

MHRS BOARD MEETING

March 15, 2016

4:00 p.m.

Consent Agenda	Item	Information Enclosed	Action Required	Allocation Required	Page
	1. Call to Order				
	2. Roll Call				
	3. Recognition of Visitors				
	4. Swearing in of New Board Member <ul style="list-style-type: none"> • George Kral 				
	5. Determination of Items to be Removed from Consent Agenda				
<input type="checkbox"/>	6. Board Minutes – February 16, 2016	✓	✓		1-4
<input type="checkbox"/>	7. Treasurer’s Report <ul style="list-style-type: none"> • February 2016 Financial Statements 	✓	✓		5-11
	8. Combined Programs & Services/Planning & Finance Committee Report				12
<input type="checkbox"/>	A. OMHAS CABHI FY 2016 Award – NPI	✓	✓	✓	12-13
<input type="checkbox"/>	B. OMHAS Access Success II Award-NPI Contract Amendment	✓	✓	✓	13
<input type="checkbox"/>	C. United Way – Rescind FY 2016 Social/Emotional Learning Allocation	✓	✓	✓	14
<input type="checkbox"/>	D. 120-Day Notice of Material Changes to Contract: TASC DYS Aftercare Program	✓	✓		14-15
<input type="checkbox"/>	E. Unison “Hope is Real” Prevention Campaign	✓	✓	✓	15-16
<input type="checkbox"/>	F. Access to Treatment Workgroup Report	✓	✓		16-31
	9. Governance Committee Report <ul style="list-style-type: none"> • MHRSB Policy Update: <ul style="list-style-type: none"> ▪ Governance ▪ Public Affairs 	✓	✓		32
<input type="checkbox"/>					33-51
<input type="checkbox"/>					52-63
	10. Other Business <ul style="list-style-type: none"> • Board and Committee Attendance 	✓			64-66
	11. Director’s Report				
	12. Open Session				
	13. Adjournment				

MINUTES – Board Meeting**Mental Health & Recovery Services Board of Lucas County****February 16, 2016**

Roll Call - Members Present:

Audrey Weis-Maag	Dr. Mary Gombash	William Sanford
Neema Bell	Linda Alvarado-Arce	Andre Tiggs
Anthony (Tony) Pfeiffer	Robin Reeves	Linda Howe

After Roll Call:

Scott D. Johnson	Andrea Mendoza Loch	Pastor Earley
Dr. Lois Ventura		

Members Absent:

Lynn Olman	Dr. Tim Valko	Pastor Perryman
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Staff: Scott Sylak, Tim Goyer, Donna Robinson, Cynthia Brown-Chery; Delores Williams; Kristal Barham, Tom Bartlett; Amy Priest, Cami Roth Szirotnyak; Robert Kasprzak, Susan Billmaier.

Visitors: Adam Gonzales, Team Recovery; Nicholas Dawson, Team Recovery; Sarah Smitley, NAMI; Erin Whitton, Zepf Center; Cindy Pisano, Mercy; Christine Kahlo, UT; Annette Clark, FSNO; Holly Ball, United Way; Wendy Shaheen, ARM; Nora Riggs, UT Social Work; Nadine Bryant United Way; Jessie, ABLE; David Haus, New Concepts; Deb C., Harbor House; Constance Brooks, Harbor House; Jessica Torres Garcia, NPI; Geof Allan, UMADAOP; Randisha Owensky; UT; Jancie Brunch, Unison, UT; Kayla Marchant, UT; Denise Fox, Aurora; Karen Lehonkuhl, Aurora; Darlene Harris, FSNWO; Celeste Smith, TLCHD; Jim Conley, Salvation Army; Shaila Sadoski, UT; Jerry Ceille, Sancei Wellness; Basil Arcuri, Team Recovery; Patrick Sheehan, Harbor; Jim Aulenbacher, Harbor; Lucy Wayton, LSSNWO; Marsha Elliott, Unison; Tonalee Tucker, TMWC; Rosie B., UT Social Worker; Ben Hackworth, NAMI Intern; Heidi Haenisch, UT/VOA; Karen Wu, ABLE; Jim Gee, TARTA; Teneashia Cunningham, JRM Mentoring; Deb Angel, Recovery Council; Amy Gibson-Snyder, UT; Regina K., UT; Denise Baldwin-Davis, SORC; Claudia Annoni, NPI; Monica Gazarek, Wood County JFS; Dee Washington, Harbor; Shelly Brown, UT; Carnel Smith, MEL (Mentoring, Education & Leadership); Jackie W. ARM (UT Graduate Student); Steve Kapela, UT Graduate Student; Richard Arnold; Lisa Williams, NPI; Clare Conrad, TASC; Carol Ann Allen, Recovery Council/NAMI; Sheryl Cooper, Recovery Council; Robin Isenberg, NAMI; Julie Foley, UT SW Program; Matt Bell, Team Recovery; Beverly Bahret, Lucas County Suicide Prevention Coalition; Janet Bosserman, Double ARC; Joseph Denicola, Arrowhead; Jessica Spann, NPI; Sandi R., NPI; Erin Goff, United Way; Keith Jordan, JLI; Deb Chany, SCAT; Meredith C., UT; Wes Bullock, UT Psychology; Kelly Skinner, Wernert Center; Jason Vigh, Rescue; John DeBruyne, Rescue; Gary Osley; Carly Ross, UT; Kiersten Basilius, UT; Lynnette Hair, NPI; John Edwards, Jr., UMADAOP; Arcelia Armstrong, Area Office on Aging; Dawn H., Unison/UT; Larry Hamme, Unison; Tysheena M., UT; Samantha Pasko, Area Office on Aging; Pastor Cedrick Brock, TPS.

