, targeting Latino youth at or below the national poverty level; there will be a weekly in-school program, as well as a summer day camp program. The Too Good For Drugs curriculum will be used for the in-school program, whereas an adapted LifeSkills curriculum will be used for the summer day camp. Additionally, parents, teachers, and community members will be engaged during the school year and taught prevention strategies that they can implement into their own homes.

BB/BS – M3: A Mentoring Triad - \$45,122

Provide AOD prevention, targeting youth most at risk. Youth represent all demographics and are primarily in the lower socio-economic income levels in the Toledo and Springfield Public School Systems. The program is held after school for one hour in a group setting at the schools. All youth will be matched one-to-one with a high school volunteer mentor with whom they will meet weekly, and the provider will also incorporate “Character Building” and “Role Modeling” components into the weekly sessions while using an adapted LifeSkills curriculum.

Family Service of Northwest Ohio – Breaking the Cycle - \$36,278

Emphasizes the importance of involving non-violent parents in the treatment of children who witness violence and developing a positive, nurturing bond between those parents and their children. Elements include screening individuals who are referred to the program to determine their level of safety and exposure to violence. Youth and non-violent parents are referred to the appropriate level of intervention, such as a psycho-educational group or individual therapy.

Harbor – Early Childhood Prevention - \$79,000

Increase parent knowledge on strategies to promote social-emotional development and age-appropriate ATOD issues in order to lay the foundation towards preventing a young child’s future ATOD use; increase early care and education professionals’ skill, knowledge, and experience in promoting social-emotional development and managing challenging behaviors; and increase protective factors and reduce risk factors in young children to promote healthy social-emotional development. The agency will provide training through instruction in the following activities:

- **Educator:** 50 early care and education teachers will attend teacher trainings: Multiple 8-week session (1.5 hours/weekly training)
- **Parent:** 50 parents will attend one 2-hour education group
- **Children:** 100 children (ages 3-5 years) will attend a 1-hour weekly session for 9 weeks.

Topics in DINA Social Skills groups will include detecting feelings, problem solving, controlling anger, how to be friendly, and how to do your best in school.

Harbor – School and Community Prevention - \$367,000

Provide evidence-based programs that strengthen protective factors at each stage of child development, which will seek to increase the number of participants who delay their age of onset of ATOD use and perceive ATOD use as harmful. The core service delivery strategy is education, and the target population will be youth in grades kindergarten through eight (priority for youth 10-13 years-old) from school districts including Toledo Public, Springfield, Washington Local, and area Charter and Parochial schools. Additionally, other community organizations may be served. The agency will provide training through instruction and interaction in the following activities:

- Program interventions average 10 whole classroom or small group sessions once per week for an average of 10 weeks.
- Principals, teachers, counselors, and school nurses can choose from the following universal substance abuse prevention programs:
 - ...Second Step (grades K-3)
 - ...LifeSkills (grades 3-6)
 - ...Project ALERT (grades 7-8)

Harbor – Community Senior Prevention Program - \$205,000

Using the Wellness Initiative for Senior Education (WISE) curriculum, Lucas County senior citizens will be educated on reducing risk factors, such as isolation and loss, as well as increasing positive behaviors and attitudes. The 6-lesson WISE curriculum will be delivered by trained substance abuse prevention specialists through 2- to 3-hour, small-group sessions held weekly over a 6-week period.

Harbor & UMADAOP – Heroin-Opiate Initiative - \$102,000

In collaboration with UMADAOP, Harbor will address the growing heroin and opiate epidemic across Lucas County through the use of information dissemination, education, and environmental prevention strategies. The prevention initiative will target those at risk of overdose, 30-50 year olds, and/or individuals in 43611 and 43606, as well as the universal population in Lucas County. There will be a focus on population-based changes related to reducing the illicit use of opiates. Both agencies will each work with key community stakeholders to deliver the prevention messages. United Way has agreed to work with Harbor to disseminate video messages into the community for the purpose of increasing the perception of the current risk. Harbor will facilitate presentations at United Way agencies, company meetings, town hall meetings, churches, and other community groups on recognizing the signs, symptoms, and impact of opiate/heroin abuse. To keep the fidelity for the program, we will not be using volunteers for the presentations.

The Learning Club of Toledo –After-School Program - \$109,754

Afterschool educational program designed to enhance the academic achievement of students with SED and enrolled in the public mental health system. Youth in the Learning Club® model will meet 2 days per week (60 sessions) during the school year at Hope Learning Academy of Toledo. The program is designed to increase students' academic status to "at grade level."

NAMI – Step Up, Stop Suicide Project - \$30,600

Partnership with the Lucas County Suicide Prevention Coalition that provides stigma busting education and suicide prevention outreach to the adult population in Lucas County. The funds will partially fund a position within the Suicide Coalition. Information will be disseminated as

tangible media, as well as social media. Suicide prevention education programs will be presented through their trained Speakers Bureau to the community.

Swanton Area Community Coalition (SACC) – Parent & Community Involvement and Compliance Checks - \$26,642

SACC seeks to bring all sectors of the community to work for the reduction and prevention of substance abuse in Swanton. They will utilize the strategies outlined herein. **(1) Students Encouraging Educated Decisions ("SEED"):** SACC has two youth committees in middle and high school that meet weekly. They plan and execute youth events in the school system and community, including drug-free awareness, trainings, and policy advice. Students will be offered the opportunity to engage in a 6-week training (entitled "We're Not Buying It"), which is a substance abuse prevention program that focuses on developing media literacy skills among 6-8 grade students. A primary focus is on raising awareness of messages about substance abuse and bullying that are included in popular, non-advertisement media. **(2) Parents of SEED and Parents on Board:** Educating the public and utilizing current prevention programs/strategies set by the coalition and expand those practices to reach out to a broader population in order to promote abstinence from drug and alcohol use. Parents and community members in Swanton will participate in a number of AOD prevention meetings and activities: (1) Parents of youth in Swanton's middle and high schools will be recruited via SEED and will conduct parent meetings and trainings to increase awareness of the dangers of youth ATOD use.

Compliance Checks [Fulton County only]: SACC will work to implement environmental protection strategies (such as RBBT training, ID scanning technology, and compliance checks) with the cooperation of the Ohio Investigative Unit and Swanton Police Dept at the six establishments that have liquor licensing in Swanton. Prior to compliance checks, SACC will disseminate literature to these establishments.

(4) Drug Take Back: Using Swanton's two drug collection boxes, SACC will host prescription Drug Take-Back events throughout the year where all forms of medications will be accepted, including liquids, ointments, syringes, and aerosols. SACC plans to collaborate with Fulton and Lucas County for formal events and materials will be disseminated to the community to market these dates and disposal locations.

Sylvania Community Action Team (SCAT) – Collaborative Social Media Campaign - \$18,000

Media campaign to increase the awareness of prescription drug abuse among communities. SCAT will collaborate with three adjacent community coalitions to universally educate the community about risk/harms of prescription and over-the-counter drug misuse and abuse, while collectively promoting the 2 DEA "Take Back Days": AWAKE (Anthony Wayne), SAIL (Substance Abuse Intervention League in Maumee), and OHPAC (Ottawa Hills Parent Advisory Council). SCAT will reach Lucas County residents through various media, including social media venues, as well as flyers, posters, yard signs, radio and television commercials, ads on pharmacy bags, local newspapers, church bulletins, and websites.

Sylvania Community Action Team (SCAT) – Parent Training & Education - \$110,509

The project will provide parent training and education through a variety of different media messages, opportunities to interface with other parents/caregivers through parent workshops and Town Halls (training and support) and the importance of relationships between youth, parents and communities (community participation). Parents will be impacted utilizing the

following models/curricula: SCAT will offer the p101 (Parenting 101) curriculum affiliated with the Operation: Parent curriculum. Parent-to Parent program is an educational support program for those raising teens and preteens in today's culture. It addresses a variety of issues and strategies of parenting and creates a network of support with other parents. This is a video series that can be presented in a classroom setting followed by discussion. Operation: Parent resource books will be offered with the Parent-to-Parent program as it complements the information in the video series. This will also be available to Ottawa Hills parents.

Unison – Prevention Program - \$79,560

Universal campaign utilizing several media outlets (social media, cinema advertising, television advertising, commuter advertising) with seasonal focus on specific demographics. The provider will schedule the following media activities:

- Television Advertising: 1,170,327 impressions
- Cinema Advertising: 759,912 impressions
- Social Media: 20,000,000 impressions
- Commuter Advertising: 40,000 impressions
- Prom for Paws/Sober Contract Signing Event: 50 student signatures, 25 parent/caregiver signatures
- Primary Care/Emergency Room Physician Outreach: 33 physician offices, 7 emergency rooms, urgent care facilities, etc. (40 primary contacts)

UMADAOP – Healthy Workplace Project - \$51,000

Early intervention initiative for at-risk young adult males and females providing a set of substance abuse interventions for workplace training. Includes AOD abuse awareness education and training to help participants learn how one's ability to maintain employment may be affected by adverse workplace behaviors. Individuals are referred by the Lucas County Work Release program, Ohio Means Jobs, etc.

UMADAOP & Harbor – Heroin-Opiate Initiative - \$150,000

UMADAOP will address the growing heroin and opiate epidemic across Lucas County through the use of information dissemination, education, and environmental prevention strategies. The prevention initiative will target those at risk of overdose, 30-50 year olds, and/or individuals in 43611 and 43606, as well as the universal population in Lucas County. There will be a focus on population-based changes related to reducing the illicit use of opiates. The Sylvania Community Action Team (SCAT) has agreed to work with UMADAOP to conduct trainings and town hall meetings, as well as deliver a social media and promotion campaign. UMADAOP will facilitate trainings, town hall meetings, and awareness campaigns. The long-term programmatic goal of the project will be to increase the community's perception of harm related to substance abuse and illicit substance use.

Zepf Center – Problem Gambling Prevention Program - \$62,850

The "How Do You Play" media campaign and other targeted campaigns will reach universal and at-risk populations. The first prevention message is to raise awareness in the general population regarding the early warning signs of problem gambling. The second prevention message will be specific to at-risk individuals (identified as 18-25 year olds, males, and/or African-Americans, as well as seniors) in the County, emphasizing "responsible gambling." The provider will schedule the following media activities:

- Commuter Advertising: buses with external signage to be run on lines in Toledo primarily with some exposure in Ottawa Hills, Rossford, Sylvania, Waterville, and Maumee.
- Social Media: weekly posts
- Speaker series: onsite presentations to at-risk population
- Administer “How Do You Play” website
- Promote the “Be the 95%” campaign

TREATMENT

A Renewed Mind – Cognitive Enhancement Therapy - \$37,000

Evidence-based practice focused on helping individuals with SPMI diagnoses develop and enhance the mental capacities that produce the awareness for successful and effective self-directed social interactions. Funding from MHR SB includes the provision of CET groups (amount specified below), Mentor/Coach training for two staff, CET licensing fee, CET annual conference, and the development of an alumni group. Additional POS funds are being provided for those clients who exhaust their Medicaid limits while in the CET program.

A Renewed Mind – AOD Outpatient Treatment POS - \$100,000

Provides access for AOD outpatient treatment services within 48 hours of an individual's assessment. Assessments may be performed by any Lucas County provider that is certified by Ohio Department of Mental Health and Addiction Services (OMHAS). Treatment services will deliver two levels of care: Intensive Outpatient Programming (IOP) and Non-Intensive Outpatient Programming (NIOP). Services are provided Monday-Friday. The length of the program is a minimum of 90 days. Services include ongoing client monitoring and evaluation, individual/group counseling, case management, and crisis intervention as needed, all according to MHR SB benefit limits (see Attachment 1). Evidence-based treatment approaches will be utilized such as Motivational Interviewing, Cognitive Behavioral Therapy, and use of the Matrix Model. Clients will gain knowledge of the recovery process, pro-social behavior, and relapse-prevention skills.

A Renewed Mind – Mental Health Outpatient Treatment - \$50,000

It is anticipated that some or all of these services may be delivered to participants in the Agency's Synergy Residential Program. A continuum of mental health services including: counseling and therapy, pharmacologic management, crisis intervention, community psychiatric supportive treatment and partial hospitalization/day treatment to non-Medicaid adults according to MHR SB eligibility criteria and non-Medicaid youth with an SED designation. Population includes any SPMI clients in the public system that are or have been referred from Central Access or admitted to NOPH, Rescue CSU, Promedica, or Mercy Health System. The agency further agrees that it will:

- Designate Health Officer(s) as defined in OAC 5122-01(J) to provide services in conformity with ORC 5122.10;
- Submit a Health Officer Activity Report for July through December by January 30 and for January through June by July 30 in the Board prescribed format;
- Accept the assignment of clients hospitalized by Rescue and provide timely follow-up after discharge. Assignment is predicated upon 1) client choice, 2) client's Lucas County address, or 3) rotation;
- If the agency intends to restrict access to referrals from Central Access and/or TASC, they will seek approval from MHR SB at least 14 days prior to the proposed changes.

A Renewed Mind – Vivitrol in the Jail Pilot/Non-Medicaid POS (AOD) - \$100,000

Provide a Medication-Assisted Treatment (MAT) which begins within the Lucas County Corrections Center (LCCC) prior to the inmate's release back in the community and continues into outpatient treatment. The pilot project will follow an agreed-upon protocol for the provision of Vivitrol (an extended release injectable lasting 30 days) to inmates meeting the established selection criteria prior to being released from the jail. Ideal candidates for this project will be those individuals in jail who have withdrawn from opiates and are motivated and willing to participate in treatment post-release. Services are provided Monday-Friday. The length of the program is a minimum of 90 days, starting from the day of the first Vivitrol injection. Services include ongoing client monitoring and evaluation, individual/group counseling, med/som, case management, and crisis intervention as indicated. Evidence-based treatment approaches will be utilized such as Motivational Interviewing, Cognitive Behavioral Therapy, and use of the Matrix Model. Clients will gain knowledge of the recovery process, pro-social behavior, and relapse-prevention skills. Exclusion criteria for this project are: pregnant women, individuals on methadone or fentanyl, individuals with co-occurring disorders (MI/SUD), those with liver problems, those unwilling to sign the informed consent form, and those that lack motivation to receive treatment services upon release. The following agreed-upon protocol will be followed for the administration of Vivitrol in the Jail Pilot Project*:

Day 5 - Inmate identified as free of withdrawal symptoms (some inmates might be longer)

Day 6 - Medical Evaluation to ensure medically stable and free from liver problems--must be free of withdrawal symptoms before being medically evaluated for participation.

-Eligible clients will be provided with a Medical Evaluation (Med Som)/Urinalysis (UA) by the ARM Medical Director (M.D. or Nurse Practitioner). The purpose of this evaluation is to ensure the inmate is medically stable for the Vivitrol injection. If there are any Vivitrol contraindications such as liver disease, allergies, or opiates present in an inmate's system, the inmate would be deferred until the opiates clear his/her system.

- Urine screen: must be negative for opiates; women must be screened for pregnancy and have a negative pregnancy test

- Informed and voluntary consent prior to Revia challenge: The inmate would then receive verbal and written education regarding the risk/benefits of Vivitrol, including side effects.

- Once inmate has consented, Revia challenge will be administered.

Day 7 - A. Revia challenge

- If allergic, medical emergency will provide emergency treatment. LCJ medical staff to be available to address any complications.

- If withdrawal, provide comfort measures. Should any allergies manifest themselves, LCJ medical staff will be available to address any complications. Additionally, ARM's 24-hour on-call number will be available for LCJ medical staff.

- If there are no allergy or symptoms of withdrawal after 4 hours, it is okay to administer Vivitrol injection.

B. Vivitrol administration prior to release (if no allergies or symptoms of withdrawal)

Post Vivitrol Administration

- After Vivitrol injection: Prepare for release from jail; in light of the DA and case mgmt, inmates will be given an appointment time prior to discharge for the next injection and counseling session.

Post-Release from jail - Beginning with the Vivitrol injection, the individual will continue his/her ≥90-day treatment program by receiving outpatient treatment with ARM post-release from the jail. Outpatient services are outlined in the first paragraph of this section.

*Additional agreed-upon program components established for this project will be followed.

Harbor – Engagement Services - \$249,900

Inpatient engagement services are provided to SPMI clients in the public system who are admitted to Toledo Hospital, Mercy St. Charles, Mercy St. Vincent, NOPH, St. Charles Behavioral Unit, Arrowhead and Rescue CSU. The provider will serve their current clients who are hospitalized, as well as accept the assignment of clients hospitalized, and assignment will be predicated upon client choice, client's Lucas County address, and/or rotation. Non-Medicaid funds will be used to pay for discharge assessments for public clients (e.g. those having Medicaid or no insurance). Hospital liaison will work with the clients and hospital staff, complete a discharge assessment in the hospital, and link clients to the appropriate services post-discharge, ensuring that clients will receive psychiatric treatment services within 7 calendar days of discharge. Receiving "psychiatric treatment services" means that the client is seen by a psychiatrist, advanced practice nurse, physician assistant, or registered nurse.

Reporting: All clients served within the engagement program must be entered into the Hospital Utilization Database (HUIDB) by the provider. Information to be included should consist of admission date, discharge date, date of first appointment, and client information. Provider will make any appropriate corrections to the data so that it is current by the first day of each month.

Harbor – Outpatient Services - \$900,000

A continuum of mental health services including: counseling and therapy, pharmacologic management, crisis intervention, community psychiatric supportive treatment and partial hospitalization/day treatment to non-Medicaid adults according to MHR SB eligibility criteria and non-Medicaid youth with an SED designation. Population includes any SPMI clients in the public system who are or have been referred from Central Access or admitted to Toledo Hospital, Mercy St. Charles, Mercy St. Vincent, Flower Hospital, Kobacker, NOPH, and Rescue CSU.

The agency further agrees that it will:

- Designate Health Officer(s) as defined in OAC 5122-01(J) to provide services in conformity with ORC 5122.10;
- Submit a Health Officer Activity Report for July through December by January 30 and for January through June by July 30 in the Board prescribed format;
- Accept the assignment of clients hospitalized by Rescue and provide timely follow-up after discharge. Assignment is predicated upon 1) client choice, 2) client's Lucas County address, or 3) rotation;
- If the agency intends to restrict access to referrals from Central Access and/or TASC, they will seek approval from MHR SB at least 14 days prior to the proposed changes.

Harbor – Preventing Psychiatric Emergencies - \$159,933

This program intends to engage Harbor clients who frequently miss medical appointments at the agency. Elements in this program include intensive CPST for purposes of solidifying engagement, interagency coordination of care, and assisting the clients to create and implement a crisis plan and develop the necessary skills to manage their symptoms.

Transportation and shelter support will be provided as necessary. Peer support specialists will assist clients in attending their medication appointments. Harbor will provide one-time assistance with moving expenses up to \$500 for 12+ individuals.

Harbor – Cognitive Enhancement Therapy (CET) - \$37,000

Evidence-based practice focused on helping individuals with SPMI diagnoses develop and enhance the mental capacities that produce the awareness for successful and effective self-directed social interactions. Funding from MHR SB includes the provision of CET groups (amount specified below), Mentor/Coach training for two staff, CET licensing fee, CET annual conference, and the development of an alumni group. Mental health POS funds may be used for clients that exhaust their Medicaid limits while in the CET program.

Harbor – AOD Outpatient Treatment - \$200,000

AOD OUTPATIENT: Harbor provides outpatient AOD treatment services for individuals with a substance use disorder or dually-diagnosed clients. Outpatient services include intensive and non-intensive services, individual and group counseling, case management as well as laboratory urinalysis. Harbor will provide Medication Assisted Treatment (Suboxone) when clinically necessary. If the agency intends to restrict access to referrals from Central Access and/or TASC, they will seek approval from MHR SB at least 14 days prior to the proposed changes.

SUBOXONE: The program provides services Monday-Friday (8 a.m. - 5 p.m.), with specific days for the induction of the medication. The amount and frequency of the counseling is determined by the needs of the individual served. Treatment approaches include motivational interviewing and Cognitive Behavioral Therapy. Admission criteria includes: 1) individual is 18+ YO and has abused opiates/heroin within a 12-month period; 2) a diagnostic assessment indicating Opioid Use Disorder; 3) s/he has been unsuccessful at stopping opioid use; 4) positive drug screen or withdrawal symptoms are present; and 5) a viable funding source is available. It is anticipated that, on average, ten clients will receive Suboxone with MHR SB funds, during which time the provider will work with the client to get on Medicaid.

Lutheran Social Services of NW Ohio – AOD Outpatient Treatment - \$50,000

Provides access for AOD outpatient treatment services within 48 hours of an individual's assessment. Assessments may be performed by any Lucas County provider that is certified by Ohio Department of Mental Health and Addiction Services (OMHAS). Treatment services will deliver two levels of care: Intensive Outpatient Programming (IOP) and Non-Intensive Outpatient Programming (NIOP). Services are provided Monday-Friday. The length of the program is a minimum of 90 days. Services include ongoing client monitoring and evaluation, individual/group counseling, case management, and crisis intervention as needed, all according to MHR SB benefit limits (see Attachment 1). Evidence-based treatment approaches will be utilized such as Motivational Interviewing, Cognitive Behavioral Therapy, and use of the Matrix Model. Clients will gain knowledge of the recovery process, pro-social behavior, and relapse-prevention skills.

New Concepts – AOD Outpatient Treatment - \$640,000

New Concepts' Intensive Outpatient Program (IOP) includes group counseling services that meet for a minimum of 8 hours/week. Individuals recommended for treatment at this level of care are generally diagnosed as having an active substance dependence disorder and other significant psycho-social issues, such as losing their children to the child protection agency, lack of financial support, homelessness, etc. Provider delivers four types of groups at this level: 1) IOP for the criminal justice population; 2) IOP for the alcohol dependence-only population; 3) IOP for all other substance dependence disorders, and 4) buprenorphine/naloxone tx for

opiate dependency. The populations within IOP are pregnant women, IV drug users (IVDU), opiate-dependent individuals, homeless clients, parents in danger of having their children removed from their home, and other populations. Pregnant women, IVDU, and opiate-dependent individuals are seen within 24 hours. Parents in danger of having their children removed from their home and homeless clients are seen within 3 days, and all other populations are seen within 7 days.

New Concepts – Specialized Integrated Outpatient Treatment - \$25,000

New Concepts has created specific outpatient program groups to meet the needs of special populations, developing a broad approach to non-intensive outpatient services (NIOP). IOP clients are generally transitioned into this level of care, but clients may also be assigned directly into this treatment modality at the time of admission. At this level, clients may have developed a sober support system, but may still be at risk of relapse. Clients are provided with additional strategies that will assist them to cope with relapse triggers and develop skills that will shift their focus to implementing positive lifestyle changes. **TREM:** The Trauma Recovery and Empowerment Model (TREM) will be used as an aftercare program specifically targeting women with identified trauma issues. Groups will have between five to seven women per closed group. **Life in Balance:** The Life in Balance program employs a collection of several evidence-based models and will be used as an aftercare program specifically targeting 60 individuals with criminal justice involvement. Both TREM and Life in Balance will incorporate group therapy, family therapy, case management, behavioral management, and therapeutic mentoring.

Rescue – Central Access (Transitioning to Urgent Care) - \$530,000

Central Access is the central point of entry into the public behavioral health and recovery services system that is easily accessible, responsive to the community and cost efficient to the residents of Lucas County who are in need of services and supports. The Assessment Center is available by appointment or walk-in appointment from 8:00 a.m. to 5:00 p.m., Monday through Friday. Priority will be given to those coming out of the Ohio Department of Rehabilitation and Correction as well as those referred by the Lucas County Sheriff's Department Drug Abuse Resource Team (D.A.R.T.). Using a modified SOQIC assessment tool, and based on criteria stated in the Board's policy entitled "Clinical Eligibility for Board-Funded Treatment Services," clients will be referred for mental health or substance dependence treatment, or offered educational/supportive services in groups that are provided onsite. Beginning January 1, 2016, this program is transitioning to Urgent Care and will be eliminated by June 30, 2016.

Rescue – Adult Crisis Stabilization Unit - \$500,000

The Adult Crisis Stabilization Unit (CSU) is a licensed, 12-bed residential treatment program designed to support the health of the community by providing an alternative to inpatient care in a safe environment for those who are at risk. CSU is offered to individuals experiencing a psychiatric or behavioral crisis and is available for admission 24/7. Services include individual behavioral counseling, group behavioral counseling, pharmacological management, psychiatric evaluation and management, treatment planning, and case management. Crisis treatment may include psychiatric evaluations; administration and monitoring of medication; education; individual/group intervention focused on stabilization; opiate and detoxification services (for clients who have a dual diagnosis); and reintegration with community support systems. Treatment plans are created for clients served, in which coping strategies are noted, and

clients are moved from crisis to resolution. This program is structured to assure rapid psychiatric stabilization, and all services are provided by Ohio-licensed psychiatrists, nurses, and clinicians. The following service expectations will be met:

- (1) Care will be coordinated with the client's psychiatrist/CMHC.
- (2) Each client is referred to a CMHC upon discharge. Care will be communicated in discharge summary to the assigned CMHC.

Rescue – Child and Adolescent Crisis Stabilization Unit - \$560,000

Rescue's Child and Adolescent Unit is a residential treatment program designed as a realistic alternative to inpatient care and to provide a safe and secure therapeutic environment for those who are vulnerable and at risk for hospitalization. Services are offered to children and adolescents ages 4-17, experiencing a psychiatric or behavioral crisis and determined to need a safe, secure and therapeutic milieu. These services support the community to meet the needs for a continuum of care for residential services and one that provides an optimal level of therapeutic treatment. Services are available for admission of youth 24 hours a day, seven (7) days a week. Evidence-based services are provided on the eight-bed child and adolescent crisis residential unit. Services include individual counseling, group counseling, pharmacological management, case management, crisis intervention, coping skills, and psychiatric evaluation and management. Crisis treatment may include psychiatric evaluations, administration and monitoring of medication, medication education, and individual and group intervention focused on stabilization and reintegration with community support systems. Daily family meetings and support for parents are essential and are required components of treatment; parents and guardians are provided with supportive education regarding the child's diagnosis and treatment including appropriate responses to symptoms and behaviors. Future problem-solving skills and coping skills are provided to empower the client and parents to resolve future challenges. Client and caregiver experience enhancement measurements support a continuously improving program to better serve the needs of our clients and community.

Rescue – Emergency Services (includes former Outreach Services) - \$1,358,808

Emergency services (which includes outreach services) is a comprehensive program that assesses Lucas County adults, children, and adolescents who are experiencing a psychiatric or behavioral health crisis and may be at risk of harming themselves and/or others. Clients in crisis may also be experiencing a psychiatric episode in addition to other medical conditions and are unable to safely care for themselves. For youth, the parent or guardian is included as staff assesses the available support network to determine treatment alternatives for the child. Assessments are conducted onsite at Rescue or in the field where the client is located; the venue for this service may be client residence, shelters, hospital emergency rooms, and other social service or health care agencies. Once a hospitalization has been determined after an assessment, Rescue's licensed professional clinical staff collaborates with the psychiatrist on-call to secure a bed for the endangered client at one of the psychiatric hospitals or Rescue. If a hospital admission is not warranted, the client may be released to a family member or responsible friend, whenever possible. If appropriate, referrals to community-based services for further client care are provided. Emergency services also include hotline, as well as information and referral; additionally, transportation to/from Rescue and hospitals is provided for clients who otherwise have no means or ability to access transportation. Emergency services are available 24 hours a day, seven days a week to all residents of Lucas County.

Rescue – Psychiatric Inpatient Services - \$450,000

Psychiatric inpatient services is a program in which funding is provided by the Lucas County MHRSB to ensure that clients experiencing a psychiatric crisis will have access to hospital-level care, if required, regardless of their insurance or ability to pay. These services are available to Lucas County residents to comply with Ohio Revised Code that requires individuals be treated by a mental health professional. This service is comprised of a defined team of psychiatrists who are on-call to admit clients who are assessed by Rescue emergency staff. For those who are admitted to private hospitals, the team will provide inpatient services and coordinate discharge to a community mental health center. The following service expectations will be met:

- (1) Each client will be seen within 24 hours of admission.
- (2) Each admitted client will be seen a minimum of 5 days per week. Care will be coordinated with the client's psychiatrist/CMHC.
- (3) Care will be communicated in discharge summary to the assigned CMHC.
- (4) Inpatient physicians will meet with treatment team on outliers.

Rescue – Juvenile Detention Center - \$137,400

Rescue provides a Master's-level licensed professional, who is on location at JDC from 12 p.m. to 6:30 p.m., seven days per week. The purpose of this program is to foster a safe environment for youth incarcerated in the Juvenile Detention Center who may be experiencing a psychological/emotional crisis. Clients are seen as often as needed. Emphasis is on crisis counseling and intervention, assessing needs, and communicating service needs to appropriate court personnel. Services provided at JDC will allow the youth to display enough emotional stability to be safely detained while their case is being resolved. Referrals come from the Medical Clinic, Probation Department, Judges/Magistrates, and JDC staff. Each referred client is assessed by a Rescue clinician for safety, and a recommendation is made regarding management of the client while incarcerated. Diagnostic assessments will be conducted in detention on an as-needed basis. Additionally, Rescue staff act as a referral source to the Behavioral Health/Juvenile Justice (BH/JJ) initiative programs, according to the provisions of the BH/JJ grant. Coordination with detention staff and probation occurs when the development of a behavioral or safety plan is needed. Rescue's Child and Adolescent Emergency Services is available for back up to those services provided at JDC.

UMADAOP – AOD Outpatient Treatment POS - \$50,000

Provides access for AOD outpatient treatment services within 48 hours of an individual's assessment. Assessments may be performed by any Lucas County provider that is certified by Ohio Department of Mental Health and Addiction Services (OMHAS). Treatment services will deliver two levels of care: Intensive Outpatient Programming (IOP) and Non-Intensive Outpatient Programming (NIOP). Services are provided Monday-Friday. The length of the program is a minimum of 90 days. Services include ongoing client monitoring and evaluation, individual/group counseling, case management, and crisis intervention as needed, all according to MHRSB benefit limits (see Attachment 1). Evidence-based treatment approaches will be utilized such as Motivational Interviewing, Cognitive Behavioral Therapy, and use of the Matrix Model. Clients will gain knowledge of the recovery process, pro-social behavior, and relapse-prevention skills.

Unison – Engagement Services - \$248,000

Inpatient engagement services are provided to SPMI clients in the public system who are admitted to Toledo Hospital, Mercy St. Charles, Mercy St. Vincent, NOPH, St. Charles Behavioral Unit, Arrowhead and Rescue CSU. The provider will serve their current clients who are hospitalized, as well as accept the assignment of clients hospitalized, and assignment will be predicated upon client choice, client's Lucas County address, and/or rotation. Non-Medicaid funds will be used to pay for discharge assessments for public clients (e.g. those having Medicaid or no insurance). Hospital liaison will work with the clients and hospital staff, complete a discharge assessment in the hospital, and link clients to the appropriate services post-discharge, ensuring that clients will receive psychiatric treatment services within 7 calendar days of discharge. Receiving "psychiatric treatment services" means that the client is seen by a psychiatrist, advanced practice nurse, physician assistant, or registered nurse.

Reporting: All clients served within the engagement program must be entered into the Hospital Utilization Database (HUIDB) by the provider. Information to be included should consist of admission date, discharge date, date of first appointment, and client information. Provider will make any appropriate corrections to the data so that it is current by the first day of each month.

Unison – Outpatient Mental Health - \$1,200,000

A continuum of mental health services including: counseling and therapy, pharmacologic management, crisis intervention, community psychiatric supportive treatment and partial hospitalization/day treatment to non-Medicaid adults according to MHR SB eligibility criteria and non-Medicaid youth with an SED designation. Population includes any SPMI clients in the public system who are or have been referred from Central Access or admitted to Toledo Hospital, Mercy St. Charles, Mercy St. Vincent, NOPH, and Rescue CSU.

The agency further agrees that it will:

- Designate Health Officer(s) as defined in OAC 5122-01(J) to provide services in conformity with ORC 5122.10;
- Submit a Health Officer Activity Report for July through December by January 30 and for January through June by July 30 in the Board prescribed format;
- Accept the assignment of clients hospitalized by Rescue and provide timely follow-up after discharge. Assignment is predicated upon 1) client choice, 2) client's Lucas County address, or 3) rotation;
- If the agency intends to restrict access to referrals from Central Access and/or TASC, they will seek approval from MHR SB at least 14 days prior to the proposed changes.

Unison – AOD Outpatient Services - \$400,000

DUAL RECOVERY: Dual Recovery provides integrated mental health and substance abuse treatment. Treatment groups at the intensive outpatient (IOP) and non-intensive outpatient (NIOP) levels ("active treatment phase") are provided in the office. IOP groups are co-ed, and NIOP groups are gender-specific. In the pre-assessment/preparation phase and early persuasions phase (case management and individual counseling) services are provided in the office, home, and community. Clients are provided the type of intensity of treatment based on services needed and may move between phases until stabilized. Each client is provided a dual assessment. During the course of treatment, individual counseling, case management or CPST services, and psychiatric services are available to the client. Urinalysis services occurs

at each stage of change. Integrated care is provided by close coordination between the team, psychiatrist, referral source, and significant others.

ADULT AOD: Adult AOD [formerly "Preferred Choice"] is a comprehensive alcohol and other drug treatment program providing services to clients referred by Lucas County Children Services and Medicaid-eligible adult clients referred by various community agencies. Intensive outpatient (IOP) and outpatient drug and alcohol treatment, and mental health services are provided to adults who have temporarily lost custody or are at risk of losing custody of their children; individuals that may have criminal justice involvement; or adults seeking treatment for substance use disorders that do not meet the criteria for dual treatment services. Services also include working with LCCS, family and children of clients as they near and complete the reunification process. Group counseling, individual counseling, case management, and urinalysis services are provided as well as psychiatric services, mental health counseling, CPST, and trauma treatment. Services are provided both in the office and in the community.

SUBOXONE: Program is an alternative medication-assisted treatment (Suboxone) that is less restrictive for opioid dependent clients and is under the direction of a Medical Director. The program provides services Monday-Friday (8 :30 a.m. - 5 p.m.), with specific days for the induction of the medication. The amount and frequency of the counseling is determined by the needs of the individual served. Treatment approaches include motivational interviewing and Cognitive Behavioral Therapy. Admission criteria includes: 1) individual is 18+ YO; 2) a diagnostic assessment indicating Opioid Dependence; 3) s/he has been unsuccessful at stopping opioid use; 4) continued use of opiates or withdrawal symptoms from opiates; and 5) a viable funding source is available.

Unison – Preventing Psychiatric Emergencies - \$152,578

This program intends to divert Unison clients who frequently present at Rescue, NOPH, or one of the area's psychiatric inpatient units, as well as engage clients who frequently miss medical appointments at the agency, or are assigned, but have not engaged, with an agency. Elements in this program include assessment, review of clinical records, review of Rescue/hospital records, and review of family and other care provider information. Provider will assist clients to create and implement a crisis plan and develop the necessary skills to manage their symptoms and remain in the community. This includes, but is not limited to, assisting clients with the cost of housing, food, utilities, guardianship costs, and additional services not covered under Medicaid caps, such as med somatic.

Unison – Cognitive Enhancement Therapy (CET) - \$37,000

Evidence-based practice focused on helping individuals with SPMI diagnoses develop and enhance the mental capacities that produce the awareness for successful and effective self-directed social interactions. Funding from MHRSB includes the provision of CET groups (amount specified below), Mentor/Coach training for two staff, CET licensing fee, CET annual conference, and the development of an alumni group. Mental health POS funds may be used for clients that exhaust their Medicaid limits while in the CET program.

Unison – Program of Assertive Community Treatment - \$40,234

An intensive treatment team providing CPST and medical services to Lucas County residents found Not Guilty by Reason of Insanity (NGRI) or Incompetent to Stand Trial and Under Court Jurisdiction (IST-UR-CJ) and up to 30 community clients referred to the program by Common

Pleas Court, Zepf, Harbor, and Unison. The total capacity for the program is 85 clients (additional capacity will target individuals involved with the criminal justice system).

Zepf Center – Sub-Acute Detoxification -

The Residential Sub-Acute Detoxification program that provides service 7 days/week; clients are admitted Monday - Friday, from 8 a.m. - 4 p.m. Clients withdraw from opiates, alcohol, and/or other substances, and they are medically supervised throughout withdrawal period. Afterwards, they are assessed and subsequently referred to the appropriate treatment services. The average length of stay in detox is 3-5 days, and clients are not be admitted more than twice per fiscal year. Admission criteria includes: 1) individual is 18+ YO; 2) s/he has a history of alcohol and/or opioids in sufficient quantity to be at risk for withdrawal, which may need medical monitoring; 3) s/he has a positive drug screen or withdrawal symptoms are present; 4) s/he presents with prescribed medication(s); 5) a viable funding source is available. (Ineligibility for services includes a history of severe withdrawal, a high BAC, excessive benzodiazepine use, or medical problems needing a higher level of care detoxification, a report of suicidal or homicidal ideation, or psychosis. These individuals will be referred for appropriate treatment services.)

Zepf Center (COMPASS) – Problem Gambling Treatment Program - \$20,000

The Problem Gambling program is for individuals who present with problem or pathological gambling. The philosophy of the program is to provide harm reduction and/or abstinence-based treatment to these individuals. Services are provided at the COMPASS location Monday through Friday, 8 a.m. to 5 p.m. The South Oaks Gambling Screen (SOGS) is utilized for the initial assessment. Admission criteria includes: 1) the individual is 18+ YO; 2) the individual is identified as a probable problem or pathological gambler (screening tool); and 3) a diagnostic assessment indicating problem or pathological gambling. Treatment consists of individual counseling, group counseling, family counseling, and linkage to community support systems, and approaches include Motivational Interviewing and Cognitive Behavioral Therapy. The average length of stay is determined by the needs of the individual. Additional services include family counseling and linkage to community support systems.

Zepf Center – Engagement Services - \$102,000

Inpatient engagement services are provided to SPMI clients in the public system who are admitted to Toledo Hospital, Mercy St. Charles, Mercy St. Vincent, NOPH, St. Charles Behavioral Unit, Arrowhead and Rescue CSU. The provider will serve their current clients who are hospitalized, as well as accept the assignment of clients hospitalized, and assignment will be predicated upon client choice, client's Lucas County address, and/or rotation. Non-Medicaid funds will be used to pay for discharge assessments for public clients (e.g. those having Medicaid or no insurance). Hospital liaison will work with the clients and hospital staff, complete a discharge assessment in the hospital, and link clients to the appropriate services post-discharge, ensuring that clients will receive psychiatric treatment services within 7 calendar days of discharge. Receiving "psychiatric treatment services" means that the client is seen by a psychiatrist, advanced practice nurse, physician assistant, or registered nurse.

Reporting: All clients served within the engagement program must be entered into the Hospital Utilization Database (HUIDB) by the provider. Information to be included should consist of admission date, discharge date, date of first appointment, and client information. Provider will make any appropriate corrections to the data so that it is current by the first day of each month.

Zepf Center – Non-Medicaid POS (AOD) - \$1,140,336

AOD OUTPATIENT: An integrated AOD outpatient treatment services program that delivers services at two levels of care: Intensive Outpatient Programming (IOP) and Non-Intensive Outpatient Programming (NIOP). Services are provided Monday-Friday. The average length of the program is 18 group sessions, and group sessions are provided three days per week. Services include ongoing assessment, individual counseling, case management, and crisis intervention as needed. Treatment approaches include Motivational Interviewing and Cognitive Behavioral Therapy, utilizing the evidence-based Matrix Model. Clients gain knowledge of the recovery process, pro-social behavior, and relapse prevention skills.

SUBOXONE: Program is an alternative medication-assisted treatment (Suboxone) that is less restrictive for opioid dependent clients and is under the direction of a Medical Director. The program provides services Monday-Friday (8 a.m. - 5 p.m.), with specific days for the induction of the medication. The amount and frequency of the counseling is determined by the needs of the individual served. Treatment approaches include motivational interviewing and Cognitive Behavioral Therapy. Admission criteria includes: 1) individual is 18+ YO and has abused opiates/heroin for at least 12 months; 2) a diagnostic assessment indicating Opioid Dependence; 3) s/he has been unsuccessful at stopping opioid use; 4) positive drug screen or withdrawal symptoms are present; and 5) a viable funding source is available.

Zepf Center – Methadone Program - Non-Medicaid POS (AOD) -

The Opioid Treatment Program is under the direction of the Medical Director and provides medication assisted treatment seven days a week. Persons served attend individual and group counseling. Patients may remain in the program for as long as it is beneficial to the patients' well-being. A patient and the physician may collaborate to determine when a medical detoxification is beneficial. Patients are admitted Monday through Friday from 8 a.m. to 4 p.m. The program provides dosing hours Monday through Friday from 6 am to 11 am and Saturday, Sunday, and holidays from 6 am to 10 am. Admission criteria includes 1) the person served is 18 years or older and has abused opiates/heroin for at least 12 months; 2) a diagnostic assessment indicating Opioid Dependence and OTP is the appropriate level of care; 3) the person served has been unsuccessful at stopping the opioid use; 4) withdrawal symptoms are present; 5) a viable funding source is available. The philosophy of the program is to provide patient centered treatment to persons who need medication assisted treatment to obtain recovery. The goal of the OTP is to provide daily doses of methadone to decrease or alleviate symptoms of withdrawal so persons served can abstain from alcohol and other illicit or licit drugs. All clients are assigned a primary counselor and receive both individual and group counseling. Treatment approaches include Motivational Interviewing, Client Centered, Cognitive Behavioral Therapy, Matrix Model, and Trauma-Informed care. Other services include methadone administration, crisis intervention as needed, case management, and linkage to community support systems. Special measures are taken when a pregnant female is admitted to treatment or becomes pregnant during treatment for the health and safety of the patient and fetus. For persons that present with co-morbid diagnoses of substance abuse and mental health disorders, the disorders are treated concurrently. For individuals referred by the criminal justice system, case management is provided.

Zepf Center –Mental Health Outpatient Services - \$1,300,000

A continuum of mental health services including: counseling and therapy, pharmacologic management, crisis intervention, community psychiatric supportive treatment and partial

hospitalization/day treatment to non-Medicaid adults according to MHR SB eligibility criteria and non-Medicaid youth with an SED designation. Population includes any SPMI clients in the public system who are or have been referred from Central Access or admitted to Toledo Hospital, Mercy St. Charles, Mercy St. Vincent, NOPH, and Rescue CSU.

The agency further agrees that it will:

- Designate Health Officer(s) as defined in OAC 5122-01(J) to provide services in conformity with ORC 5122.10;
- Submit a Health Officer Activity Report for July through December by January 30 and for January through June by July 30 in the Board prescribed format;
- Accept the assignment of clients hospitalized by Rescue and provide timely follow-up after discharge. Assignment is predicated upon 1) client choice, 2) client's Lucas County address, or 3) rotation;
- If the agency intends to restrict access to referrals from Central Access and/or TASC, they will seek approval from MHR SB at least 14 days prior to the proposed changes.

Zepf Center – Cognitive Enhancement Therapy (CET) - \$32,000

Evidence-based practice focused on helping individuals with SPMI diagnoses develop and enhance the mental capacities that produce the awareness for successful and effective self-directed social interactions. Funding from MHR SB includes the provision of CET groups (amount specified below), Mentor/Coach training for two staff, CET licensing fee, CET annual conference, and the development of an alumni group. Mental health POS funds may be used for clients that exhaust their Medicaid limits while in the CET program.

Zepf Center – Multi-Systemic Therapy (MST) - \$287,307

Multi-Systemic Therapy (MST) provides effective treatment services for youth who have a mental health diagnosis and involved with the juvenile justice system who are at risk of admission to the Department of Youth Services. The agency will provide multi-systemic therapy with adherence to the fidelity and model using the 9 principles of MST intervention design and implementation as part of the Behavioral Health/Juvenile Justice (BH/JJ) grant. In doing so, the agency will:

- a) Serve Lucas County youth, males and females, ages 12-17, at risk of commitment to the Ohio Department of Youth Services due to antisocial or delinquent behavior and involved with the juvenile justice system;
- b) adhere to the established Lucas County Goals and Guidelines document, licensing and MST program requirements;
- c) adhere to the stipulations specified in the revised FY 2014/2015 BH/JJ proposal; and
- d) Participate in BH/JJ grant efforts as it relates to program implementation, quality improvement, data collection and evaluation.

Zepf Center – Preventing Psychiatric Emergencies - \$153,000

This program intends to divert Zepf clients who frequently present at Rescue, NOPH, or one of the area's psychiatric inpatient units, as well as engage clients who frequently miss medical appointments at the agency, or are assigned, but have not engaged, with an agency. An individualized plan will be developed to minimize each client's triggers and barriers, in an effort to reduce the frequency of crisis service utilization. Services will be provided in an integrated care paradigm by a multi-disciplinary team of mental health professionals, and such services may include community and home-based services; goal-setting; vocational assistance;

substance abuse services; psychoeducational services; family support and education; community integration; and physical health needs services.

SUPPORT

ABLE – MH Impact Advocacy Project - \$132,176

Assists with issues affecting mental health consumers in Lucas County, including, but not limited to, ADA/Section 504 compliance; access to transportation and affordable housing; issues in group home residency, public housing, and voucher mobility. The project will dedicate staff to conduct outreach and education services.

ABLE – Government Benefits Assistance Program - \$78,364

The Government Benefits Assistance Project offers legal services to assist mental health clients who encounter legal issues in becoming eligible or maintaining eligibility for government benefits programs; emphasis is placed on appealing denials of Social Security and Supplemental Security Income (SSI) applications. Project staff will work closely with providers throughout the mental health system to obtain necessary documentation from the clients' doctors. Case managers will refer clients who need immediate assistance and are able to contact clients, especially homeless consumers. Clients are assisted by first contacting Legal Aid via phone or online. If they are eligible for the Government Benefits Assistance project, they are referred to the Healthcare and Public Benefits (HPB) Practice Group that oversees the project at ABLE. The case is then transferred from Legal Aid Line to the practice group holding pen so that it can be assigned to an advocate; cases are typically only in the holding pen for 24 hours or less before being assigned. The attorney, or "advocate," contacts the client via phone to discuss the case. The provider will take on cases for advice/counsel or full representation ("extended service"). Full representation or extended service means that the client has retained ABLE as his/her legal representative. Cases considered "limited action" are included in the category of full representation, but only require the advocate to address simple legal issues or, for example, make phone calls to a third party to resolve the matter. If the client is offered "counsel and advice," the advocate gives verbal advice over the phone—though some research may be done—and a follow-up letter is sent to the client. An additional \$5,000 has been approved so the agency might purchase psychological testing services from certified providers in particularly difficult cases in order to substantiate claims of disability to the Social Security Administration. Doing so may likely increase the probability of securing government benefits for their clients. There is no stipulation that ABLE must use a specific agency as the provider of this service.

Forensic Monitor - \$60,730

The Forensic Monitor will act as liaison between the courts, the hospital, the Board and community treatment providers for persons found NGRI and IST-U-CJ (first and second degree felonies only). A detailed description of functions and responsibilities is covered in Attachment A of the FY 2015 Interdepartmental Agreement.

Harbor – Individual Placement and Support Program - \$44,385

The average caseload size for the vocational specialist will range from 20-30 individuals. Harbor will accept referrals from any Lucas County provider. Services will be provided based on order received. Individuals should be of working age, have a mental illness, and express an interest in working. Should there be a wait for services, those individuals will be provided

information on other available employment services in Lucas County (e.g. Recovery to Work, OOD, and Ohio Means Jobs). IPS services will include a combination of the following: analysis of SSI/DI entitlements and earned income; integration of employment services and mental health treatment; discussion of interests and skills to identify job matches; job search assistance; job placement; job coaching; and ongoing support. The employment specialist will complete an intake with the client and review the client's work and educational history, any related job training programs completed, volunteer experiences, related job skills, job requirements (e.g., bus accessible, specific shift, etc.), any needed accommodations, and associated job supports. The employment specialist will provide assistance with getting information on interests; exploring jobs; supporting the client in identifying possible job matches; completing job applications; resume development; interview preparation; job placement; and may contact businesses on the client's behalf to obtain interviews and job offers. Once employed, the employment specialist can provide ongoing support to the client in their job to support them in maintaining their job over time. For clients that are interested in job training, the employment specialist will assist them in making referrals and obtaining information on resources available (e.g., OOD, Recovery to Work). Some clients may start out with a part-time job and then want to pursue further training to get a full-time job. Throughout service delivery the employment specialist will communicate regularly with the client's identified treatment team on employment progress being made and any issues the client and employment specialist identify that can be added to the treatment plan and addressed through treatment.

Mercy St. Vincent – Mother and Child Dependency Program - \$71,829

The Mother and Child Dependency Program will utilize case management to engage pregnant women who test positive for opiates at several local outpatient clinics, including those operated by the Lucas County Health Department and Neighborhood Health Association. Women who present at Mercy St. Vincent Family Care Center OB Clinic will also be included in this program. Case managers will link clients to drug and alcohol treatment, particularly SASI, where they can receive either Methadone, Suboxone, or outpatient counseling as appropriate. Case managers will follow clients through delivery, endeavoring to encourage the mothers to remain in treatment for their addiction.

NAMI – Creative Expressions - \$79,754

A series of therapeutic art workshops for consumers (children and adults) and families. Workshops will help participants explore their feelings, confront challenges, and think about relationships. Also provides individuals in recovery with opportunities to become peer mentors. Workshops are facilitated by peer mentors and monitored by NAMI staff. Program was developed with the expertise of a local licensed art therapist, who is contracted by NAMI to provide ongoing development, training, and support.

NAMI – Family Navigator Program - \$102,000

Program to connect families who successfully navigated the local mental health system with those who are new to the system or are having difficulty finding their way. Trained "mentor" families will increase engagement services by providing weekly outreach to "mentee" families for a period of up to six months. Mentee families will be encouraged to participate in NAMI classes. Additionally, NAMI will be the go-to resource for families who have questions about navigating the mental health system.

NAMI – Family Education, Support Groups, Outreach and Advocacy - \$104,958

Family education: Programming consists of Family-to-Family and Basics, which are educational and support classes. These classes are taught by trained volunteers, and NAMI will ensure that a sufficient number of volunteers is recruited, trained, and supported to provide the agreed upon minimum number of classes. Class leaders will be monitored and evaluated, and programming will demonstrate responsiveness to the needs of minority cultures, including programming in Spanish. Participants will complete Family-to-Family and/or Basics by attending at least 2/3 of the sessions.

Support groups: Weekly groups for consumers, family members, and young adults. Groups are led by volunteers who have been formally trained as NAMI support group facilitators. At least one support group for consumers and one for family members will be offered in Spanish.

Outreach and advocacy: NAMI will network with churches, African-American and Hispanic organizations, and health care organizations. Additionally, NAMI will advocate in the community for mental health competencies and/or programming to serve specified populations with mental health needs, which also includes the homeless, elderly, racial/ethnic minorities, veterans, those with language barriers, and those with criminal justice involvement.

NPI – Adult Care Facility Group Home Management - \$1,006,041

NPI has affiliations with a number of Adult Care Facilities (ACF) in Lucas County. Affiliation agreements are predicated by a review of the ACF's history as a provider, and NPI regularly monitors the affiliated homes. Based on referral applications from community mental health centers, NPI places clients in group home settings (or on a waiting list), subsidizes placement based on level of care required, provides technical assistance to operators, performs on-site reviews, and directs recovery support assistance. This program allows individuals with severe mental illness (including one Fostoria Junction resident) and a low likelihood of being able to live independently to have access to housing in a safe and nurturing group home environment that provides support and opportunities for socialization. An increase to the ACF operators' five support levels by 5% has been made retroactive to the start of FY 2015. This additional allocation amount should be passed on to the ACF operators exclusively for the purpose of utility expenses, and no amount of this additional allocation amount should be used for NPI's administrative expenses for this program.

NPI – Rental Assistance and Support - \$795,661

The Rental Assistance and Support program (formerly HAP funds) includes an inventory of approximately 500 rental units throughout the county to house persons with severe mental illness. NPI is the Board's agent to screen potential tenants, facilitate placements and collect rent, if applicable. The provider also provides property management, building inspections, and maintenance and/or repair. Rent comes from clients, LMHA, Section 8 vouchers, HUD, and from Rental Assistance funds from the Board. The MHR SB Rental Assistance and Support subsidies are used for clients in HUD projects in order to leverage HUD dollars for service provision, or to provide bridge funding for clients who are waiting for vouchers from LMHA. NPI uses these funds to help very low-income individuals pay their rent and security deposits, as HUD HEARTH program funds pay for some services and operating costs, but not rent. Population served consists of homeless mentally ill (HEARTH-eligible) single young adults with and without criminal histories, homeless mentally ill families, and chronically homeless mentally ill single adults. Populations served consist of non-homeless and homeless mentally ill (HEARTH-eligible) single adults with and without criminal histories, homeless mentally ill families, and chronically homeless mentally ill single adults.

NPI – Project of Assistance in Transition from Homelessness (PATH) - \$53,517

This project is funded by a Federal grant and a MHR SB match. SAMHSA's main objective is to target persons with serious mental illness and assist them in getting enrolled in mental health services. PATH staff searches for and attempts to engage literally homeless persons in places where they are likely to frequent, such as wooded parks, under bridges, vacant buildings, shelters, and feeding centers. The individuals served within this population, are, on average, unemployed, and/or have some criminal and/or substance abuse history. They lack basic living skills, food, transportation, and personal care items. Most are not receiving mental health treatment. One of the initial engagement/screening questions is: "Would you like shelter?" Staff may provide food, blankets, or other basic needs in attempt to build relationships with homeless clients, and they will endeavor to move clients to shelter, refer them to mental health services, and assist them in achieving supportive housing.

NPI – Road to Recovery - \$105,000

The Road to Recovery (recovery housing) program, located at 2529 N. Erie Street, has provided transitional housing supportive services to formerly homeless individuals diagnosed with a substance abuse disorder and mental illness. The building contains 18 furnished one-bedroom apartments, a case management office, community space, and a laundry room. Clients may stay in the program for up to 24 months, with the goal that clients complete the program (indicated by abstinence from drugs and/or alcohol) and move into permanent housing.

NPI – Permanent Supportive Housing Modernization - \$250,000

Three-year project to modernize NPI's existing housing stock. Funding will be provided in the first two fiscal years.

NPI – Peer Recovery Support Services - \$306,000

Peer housing support offers support, encouragement, hope, and mentorship by those who have a mental illness and/or substance abuse disorder to those in a similar situation at an NPI facility. The Peer Recovery Support Services will be integrated into all NPI housing resources, including scattered site apartment units, HEARTH/ HUD programs, ACFs, and PATH outreach. PRSS is externally focused and intended to help clients develop new relationships and skills, as well as access resources that will support their recovery. This program seeks to increase peer recovery activities within permanent supportive housing and adult care facilities, and also redesign recovery interventions in an effort to tackle the multiple risk factors experienced by individuals with SPMI. Peer recovery specialists will be professionally certified by a credentialed third-party. Additionally, PRSS incorporates efforts to improve housing outcomes, including the implementation of a Federal Housing First model.

NPI – Cooperative Agreement to Benefit Homeless Individuals (CABHI) - \$316,064

The CABHI Enhancement Grant will be used for the purpose of providing support services, including outreach, Critical Time Intervention (CTI), employment, etc., to homeless individuals for whom the Agency has been successful in providing housing. The purpose is to increase capacity to provide accessible, effective, coordinated, and integrated evidence-based treatment, permanent supportive housing, peer supports, and recovery supports.

St. Paul's Community Center (SPCC) – Shelter Beds & Outreach Coordinator - \$285,375

Shelter Beds: SPCC will provide a minimum of 20 beds of temporary shelter per day for adults with mental illness and/or addiction while they pursue permanent housing. Individuals at the shelter area assigned a case manager who helps them develop and execute a plan that will lead them into permanent supportive housing placement and linkage with resources. A full-time Outreach Coordinator will also be provided to assist case managers and clients.

Outreach Coordinator: This position will expedite placements into housing by reducing barriers identified by the MHR SB, Continuum of Care, permanent housing providers, and shelter case managers. Barriers include transportation for psychiatric and housing-related appointments and submission of identity documentation, including "Housing Impairment" forms. The Outreach Coordinator will work closely with SPCC case managers, Coordinated Assessment case managers, the CMHC staff, and permanent housing providers to facilitate this process for clients at SPCC.

St. Paul's Community Center (SPCC) – Representative Payee Program - \$203,490

SPCC works closely with the Social Security Administration and local community mental health centers to manage the accounts of adult clients by verifying direct deposits from SSAN, making payments of rent and utilities on a timely basis, providing a regular "living allowance" to adults, and performing regular reconciliations of account balances. Any late fee incurred in a patient's account because of a delay in payment will be the responsibility of SPCC.

St. Paul's Community Center (SPCC) – Winter Crisis - \$55,000

Emergency shelter that will provide immediate basic needs (bed, shower, and food) to homeless individuals, primarily with a history of severe mental illness, during the inclement, freezing winter nights. Beds will be available between 7 p.m. – 7:45 a.m. SPCC staff will enter all guests into the Homeless Management Information System (HMIS) and provide assistance with calling 2-1-1 for guests that are willing to make contact for housing assessment.

Thomas Wernert Center – Club Room - \$261,834

Consumer-operated service that provides a safe, nurturing environment where members can socialize and engage in meaningful activities 5 days a week. TWC operates a Friday afternoon Supper Club; offers daily educational meetings, and facilitates support groups for members. TWC also provides transportation 5 days per week.

Thomas Wernert Center – Peer Enrichment Program - \$320,076

Provides educational and skill development opportunities for members, so they may learn and grow in all aspects of their lives (physical, spiritual, mental and social). TWC will provide arts and crafts, and other stimulating activities; and sponsors consumer forums per year on a variety of topics. TWC also offers training and leadership opportunities through instruction and interaction in the following small-group activities:

- WMR Training – (2) 12-week sessions
- Peer Support Training – (2) 9-week sessions
- Leadership Training – (2) 10-week sessions
- Get Fit/Food Management Training & Group - (2) trainings each plus, weekly club for Get Fit
- Women's Peer Club – weekly
- Men's Peer Club – biweekly
- WRAP 101 – (4) sessions and weekly support groups for graduates
- Diabetes Support Group – weekly

- WMR Support Group – weekly
- Anger Awareness League Group
- Living Well Group – weekly
- Let's Move Group – weekly (plus yoga)
- Dual Recovery Anonymous Group – weekly
- Schizophrenics Anonymous Group & Dual Bipolar Schizophrenia Group – biweekly per group

Treatment Accountability for Safer Communities (TASC) –Linkage & Community Reentry Project (Formerly Forensic Linkage Project, Community Innovations and Community Transitions) - \$512,550

The Linkage & Community Reentry Project will connect inmates to mental health and medication services as needed while incarcerated, booked, or upon release; staff will also advocate to judges and recommend treatment in lieu of incarceration whenever possible. TASC Linkage staff will work with individuals at the Lucas County Corrections Center (LCCC) and the Correctional Center of Northwest Ohio (CCNO). Individuals at LCCC that have self-identified or been flagged by jail staff as receiving or being a candidate for treatment will be referred to TASC Linkage staff. Linkage staff will use the Screening, Brief Intervention and Referral to Treatment (SBIRT) model and screen referred individuals. For individuals that are screened and recommended by Linkage staff to receive a full diagnostic assessment, Linkage staff will work with community mental health centers to establish open cases for the individuals and schedule their diagnostic assessment appointments. When appropriate, some individuals may be assessed by Linkage staff using SOQIC rather than at a community mental health center. Linkage staff will stay engaged with identified individuals, particularly high-risk individuals, for up to 60 days post-release via case management support, and pre-release plan will be developed for the purpose of service coordination. (“High risk” individuals are those that were previously enrolled in the public mental health system but did not engage, and are at risk for recidivism in the criminal justice system, herein defined as three or more bookings in the last twelve months.) For individuals at LCCC or CCNO in need of psychotropic medications upon release, Linkage staff will coordinate with jail nursing staff. Linkage staff will maintain a database that contains clients referred, clients screened, likelihood of mental illness, enrolled status at community mental health centers, UCIs for enrolled individuals, and dates of contact/follow-up appointments, if appropriate.

TASC – Release to Recovery - \$33,000

TASC will provide in-reach into the ODRC prison system pre-release and strength-based case management post-release to C-1 offenders being released. Supportive services will be provided for up to 90 days to ensure linkage into needed treatment and support services. Transportation funds are available to achieve essential in-reach to the inmate prior to release from ODRC and to connect with MH/AOD providers.

TASC – DYS Linkage - \$129,992

TASC will engage youth and their family upon commitment to ODYS (including youth reentering the community through the Community Linkages initiative). TASC will attend disposition hearings on youth being committed to ODYS. Prior to transport to ODYS, TASC will complete a SOQIC Assessment while the youth is in detention. This information will be coordinated with ODYS staff to assist with individualized treatment planning. TASC and the parole officer will attend monthly treatment team meetings via phone, video, or in person with ODYS staff during the youth’s stay. TASC will participate in progress and release reviews, as

well as case planning meetings. TASC will also provide Thinking for a Change groups for family members of the youth, which may include video conference opportunities for family visits. Post-release (up to 4-6 months), TASC will provide strength-based case management; facilitate linkage with the community mental health and/or AOD treatment and support services; monitor drug and alcohol abstinence compliance; and the follow group programming as indicated: Relapse Prevention, Anger Management, Trauma, Recovery and Empowerment (TREM), Independent Living Skills, and Thinking for a Change.

TASC – Family Drug Court Case Manager - \$70,110

The target population for this program is substance-abusing parents that have either lost custody of their children or are at risk of losing custody of their children. MHR SB monies will fund a case manager for this program. TASC utilizes the strategies of intensive/coordinated case management as a core intervention strategy for clients. Clients are assigned a TASC case manager at the time of enrollment, and TASC also provides relapse-prevention services, gender-specific groups, and sobriety monitoring. The case manager will prepare status reports for the court and attend weekly treatment team meetings and status meetings to report on the client's progress and their case plan. Frequent and random drug and alcohol screening will be monitored by TASC.

TASC – Jail Gain Short Screener - \$163,140

Provides screening services on all offenders coming in to the Lucas County jail. Project began January 1, 2016 and is still under development under the guidance of the CJBH Alternatives Workgroup.

Unison – Residential Support - \$123,420

The Teneyck Towers Residential Services Program is designed to provide supportive services within a traditional independent apartment setting. It has capacity to serve 15 adults diagnosed with severe and persistent mental illness who are receiving services from Unison.

Zepf Center – Residential Support - \$401,705

The program provides two 8-bed units (the Ottawa and Maumee group homes) that house long-term SPMI residents and clients who have proven unsuccessful in less intensely staffed group homes or independent living. Funding from HUD covers rent and building costs, and the MHR SB grant provides food and around-the-clock support staff. Staff provides ADL skills training and access to community activities designed to maximize independence.

FY 2016 Half-Year Provider Performance Report

In the FY 2016 Provider Agreements, the MHR SB agreed that outcomes and performance measures for each program would be collected on a half-year basis; when necessary, MHR SB may also request third quarter reporting. Providers were asked to submit their self-reported outcomes data in SurveyMonkey, and the results were exported and thoroughly reviewed by MHR SB staff. When data that could be used to substantiate the outcomes reporting were available, such as via claims data (MACSIS), these resources were utilized. The providers submitted their reports in conformance, and attached is a report for the Committee's review that depicts the first half of FY 2016's performance.

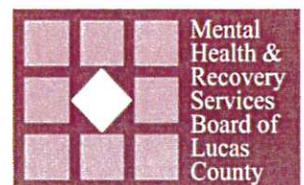
The Committee will see that the performance reporting includes comparisons to the first half of previous years' performance when relevant. Further, the report is delineated by "line of business," that is, "Treatment," "Prevention," and "Support Services." Also included are the reporting and review processes, as well as how programs are determined to be "on track," "not on track," or in the "implementation phase." In total, 74 treatment, prevention, and support services were reviewed with respect to the number of performance measures and outcomes that are likely to be achieved in full by the end of the fiscal year. Programs that appear unlikely to achieve 100% of the contracted performance measures and outcomes will be required to submit a third-quarter report, due April 15, 2016. Board staff will perform another program review at that time, and will present to the Board any programs that appear to not be on track. The programs that were of immediate concern with respect to performance have already been issued 120-day notices by the MHR SB Trustees, which include Big Brothers Big Sisters' Mentoring Triad, Family Service's Breaking the Cycle, and TASC's DYS program. MHR SB staff are working with providers through the appeals process to ameliorate, where possible, the issues identified through half-year reporting.

Noted in the report is that the Engagement and Preventing Psychiatric Emergencies programs at Harbor, Unison, and Zepf are currently being evaluated qualitatively and quantitatively by Great Lakes Marketing. Therefore, limited half-year results are presented herein. Additionally, the MHR SB Quality Council has been actively reviewing treatment measures this fiscal year in an effort to decrease variability in measurement processes. A recommendation from the Quality Council regarding a revised reporting schedule is forthcoming.

At the conclusion of the outcomes summary report, a brief synthesis of areas of concern by program will be found. Programs that are on track will simply be noted as having "no programmatic concerns" at the time of half-year reporting.

FY 2016 Half-Year Provider Performance Report

Mental Health & Recovery Services Board of
Lucas County



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Overview and Basis

The performance and outcome measures are established annually for each program and are founded on evidence-based best practices, SAMHSA National Outcome Measures (NOMs), state and local initiatives, and/or historical performance. The goals, performance measures, and outcomes of each program are documented in the “Attachment 3” section of each MHR SB Provider Agreement, specifying the requirement for half-year and year-end reporting per program; it is further noted that quarterly reporting may be requested or required based on performance, program age, or priority.

Biannually, the Mental Health and Recovery Services Board (“MHR SB”) reviews the results to date of the programs funded by the MHR SB in the areas of treatment, prevention, and support services.

Review Process: Collection, Methodology, Quality Assurance, and Action

Providers report on their contracted performance measures and outcomes. “Performance measures” relate to process outputs (e.g. number of people served, number of forums held, etc.), whereas “outcomes” address measureable changes in behavior, attitude, condition, knowledge, status, and/or skills.¹ Data are submitted in a few ways. Aggregated self-reported data, the primary forms of data collected for the outcomes report, are submitted by the providers via the MHR SB’s SurveyMonkey account, a web-based survey tool. Treatment providers are often required to submit client lists via the MHR SB’s secured FTP server; such lists are requested for grant-funded programs, such as the Hospital Engagement grant and Preventing Psychiatric Emergencies grant, in order to calculate systemic and programmatic outcome measures. The results of such measures are detailed in this report. Providers of prevention and/or support services are sometimes required to submit client lists for quality assurance and systemic evaluative purposes, and only the data needed for the review process are requested. Such client lists may contain de-identified information when appropriate or not relevant to the review process.

Providers submit biannual reporting by January 15 and July 15. Once submitted, MHR SB staff export the self-reported data from SurveyMonkey, as well as extract submitted client lists from the MHR SB FTP server. All data are thoroughly reviewed by select MHR SB staff. When data that can be used to substantiate the outcomes reporting are available—such as claims data (MACSIS)—these resources are utilized. Data are initially reviewed for quality assurance, which includes adherence to reporting requirements, reporting comprehensiveness, and consistency in measurements. Since the majority of the data submitted are self-reported aggregates, providers may be requested to submit their formulae as a way to corroborate their reported totals. During this stage of the review process, providers may be contacted for further clarification.

The next stage of the process is creating the analyses, both by individual program as well as for systemic outcomes. Each program is evaluated with respect to the performance measures and outcomes achieved; the age of the program; program trends in previous years; additional reporting specific to a program; dialogue with the respective providers; and the amount of funds spent (when applicable).

¹ The term “outcomes” will be used throughout this document to encompass both “performance measures” and “outcomes.”

From the year-end reporting analyses, determinations are then made as to if a program should be adjusted or right-sized in the next fiscal year. Program “adjustments” are made to contractual program or performance/outcome measure revisions based on submitted performance data, whereas “right-sizing” a program usually involves a change in funding and/or staffing levels for a program. Programs are thus characterized as being “program on track/outcomes achieved,” “program not on track/outcomes not achieved,” or in an “implementation year.” Most contracted outcomes are prescribed a target percentage or total to meet, though flexibility within a specified tolerance is often considered allowable. In most cases, results that do not meet the contracted tolerance or target per outcome are considered not on track/outcomes not achieved.

MHR SB staff conduct a series of internal meetings to review the outcomes, grant and POS spending, and analyses by program. If there are remaining questions or concerns regarding any of the programs, providers may be contacted for further clarification and/or they may be asked to meet with MHR SB staff.

Depending on the severity, nature, and breadth of the issues, programs that are considered “not on track/outcomes not achieved” may be required to submit quarterly reporting. Some may be issued a 120-day notice, and this may occur at any stage of the reporting process.

Reporting

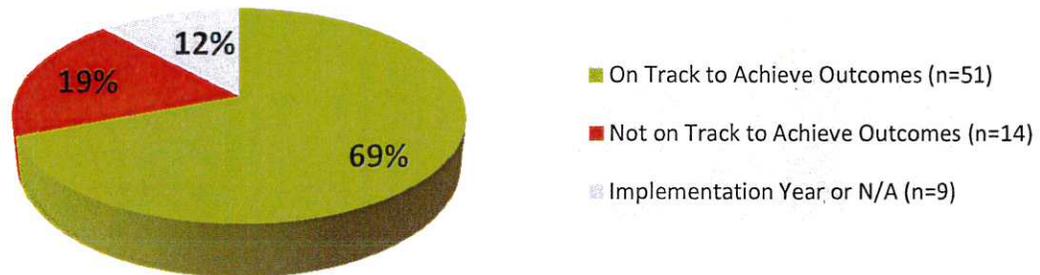
The first question addressed is how the system is doing as a whole, which is inclusive of the percentage of programs “on track/outcomes achieved” or otherwise, as well as number of people served. Provider programs and their outcomes are then delineated in the report by “line of business,” that is, “Treatment,” “Prevention,” and “Support Services.” Categorizing the data in this way allows the MHR SB to identify broader themes, trends, barriers, and opportunities, as well as highlight outcomes specific to each line of business. When relevant, past data are compared as a way to provide context for success or areas of opportunity.

System-Wide

In this reporting period (July-December 2015), the performance measures and outcomes of 74 programs at 22 providers funded by the MHR SB were reviewed for likelihood to be achieved by fiscal year-end.

As a system, roughly 69%² of the anticipated programs appear to be on track to meet the contracted performance measures and outcomes. By comparison, 62% of the anticipated programs appeared to be on track at the half-year point in FY 2015, and 60% were on track at the half-year point in FY 2014.

Half-Year Program Performance



With the exception of the programs that cannot yet be evaluated (due to being in an implementation or transition year), the following depicts performance by line of business for the remaining 65 programs:

- Treatment: 75% on track (18/24)
- Prevention: 93% on track (13/14)
- Support Services: 74% on track (20/27)

Combining all programs across the three lines of business, the providers have served 84% of the number of people contracted for the entire FY 2016.

Programs that are considered in the *implementation phase* are those that have had recent changes to their program goals or outcomes measures, and data are being benchmarked to establish appropriate thresholds of success. These include A Renewed Mind’s Vivitrol program, TASC’s Linkage and Community Reentry program, and UMADAOP’s Heroin-Opiate Initiative. Additionally, programs that are in transition or have not yet utilized grant or purchase-of-service funds are identified as “N/A” in the attached report. These include Lutheran Social Services and UMADAOP’s AOD outpatient treatment program (neither of which have utilized purchase of service funds); Rescue Central Access (transitioning to Recovery Helpline and Urgent Care Center); Rescue Psychiatric Inpatient Services (no assigned outcome measures); Zepf’s Recovery Housing allocation (outcome measures were recently agreed upon); and St. Paul’s Community Center Winter Crisis program (reopened in January 2016—results to be provided at FYE). Details for all programs are presented as an attachment to this report.

² Includes programs that are considered to be in the implementation phase or for which the allocation is undergoing revision. Previous reports excluded these totals in the half-year performance chart in this section.

Treatment

Consistent with previous reporting periods, treatment providers were contracted to achieve two universal outcomes with respect to client satisfaction and criminal justice. Satisfaction scores will be reported at fiscal year-end. The criminal justice recidivism outcome continues to exceed the goal system-wide.

Additionally, two mental health treatment programs are being professionally evaluated at Harbor, Unison, and Zepf Center: Engagement Services and Preventing Psychiatric Emergencies. The evaluator will determine if the programs are having a direct effect on no-show rates, hospital recidivism, and utilization of inpatient crisis services. Results will be publically presented near the end of FY 2016. In the meantime, providers' half-year results are included in the attached report.

Outcome: To minimize the number of clients in the priority population that experience loss of freedom due to being incarcerated or placed on probation in the community resulting from arrests that have occurred since the inception of treatment.

Target: 90% of the priority population who are active in treatment will not be convicted on new criminal charges. (Active in treatment will be defined as having an open case at the provider agency and having received at least three services.)

Comments: It should be noted that the figures below relate to bookings (not convictions) for adult clients only. Previous fiscal years 2013 and 2014 reported an average of 94%, and fiscal year 2015 reported an average of 96%.

OUTCOME: 90% of the priority population who are active in treatment will not be convicted on new criminal charges.						
A Renewed Mind	HARBOR	Lutheran SS	NEW CONCEPTS	UMADAOP	UNISON	ZEPF CENTER
95%	98%	N/A	92%	N/A	95%	95%
Percent of MHRSB-subsidized clients active in treatment that were <u>not</u> booked on new charges:						96%

Outcome [AOD treatment providers]: To increase the likelihood of outpatient treatment success by retaining clients long enough for treatment to be effective.

Target: 60% of all clients that enter outpatient treatment will remain in treatment for a minimum of 90 days; and of those clients who were retained for 90 days, 40% will be successfully discharged as measured by both completing their treatment goals and being clean for 30 days prior to discharge.

Method: Outpatient AOD treatment programs use this outcome as a measure of success. Providers evaluated this by capturing individual client retention for a minimum of 90 days, as well as their negative drug screens throughout treatment. As illustrated in the chart on the next page, most providers are meeting one or both targets of the outcome.³

³ Performance percentages are based on non-Medicaid individuals

AOD TREATMENT OUTCOME: 60% of all clients that enter outpatient treatment will remain in treatment for a minimum of 90 days; and of those clients who were retained for 90 days, 40% will be successfully discharged as measured by both completing their treatment goals and being abstinent from AOD for 30 days prior to discharge.

QUESTION:	A RENEWED MIND: AOD OUTPATIENT	HARBOR: AOD OUTPATIENT	LUTHERAN SOCIAL SVCS: AOD OUTPATIENT	NEW CONCEPTS: AOD OUTPATIENT	UMADAOP: AOD OUTPATIENT	UNISON: AOD OUTPATIENT	ZEPF CENTER: AOD OUTPATIENT
FY 2016: percentage of individuals that remained in treatment for a minimum of 90 days	46%	71%	N/A	62%	N/A	35%	27%
FY 2016: percentage of individuals successfully discharged after 90 days [defined above]	4%	50%	N/A	35%	N/A	38%	88%

Noted earlier in this report was that 75% (18/24) of the treatment programs are on track to meeting their outcomes by fiscal year-end. The following programs were reportedly not on track to meeting their outcomes:

Provider	Program
A Renewed Mind	AOD Outpatient Treatment
Rescue	JDC/BHJJ Referrals into Multi-Systemic Therapy (MST)
Unison	AOD Outpatient Treatment and Medication-Assisted Treatment (MAT): Suboxone
Zepf	Engagement Services
Zepf	AOD Outpatient Treatment and Medication-Assisted Treatment (MAT): Suboxone
Zepf	Multi-Systemic Therapy (MST--BHJJ)

The majority of these programs did not meet their outcomes by the end of FY 2015; these are highlighted in yellow above. All programs above will be required to submit third-quarter reporting. Details for all programs are presented as an attachment to this report.

Prevention

Many of the prevention programs are in the third and final year of the prevention funding cycle via the RFP process in 2013; new programming was added in FY 2014 through the RFI funding process to support Strategy 5 of the System-Wide Goals ("Promote"). The emphases on all programs awarded funding were population-based level change with respect to increasing the age of onset of alcohol use; increasing the perception of harm for alcohol, tobacco, and other drug (ATOD) use in youth; and increasing resistance skills to avoid ATOD use and abuse. Because many are school-based programs, their outcomes cannot be evaluated until the conclusion of the school year; thus, these will be reported in the FYE report.

Noted earlier in this report was that 93% (13/14) of the prevention programs are on track to meeting their outcomes by fiscal year-end. The following program was reportedly not on track to meeting their outcomes:

Provider	Program
Big Brothers/Big Sisters	Mentoring Triad <i>[issued 120-Day Notice]</i>

This program did not meet their outcomes by the end of FY 2015; based on the half-year report, the provider was issued a 120-Day Notice with the intent not to renew the provider agreement in FY 2017. The provider may appeal the 120-Day Notice, and will be required to submit third-quarter reporting.

Support Services

“Support services” is a broad collection of programs that include housing, education, outreach, family support, linkage to treatment from the criminal justice system, peer enrichment, and vocational services.

Currently, there are no contracted global outcomes for this line of business, as each program is unique in terms of the populations to be served and the services offered. Nevertheless, 74% (20/27) of the programs within this category are on track to meeting their outcomes by fiscal year-end. The following programs were reportedly not on track to meeting their outcomes:

Provider	Program
ABLE	Government Benefits
Family Service of Northwest Ohio	Breaking the Cycle <i>[issued 120-Day Notice]</i>
NPI	PATH
St. Paul's	Shelter and Outreach Coordinator
TASC	DYS (Department of Youth Services) <i>[issued 120-Day Notice]</i>
TASC	Family Drug Court Case Manager
Zepf	CET Training

Almost half of these programs did not meet their outcomes by the end of FY 2015; these are highlighted in yellow above. Family Service’s Breaking the Cycle was issued their second 120-Day Notice since the program’s inception in FY 2014. The provider may appeal the 120-Day Notice. All programs above will be required to submit third-quarter reporting. Details for all programs are presented as an attachment to this report.

Resources

- Provider self-reported outcomes data submitted via SurveyMonkey (based on the Attachment 3 of the MHR SB provider agreements, FY 2016)
- FY16 Outcomes Jail NORIS Stryker to MACSIS MITS
- FY 16 Recidivism HUDB/CSU via PPE List (Harbor, Unison, Zepf PPE client rosters as compared to MHR SB Hospital Utilization Database) (02/11/2016)
- MHR SB December Actual Grant Spending vs. Allocation by Agency by Program report (presented at March 1, 2015 Planning & Finance/Programs & Services Combined Committee meeting)
- MHR SB FY16 POS Review [AOD treatment service claims report – claims processed through 3/15/2016]
- Recovery to Work Goals report (January 2016) [Zepf Center]
- LCMHB Cases Worked on Between 10/1/2015 and 12/31/2015 report [ABLE]
- MGB New Cases Opened Between 10/1/2015 and 12/31/2015 report [ABLE]
- ABLE MH Impact Advocacy Project Biyearly Reporting Spreadsheet FY16 [ABLE]
- Toledo-Lucas County Homelessness Board, PIT 2015 Community Report — FINAL (<http://endinghomelessness Toledo.org/wp-content/uploads/2015/11/TLCHB PIT Report 2015 Final v20151104.pdf>)

DETAIL: Treatment Programs

FY 2016

Half-Year Provider Performance Report

MHRBS Line of Business: Treatment

Provider	Program	# Ppl to be Served	# Ppl Served	Overall Performance on Track?	Notes on Outcomes and Performance Measures (Half-Year)
A Renewed Mind	AOD Outpatient Tx (POS)	[As needed]	24	No	The population of non-Medicaid clients served is small, which greatly affects the percentages calculated; more clients are Medicaid-eligible. Provider reports that 54% (13/24) of individuals were able to begin treatment services within 48 hours [target: ≥70%]. 46% of individuals that entered outpatient treatment remained for a minimum of 90 days [target: ≥60% of individuals]; and of those, 4% were successfully discharged [target: ≥40%]. Third quarter reporting will be required.
A Renewed Mind	Vivitrol in the Jail	Implementation Year	31	Implementation Year	Implementation year. So far, 64% (16/25) of individuals released from the jail in the Vivitrol program have stayed engaged in treatment.
Harbor	AOD Outpatient Treatment and Medication-Assisted Treatment (MAT): Suboxone	35	45	Yes	The population of clients served is small, which greatly affects the percentages calculated; more clients are Medicaid-eligible. Provider reports that the one individual that was discharged from Suboxone treatment did not remain for a minimum of 90 days in treatment [target: 60% remain for ≥90 days]. However, of the clients that were in the Suboxone program in the first half, 100% had maintained abstinence.
Harbor	Engagement Services	450	567	Yes	<i>Program will be evaluated by Great Lakes Marketing during the remainder for FY 2016.</i> 674 episodes of care for 567 unduplicated clients served. 53% of clients received psychiatric treatment services within seven calendar days of discharge from public or private hospitals, and provider had 70% show rate post-hospital discharge.

MHR SB Line of Business: Treatment

Provider	Program	# Ppl to be Served	# Ppl Served	Overall Performance on Track?	Notes on Outcomes and Performance Measures (Half-Year)
Harbor	Mental Health Outpatient Services	1,590	1,081	Yes	No programmatic concerns at this time.
Harbor	Preventing Psychiatric Emergencies	148	139	Yes	<i>Program will be evaluated by Great Lakes Marketing during the remainder for FY 2016.</i> 99% of individuals in the provider's PPE program have not been admitted to a hospital or Rescue CSU in FY 2016.
Lutheran Social Services	AOD Outpatient Tx (POS)	[As needed]	0	N/A	Provider has not yet billed for any non-Medicaid individuals.
Philio/New Concepts	AOD Outpatient Treatment and Medication-Assisted Treatment (MAT): Suboxone	280	256	Yes	The population of clients served is small (smaller now that more of these clients have been made Medicaid-eligible), which greatly affects the percentages calculated. Provider reported that the average length of stay in Suboxone treatment was 79 days [target: ≥90 days].
Philio/New Concepts	Specialized Integrated Outpatient Treatment	120	138	Yes	Performance measures are on track, with the exception of number of youth completing programming: 0/18 have completed. [Provider has not yet billed for any non-Medicaid individuals.]
Rescue	Adult Crisis Unit (CSU)	240	47	Yes	47 non-Medicaid individuals served, with 52 episodes of care. (Individuals with Medicaid make up the bulk of the patient load otherwise.)

MHRSB Line of Business: Treatment

Provider	Program	# Ppl to be Served	# Ppl Served	Overall Performance on Track?	Notes on Outcomes and Performance Measures (Half-Year)
Rescue	Central Access	1,280 Central Access	672	N/A	Central Access is transitioning into becoming a recovery helpline and urgent care center as of January 1, 2016. Therefore, it will no longer be tracked and measured going forward. Program was underspent by the time it concluded.
Rescue	Emergency Services	N/A	2,651	Yes	77% of adult clients were delivered to the appropriate facility for admission to the appropriate level of care within 4 hours of the referral source's first contact with Rescue [target 75%]. 97% of adult clients were considered to be at the "right place, first time" [target: 75%]
Rescue	JDC/BHJJ Referrals into MST	400	227	No	Provider reports that clients are not being referred for assessment, and parents cannot be reached for permission. Only two diagnostic assessments have been performed [≥ 72 anticipated]. They are looking into clarifying consent laws and streamlining their process. Third quarter reporting will be required.
Rescue	Psychiatric Inpatient Services	N/A	1,306	N/A	1,306 unduplicated clients; 1,598 episodes of care. No targeted performance or outcome measures. Board Trustees approved a 120-Day Notice on 2/16/2016.
Rescue	Youth Crisis Unit (CACSU)	60	9	Yes	9 non-Medicaid individuals served, with 9 episodes of care. (Individuals with Medicaid make up the bulk of the patient load otherwise.)

MHRSB Line of Business: Treatment

Provider	Program	# Ppl to be Served	# Ppl Served	Overall Performance on Track?	Notes on Outcomes and Performance Measures (Half-Year)
UMADAOP	AOD Outpatient Tx (POS)	[As needed]	0	N/A	Provider has not yet billed for any non-Medicaid individuals. As of December 2015, provider did not have a system in place to submit claims to the MRHSB. Board Trustees approved a 120-Day Notice on 2/16/2016.
Unison	AOD/Dual Outpatient Treatment and Medication-Assisted Treatment (MAT): Suboxone	90	59	No	The population of clients served is small, which greatly affects the percentages calculated; more clients are Medicaid-eligible. Provider reports that only 10% of those discharged from the Suboxone program remained for a minimum of 90 days in treatment [target: 60% remain for ≥90 days]. 35% of individuals that entered outpatient treatment remained for a minimum of 90 days [target: ≥60% of individuals]; and of those, 38% were successfully discharged [target: ≥40%]. Provider reported that the average length of stay in Suboxone treatment was 38 days [target: ≥90 days]. Third quarter reporting will be required.
Unison	Engagement Services	500	336	Yes	Program will be evaluated by Great Lakes Marketing during the remainder for FY 2016. 576 episodes of care for 336 unduplicated clients served. 51% of clients received psychiatric treatment services within seven calendar days of discharge from public or private hospitals, and provider had 44% show rate post-hospital discharge.
Unison	Mental Health Outpatient Services	2,100	838	Yes	No programmatic concerns at this time.

MHRBS Line of Business: Treatment

Provider	Program	# Ppl to be Served	# Ppl Served	Overall Performance on Track?	Notes on Outcomes and Performance Measures (Half-Year)
Unison	PACT	60	87	Yes	No programmatic concerns at this time.
Unison	Preventing Psychiatric Emergencies	125	155	Yes	Program will be evaluated by Great Lakes Marketing during the remainder for FY 2016. 86% of individuals in the provider's PPE program have not been admitted to a hospital or Rescue CSU in FY 2016.
Zepf	Engagement Services	325	649	No	Program will be evaluated by Great Lakes Marketing during the remainder for FY 2016. 975 episodes of care for 649 unduplicated clients served. 31% of clients received psychiatric treatment services within seven calendar days of discharge from public or private hospitals, and provider had 51% show rate post-hospital discharge.
Zepf	AOD Outpatient Treatment and Medication-Assisted Treatment (MAT); Suboxone	175	102	No	The population of clients served is small, which greatly affects the percentages calculated; more clients are Medicaid-eligible. Provider reports that the 47% of those discharged from Suboxone treatment did not remain for a minimum of 90 days in treatment [target: 60% remain for ≥90 days]. However, of the clients that were in the Suboxone program in the first half, 67% had maintained abstinence. 21% of individuals that entered outpatient treatment remained for a minimum of 90 days [target: ≥60% of individuals]; and of those, 88% were successfully discharged [target: ≥40%]. Third quarter reporting will be required.

MHR SB Line of Business: Treatment

Provider	Program	# Ppl to be Served	# Ppl Served	Overall Performance on Track?	Notes on Outcomes and Performance Measures (Half-Year)
Zepf	Mental Health Outpatient Services	1045	1,161	Yes	No programmatic concerns at this time.
Zepf	Multi-Systemic Therapy (MST--BHJJ)	48-60 youth	21	No	Eight youth are measured in the outcomes; the rest are still in the program. Of those, MST was able to achieve its outcomes with the exception of maintaining educational/vocational involvement [target: 80%; actual: 63%]. This could be attributable to the small population, which has an effect on the measure. Staff are looking for additional referral sources to utilize their capacity. This will continue to be monitored on a quarterly basis.
Zepf	Preventing Psychiatric Emergencies	150	231	Yes	<i>Program will be evaluated by Great Lakes Marketing during the remainder for FY 2016.</i> 71% of individuals in the provider's PPE program have not been admitted to a hospital or Rescue CSU in FY 2016.
Zepf	Problem Gambling Treatment	50	42	Yes	No programmatic concerns at this time.
Zepf	Opioid Treatment Program (Methadone - SASI)	55	47	Yes	No programmatic concerns at this time.

MHRSB Line of Business: Treatment

Provider	Program	# Ppl to be Served	# Ppl Served	Overall Performance on Track?	Notes on Outcomes and Performance Measures (Half-Year)
Zepf	Sub-Acute Detoxification	100	7	Yes	Seven non-Medicaid individuals used detox services in the first half of FY 2016. (In addition, the unduplicated count of Medicaid individuals was 138, and the duplicated count was 145.) Funding was allocated to serve up to 100 non-Medicaid individuals in FY 2016. MHRSB staff are working with the provider to repurpose their allocation.

DETAIL: Prevention Programs

FY 2016

Half-Year Provider Performance Report

MHRBS Line of Business: Prevention

Provider	Program	# Ppl to be Served	# Ppl Served	Overall Performance on Track?	Notes on Outcomes and Performance Measures (Half-Year)
Adelante	Buena Vida Program	80 youth (summer programming); 80 youth (afterschool programming); 80 adults (community events)	3 youth (summer programming); 75 youth (afterschool programming); 364 adults (community events)	Yes	Outcome measures will be evaluated at the end of the FY when post-tests are complete. Only three students attended the 25 summer sessions. Provider has exceeded the target for number of community engagement gatherings [target: 3; actual: 5], as well as number of people attending the gatherings [target: 80; actual: 364].
Big Brothers/ Big Sisters	Mentoring Triad	45	16	No	Outcome measures will be evaluated at the end of the FY when post-tests are complete. Provider is in four schools (DeVeaux, Pickett, Old Orchard, Robinson), and by December--the halfway point in the program--16 students have attended regularly, while 64 students have participated in at least one after-school session. Provider reported that students do not seem to comprehend the questions in the LifeSkills test, and that it is probably not age-appropriate for all youth served. It is unlikely that the provider will be able to meet the number of youth served in the program and keep them engaged through the end of the school year. Board Trustees approved a 120-Day Notice on 2/16/2016. Third quarter reporting will be required.
Harbor	Community Senior Prevention	312	156	Yes	No programmatic concerns at this time.
Harbor	Early Childhood Prevention	50 teachers; 50 parents; 100 children	22 teachers; 41 parents; 42 children	Yes	Program is on track. Number of youth served could be slightly higher, but they should be able to accomplish the target by FYE.

MHRBS Line of Business: Prevention

Provider	Program	# Ppl to be Served	# Ppl Served	Overall Performance on Track?	Notes on Outcomes and Performance Measures (Half-Year)
Harbor	Heroin-Opiate Initiative	800	1,443	Yes	By December, they have exceeded the number of people to attend the presentations [target: 800+; actual: 1,443]. That averages roughly 47 people per presentation.
Harbor	School and Community Prevention	1,800	868	Yes	No programmatic concerns at this time.
Learning Club	After School	50-60	51	Yes	No programmatic concerns at this time.
NAMI	Step Up, Stop Suicide	650	301	Yes	By December, provider has met or exceeded most of their performance measures.
SCAT	Collaborative Social Media Campaign	1,000 participants (500 per event)	303	Yes	Less people came to the Drug-Take Back Day event than anticipated [target: 500; actual: 303]. For the first event, provider distributed 97% of the tangibles contracted for the whole year. The next event is scheduled for April.

MHRBSB Line of Business: Prevention

Provider	Program	# Ppl to be Served	# Ppl Served	Overall Performance on Track?	Notes on Outcomes and Performance Measures (Half-Year)
SCAT	Parent Training and Education	[Benchmark]	4,524 people attended SCAT community event; 77 people attended Town Hall	Yes	No programmatic concerns at this time.
Swanton Area CC (SACC)	Parent Involvement	105 SEED members; 500 Parents of SEED and Parents on Board; 300 community members	55 SEED members; 425 Parents of SEED and Parents on Board; 248 community members	Yes	No programmatic concerns at this time.
UMADAOP	Healthy Workplace	100	48	Yes	No programmatic concerns at this time.
UMADAOP	Heroin-Opiate Initiative	Implementation Year	Implementation Year	Implementation Year	Program elements revised halfway through fiscal year. Will be monitored to establish new benchmarks for performance measures.
Unison	Prevention Services	N/A	N/A	Yes	No programmatic concerns at this time.
Zepf	Gambling Prevention	N/A	N/A	Yes	No programmatic concerns at this time.

DETAIL: Support Services

FY 2016

Half-Year Provider Performance Report

MHRBSB Line of Business: Support Services

Provider	Program	# Ppl to be Served	# Ppl Served	Overall Performance on Track?	Notes on Outcomes and Performance Measures (Half-Year)
A Renewed Mind	CET Training	2 employees; 8-12 clients in CET group	3 employees; 10 clients in CET group	Yes	Training program on track. Three employees are working toward CET mentor/coach training, and they have an appropriate number of CET groups and number of individuals participating. Their CET alumni group is inactive at this time.
ABLE	Gov't Benefits; Psych. Testing	75	92	No	Did not meet performance measure for number of new clients [target: ≥55%; actual: 47%]. 42% of cases accepted for full representation have resulted in an award of some or all of the benefits clients were seeking [target: 65%]. Provider still has several open cases that may result in benefits to be awarded. In FY 2016, \$196,550 worth of benefits have been awarded to clients. Third quarter reporting will be required.
ABLE	Mental Health Impact Project	N/A	N/A	Yes	No programmatic concerns at this time.
Family Service of Northwest Ohio	Breaking the Cycle	72 adults and youth	9 adults and youth	No	They have not substantiated need, as participation is still very low. Only one group has run this FY, and it has nine people. After some false starts, that group finally began on December 10 and is still running. Because they're late on starting groups, we cannot evaluate either of the outcomes, nor can we evaluate their performance measures. Board Trustees approved a 120-Day Notice on 2/16/2016. Third quarter reporting will be required.

MHRBSB Line of Business: Support Services

Provider	Program	# Ppl to be Served	# Ppl Served	Overall Performance on Track?	Notes on Outcomes and Performance Measures (Half-Year)
Harbor	CET Training	2 employees; 24-36 clients in CET groups	2 employees; 23 clients	Yes	Training program on track. Two employees are working toward CET mentor/coach training, and they have an appropriate number of CET groups and number of individuals participating. Ten individuals attend their CET alumni group.
LC Adult Probation	Forensic Monitor	N/A	56	Yes	Forensic Monitor's case load is about ten clients higher than it was at this time last year. Consequently, she was unable to complete the second performance measure, which was to create a Forensic Monitor manual by 12/31.
Mercy St. Vincent	Mother and Child Dependency	50	47	Yes	27/29 babies born in this reporting period were free of illicit drugs.
NAMI	Creative Expressions	400 participants (unduplicated)	352	Yes	Provider is meeting or exceeding all measures at the time of reporting.
NAMI	Family Education, Support, and Outreach and Advocacy	77 ppl in education; 155 support attendees	60 ppl in education; 221 support attendees	Yes	Provider is meeting or exceeding all measures at the time of reporting.

MHRBSB Line of Business: Support Services

Provider	Program	# Ppl to be Served	# Ppl Served	Overall Performance on Track?	Notes on Outcomes and Performance Measures (Half-Year)
NAMI	Family Navigator	5 mentors; 5 mentees	10 mentors; 10 mentees	Yes	Provider is meeting or exceeding all measures at the time of reporting.
NPI	ACF Operations	114	111	Yes	No programmatic concerns at this time.
NPI	PATH	280 engaged; 170 enrolled	99 engaged; 61 enrolled	No	They have not yet reached the anticipated number of people to be served, and the number to be engaged was decreased from last year. However, according to the 2015 Point in Time Count, the number of unsheltered individuals and families has been trending down since 2012 (TLCHB, 2015 PIT Community Report, p. 17). They are on track with their outcomes, with the exception of percentage of clients that receive PATH services and attain initial community mental health services during the reporting period [target: 66%; actual: 62%]. Reporting will continue to be required on a quarterly basis.
NPI	Peer Recovery Support Services	250 engaged; 4 peer mentors	180 engaged; 4 peer mentors	Yes	No programmatic concerns at this time.

MHRBSB Line of Business: Support Services

Provider	Program	# Ppl to be Served	# Ppl Served	Overall Performance on Track?	Notes on Outcomes and Performance Measures (Half-Year)
NPI	Rental Assistance and Support	120	99	Yes	No programmatic concerns at this time.
NPI	Road to Recovery	18	19	Yes	Though none were employed at the time of exit (where they were successfully housed), all exited with entitlement income.
St. Paul's	Payee	525	535	Yes	No programmatic concerns at this time.
St. Paul's	Shelter and Outreach Coordinator	375 ppl served; ≥25% successfully housed at discharge	123	No	Program is not on track to meet outcomes due to stagnation in the housing Continuum of Care. Clients are staying in the shelter for 45 days on average [target: 40 days], and clients that needing to get into housing are delayed due to housing stock. This will continue to be monitored on a quarterly basis.
St. Paul's	Winter Crisis Program	N/A	N/A	N/A	Opened January 2. This will be reported in the third quarter.
TASC	DYS	30-40 youth	33	No	Just 15% of youth are successfully reentered into the community [target: 75%]. Provider reports that these youth are gang affiliated, and many are on the run with warrants for gun-related crimes. Board Trustees approved a 120-Day Notice on 3/15/2016.
TASC	Family Drug Court Case Manager	20	24	No	29% of clients were abstinent at discharge [target: 50%]. Third quarter reporting will be required.

MHRBSB Line of Business: Support Services

Provider	Program	# Ppl to be Served	# Ppl Served	Overall Performance on Track?	Notes on Outcomes and Performance Measures (Half-Year)
TASC	Linkage and Community Reentry	N/A	568	Implementation Year	Several programs that were funded individually in FY 2015 are in the process of being consolidated into one linkage and reentry program.
TASC	Release to Recovery (Ex-Offender Mini-Grant)	42	31	Yes	No programmatic concerns at this time.
Unison	CET Training	2 employees; 24-36 clients in CET groups	4 employees; 37 clients	Yes	Training program is relatively on track. Four employees are working toward CET mentor/coach training, and they have an appropriate number of CET groups; however, the number of clients/group is inconsistent with A3 targets [target: 8-12/group; actual: 5-23/group]. Their CET alumni group has 11 individuals participating.
Unison	Residential Support	15	18	Yes	No programmatic concerns at this time.
Wernert Center	Operations/ Club	600	335	Yes	No programmatic concerns at this time.
Wernert Center	Peer Enrichment	200 unduplicated	180	Yes	Provider is meeting or exceeding all measures at the time of reporting.

MHRBSB Line of Business: Support Services

Provider	Program	# Ppl to be Served	# Ppl Served	Overall Performance on Track?	Notes on Outcomes and Performance Measures (Half-Year)
Zepf	CET Training	2 employees; 16-24 clients in CET groups	1 employee; 17 clients	No	One employee is working toward CET mentor/coach training, and it is unclear if they will be able to get another employee trained. They have an appropriate number of CET groups and number of individuals participating. Four individuals attend their CET alumni group.
Zepf	Recovery to Work	260	155	Yes	Project runs on the federal fiscal calendar (Oct-Sept), so it completed its first quarter by end of December. No programmatic concerns at this time.
Zepf	Residential Support	16	16	Yes	No programmatic concerns at this time.
Zepf	Recovery Housing	N/A	N/A	N/A	Program performance measures and outcomes were not finalized until after the half-year.

MHRSB Community Meeting

On February 16, 2016 the MHRSB of Lucas County held its annual community meeting of stakeholders at the Toledo Public Library – McMaster Center. The purpose of the meeting was to gather input from Stakeholders on community needs for prevention, treatment and recovery support systems related to addiction and mental health. There were 80 stakeholders in attendance with 12 making formal comments and 4 others providing comments during the open session. Additionally, 13 MHRSB Trustees and 11 MHRSB staff were in attendance.

Below is a summary of the 12 Stakeholder presentations and 4 Stakeholder comments made during open session. Upon review of the comments by the Programs and Services Committee, the summary will be posted on the MHRSB web site.

**MHR SB COMMUNITY MEETING
LUCAS COUNTY MAIN LIBRARY – McMASTER CENTER**

Tuesday, February 16, 2016 @ 3:30 pm

Stakeholder Presenters	Agency/ Organization	Five-Minute Presentations - Summary
Pat Sheehan	Board President, Harbor	<p><u>Responses to 4 questions asked:</u> 1) What do your clients need to be successful; 2) What are the barriers that exist that prevent clients from being successful; 3) Identify current and/or anticipated environmental factors that will impact your organization in the coming year; 4) What or should MHR SB consider doing to support your agency in achieving the goals of helping your clients be successful?</p> <p>Mr. Sheehan announced Harbor's partnership with ProMedica and the establishment of an integrated health delivery network. Harbor has co-located their behavioral care health services with ProMedica facilities which include new health & wellness, the Center for Health Services and the Diabetes Center. Harbor is now managing all of ProMedica's inpatient psych units and is part of MAT services. Last year, Harbor was awarded a SAMHSA grant to provide services for pregnant women with opiate dependency, as well as service for infants born with opiate addition/withdraw.</p> <p>Mr. Sheehan provided answers to the 4 questions asked in the invitation:</p> <p>A1: Having full access to Harbor's services as listed above.</p> <p>A2: Transportation to and from services; greater number of hours for evening/weekend service; and work force development for a skill shortage.</p> <p>A3: State driven behavioral healthcare redesign; Medicaid budget revisions, Affordable Care Act modifications; true mental health care coverage parity; employment opportunities for individuals they serve; not enough psychiatrists for board certified NP to meet client needs.</p> <p>A4: Accessibility to additional funding, unspent levies and state funding to: hire additional clinicians in gap areas mentioned such as MAT; hire peer support specialists; help fund equipment, facility renovations and staffing for the new residential program through the SAMHSA grant; upgrade current urgent care</p>

		locations, increase responsiveness for individuals with mental health concerns, increase prevention services across the life span, and increase transitional level care providers to help divert and connect clients to the right next level of care service provider.
Richard Arnold	Consumer	A consumer since childhood and a mental health advocate for 31 years. In September 2015, the Board brought back funding for ambulatory detox which was cut March 18, 2008. He advocated that the Board not cut the service they until consulted with consumers. Over the years, Mr. Arnold has filed several other complaints with the County advocating for mental health and addiction services. A4) Listen to the voice of consumers.
Karen Wu	ABLE	A1: Their client needs are complex and they need access to safe and affordable housing and healthcare for themselves and their children, gainful employment and transportation to find/keep employment, strong networks for support and need encouragement to break the cycle of poverty; clients need education to understand how mental affects their lives. A2: Stigma with mental illness as it affects many areas including individuals with a criminal history surrounding housing and employment issues that follow them; a lack of a strong support system to navigate and advocate on their behalf. Non-English speakers and cultural barriers due to lack of documentation and cultural differences. Lack of collaboration between outside MH providers and schools for children diagnosed with MH issues. A3: Funding is based on changes in climate, impact from federal funders, interest rates on bank accounts; and the results of the presidential election. Q4: The Board has been helpful to refer clients; would like to encourage more Board collaborations for example the BH/CJA Committee bringing together many communities to address behavioral health and other social issues.
Deb Chany	SCAT	Focused discussion on universal prevention initiatives/goals for alcohol and drug in youth that affects their future and explained their program initiatives.
Matt Bell	Team Recovery Co-founder & Media Spokesperson	Recovering heroin addicts started the program while in detox together to keep each other accountable to not use alcohol or drugs. They partner with the DART program, and work with SCAT, the Zepf Center.

		<p>A1. Family members of addicts need help too due to the effects on them and the number of people within a family that become involved with the addict. Team Recovery started FADD (family after addiction and death) seven weeks ago with over 100 in attendance; they meet every Tuesday at the Zepf Recovery House; they want to reach more people and need help with detox, but feel it is also a personal responsibility for the addict to work on their recovery.</p> <p>A2: Break the stigma associated with the term “junkie;” they aren’t bad people, just made bad choices and need help.</p>
<p>Lisa Williams</p>	<p>Neighborhood Properties Inc (NPI)</p>	<p>A1: NPI clients need transportation resources and employment opportunities with adequate compensation to engage clients and help them have a more positive outlook for their life. They also need non-judgmental environments, community inclusion, respect, confidentiality, consistency and trust.</p> <p>A2: Need to continue meeting individuals where they are in their recovery and not base one person’s ability to recovery with someone else’s recovery journey and expect them to recover the same or as fast.</p> <p>A4: The Board should consider how valuable peers are in the workplace and in the community.</p>
<p>Janet Bosserman</p>	<p>Executive Director, Double ARC</p>	<p>Founded and sponsored by the Sisters of Notre Dame 24 years ago; their mission is to diagnose, train and support children whose mother drank during her pregnancy and children suffer from FASD; refraining from drinking alcohol while pregnant is a leading preventable cause of birth defects. This is mini-grant program funded by the MHRBSB.</p> <p>A1: Early intervention and support for FASD children will help them learn techniques to prevent risky behavior, involvement with law enforcement or reducing the impact of the alcohol exposure.</p> <p>A3) They are a non-profit with very small staff and budget, receive no government funding through Medicaid or can’t bill private insurance; rely on individual donors and grants to cover the cost of providing services who can’t afford; have an all-volunteer professional team.</p> <p>A4: Double Arc would be interested in embarking on a prevention campaign with the MHRBSB and providers to help prevent FASD in newborn children.</p>

Beverly Bahret	Chair, Suicide Prevention Coalition	<p>Developed in 2008; funded by MHRBS grant and second year of partnering with NAMI; focus is to work and educate people on suicide prevention, risk factors, depression and the protective factors; primarily comprised of volunteers; 2014 & 2015 served 1,448 individuals through grant funding from the Board.</p> <p>A1) Education: In the past year, experienced a notable increase in teen and young adult suicides in schools and colleges; increasing services in 35 schools.</p> <p>A2) Stigma surrounding suicide; clusters in the young population; secrecy.</p> <p>A4) Need funding for paid staff to support the increased focus in the schools to educate the youth.</p>
Jerome Ceille	SanCie Wellness Associates	<p>Dr. Irma DeSantiago is Mr. Ceille's partner; their focus is on substance abuse and behavioral addictions using mindfulness in 12-step recovery. Mindfulness is a capacity that we all have; it is awareness and consciousness of what is happening in our lives today in our mind and body without being overwhelmed by thoughts and emotions; attending to the present moment without chasing after the next one; to live in the space between the stimulus and our response.</p> <p>A1) Self compassion, hope and trust.</p> <p>A2) In our culture of contempt and mindlessness.</p> <p>A3) Put mindfulness into training for providers into the therapy into our groups.</p> <p>A4) Need Board's help in outreach to 12-step people for this mindfulness project.</p>
Rev. Deborah Conklin	Executive Director, Harbor House/300 Beds, Inc.	<p>Their project is to train and empower their residents in peer support for sustainable recovery of adult homeless women through the Zepf Center collaboration in the recovery housing model.</p> <p>A4) Asked the Board to keep building collaborations between our care systems, mainstream entities and consumers.</p>
Teneashia Cunningham	JRM Mentoring	<p>In 2004, her son was 11 years old and played basketball but failed to maintain academic eligibility at several schools. She indicated no help was available for him. She started a basketball team and mentoring program called Junior Roll Model Mentoring to support her son. The program tries to modify behaviors and help with</p>

Wesley Bullock, Ph.D.	Department of Psychology, University of Toledo	<p>homework. Her son is now and working on his GED. JRM is now a non-profit and recipient of the MHRBS mini-grant.</p> <p>A1) Goals are to build bridges between students and teachers, and between teachers and parents.</p> <p>His clinical training and research interests for the past 20 years have been in mental health recovery--what is it and how do we promote it in our community through the mini-grant proposal for the mindfulness meditation project at the Volunteers of America (VOA) community reentry program.</p> <p>A2) The high rates of serious mental illness and substance abuse.</p> <p>A4) Their project is designed to launch a collaborative project and they expressed appreciation for the Board's support in starting it.</p>
Open Session: Unknown		<p>Our community needs more residential programs when dealing with mental health recovery; need assistance in getting a GED and vocational skills, and learn how to be responsible for themselves.</p> <p>Re: Medicaid changes that require certified providers; she heard that only independently licensed counselors and social workers are allowed to register. For their agency, it could be a problem if LPC's and LSW's are not allowed to bill Medicaid as there will be nothing left for them to get reimbursed, which will affect people that are MH and addicted that need Board funding for their services.</p> <p>A4) It would be good if the Board could help with allowing all people who are licensed to be registered. Mr. Sylak will send out the new Medicaid redesigned web site that he will provide information on Ohio Medicaid regulations to stakeholders.</p> <p>Need more prevention specialists and training for them because it is not available; needs to come from colleges and universities to help with agencies and non-profits.</p> <p>Thanked the Board for their continued support of prevention services with regard to teen recovery and information sharing with high school students who find it valuable and wish they heard more about prevention when they were younger.</p>
Lucy Wayton	Lutheran Social Services	
Deb Chany	SCAT	
Dee Washington	Harbor	

Health Officer Credentialing

System Health Officer Candidates are reviewed and approved based on criteria established in Board Policy – Designation of Health Officers, in accordance with ORC 5122.01(J) to facilitate emergency hospitalization as described in ORC 5122.10. Designation as a health officer by MHR SB authorizes agency staff to take into custody persons who are thought to be mentally ill for the purpose of emergency examination in a hospital or community mental health agency.

The Health Officer Credentialing Committee reviewed an application for one (1) renewal candidate. The Committee reviewed documentation to verify that the individuals being considered have the required licensure or certifications, experience in the field, and trainings as required by MHR SB policy. The individual listed in the motion below has met the requirements for designation as a System Health Officer.

The following motion is recommended to the Board of Trustees:

That the Mental Health & Recovery Services Board of Lucas County designates the following individual listed as System Health Officers to serve a term not to exceed two years:

Renewal Designation:

Megan C. Rinehart, PCC-S – Harbor– not to exceed April 30, 2018

Recovery Council Update

The Recovery Council held a Problem Gambling Awareness Forum on Monday, March 21, 2016 at the Zepf Center. This forum was appropriately held this month as March is National Problem Gambling Awareness Month. There were 4 people in attendance to listen to the presentation by Marilyn Rule (one community member, one MHR SB Trustee, one Recovery Council member, and one MHR SB staff). The goal of the forum was to recognize high risk behaviors and signs of potential gambling problems.

Five members of the Recovery Council met with Scott Sylak and Kristal Barham to discuss restructuring of the Recovery Council. The Recovery Council has been experiencing difficulties with attendance at its monthly meeting, low attendance at community forums and high turnover within the Recovery Council. Additionally, the Recovery Council has struggled to maintain an organizational infrastructure to support its efforts to advise the MHR SB Programs and Services Committee on community needs and priorities.

Potential models for re-organization were discussed and it was decided that the Recovery Council should take some time to consider these options internally. It is planned that Board staff and the Recovery Council will work collaboratively to present a viable re-organization plan to the MHR SB Programs and Services Committee at their May 30, 2016 meeting.

Recovery Helpline Update

The Recovery Helpline was partially implemented January 1, 2016. This rollout has allowed the Steering Committee the opportunity to experience what has been going well and to course correct where quality improvements are needed. Recent feedback from stakeholders has helped the Steering Committee to identify additional training needs which are being addressed.

Additionally, the Helpline Steering Committee made up of representatives for Hancock, Lucas and Wood Counties ADAMHS Boards, United Way of Greater Toledo 211, Rescue, The Link, the Commissioner's Office and Thread Marketing has continued to meet monthly to develop plans for the marketing campaign and to problem solve identified areas for improvement.

Locally, Board staff has worked closely with Rescue's staff to map each process step and determine documentation and communication protocols. As a result of this analysis, it was decided that an "off the shelf" software product would be overly expensive and overbuilt for the program's needs. Subsequently, the MHR SB IT staff was challenged to create a multi-agency scheduling software solution.

On Wednesday March 16, 2016 Rescue staff met with provider agencies to discern interest in participation. All agencies in attendance expressed interest in becoming a Helpline Provider. Two agencies have requested delayed participation due to capacity or to gain a better understanding of the administrative commitment. At the meeting, Rescue and Board staff outlined the overall scope of the Helpline's operational requirements and demonstrated the proposed software application. The process resulted in a request for several changes to the software. To accommodate these changes and to provide an opportunity to negotiate MOU's with Helpline Providers, the Recovery Helpline full implementation date will likely be delayed from April 1, 2016 to mid-April.