The meeting was called to order at 3:38 p.m., with Ms. Neema Bell, Board Chair, presiding.

MINUTES – Board Meeting
Mental Health & Recovery Services Board of Lucas County
February 16, 2016

Consent Agenda Items: The Trustees reviewed the Consent Agenda items, and the following items were approved by consent. Voting to approve the Consent Agenda was: Ms. Alvarado-Arce-yes; Pastor Earley-yes; Mr. Pfeiffer-yes; Dr. Ventura-yes; Dr. Gombash-yes; Mr. Sanford-yes; Ms. Weis-Maag-yes; Ms. Howe-yes; Mr. Tiggs-yes; Ms. Reeves-yes.

Board Meeting Minutes – December 15, 2015

Treasurer’s Report - January 2016 Financial Statements

The Mental Health & Recovery Services Board of Lucas County approves the January 2016 financial statements and the December 2015 and January 2016 voucher schedules of bills as presented in the February 16, 2016 Board packet.

Programs & Services Committee Report

- **Health Officer Credentialing**

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

For New Designation:

Debra S. Lagger, LSW– Unison – not to exceed February 28, 2018

Laura P. McLaughlin, PhD, LPCC – Unison – not to exceed February 28, 2018

Dashia M. Stantz, MSW, LSW – Unison – not to exceed February 28, 2018

For Renewal Designation:

Rhonda S. Smatlak, PCC-S – Unison – not to exceed February 28, 2018

Planning & Finance Committee Report

A. 120-Day Notices of Material Change to Contracts

- Big Brothers/Big Sisters – Mentoring Triad
- UMADAOP – AOD Outpatient Treatment
- Family Service of Northwest Ohio – Breaking the Cycle
- Rescue Incorporated – Inpatient Doctor Services

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 MHR SB’s intent not to renew all or portions of its FY 2016 contracts with Big Brothers/Big Sisters, UMADAOP, Family Service of Northwest Ohio and Rescue Incorporated. The MHR SB Executive Director is authorized to prepare and deliver letters to that effect.

B. FY 2016 Community Mini-Grant Allocations

The Mental Health and Recovery Services Board of Lucas County approves the seventeen (17) Mini-Grant allocations totaling \$77,764, an increase of \$27,764 from the previously approved \$50,000 for Mini-Grants, and authorizes the Executive Director to execute FY 2016 Agreements with the agencies/individuals for the amounts listed on the Mini-Grants Worksheet included in the February 16, 2016 Board meeting packet.

C. Engagement and Preventing Psychiatric Emergencies (PPE) Evaluator Proposal

The Mental Health and Recovery Services Board of Lucas County allocates up to \$29,150 for the purpose of a formal evaluation of its Engagement and Preventing Psychiatric Emergencies Programs, and authorizes its Executive Director to enter into a contractual agreement with Great Lakes Marketing Research to perform the evaluation.

D. Unison - Program of Assertive Community Treatment (PACT) Team Expansion

The Mental Health and Recovery Services Board of Lucas County repurposes part of Unison Behavioral Health Group's FY 2016 projected underspending and reallocates \$40,234 for the expansion of the Program of Assertive Community Treatment (PACT), and authorizes its Executive Director to amend Unison's FY 2016 Mental Health and Addiction Services Provider Agreement to reflect this repurposing of funds.

E. A Renewed Mind Non-Medicaid FY 2016 POS Allocation

The Mental Health and Recovery Services Board of Lucas County allocates \$100,000 to A Renewed Mind for FY 2016 to provide \$50,000 in MH POS treatment services and an additional \$50,000 to provide AOD POS treatment services (Total FY 2016 AOD POS allocation of \$100,000), and authorizes its Executive Director to amend A Renewed Mind's FY 2016 Mental Health and Addiction Services Provider Agreement to reflect these increased allocations and service requirements.

F. FY 2017-2018 Purchasing Plan and Application Letter

The Mental Health and Recovery Services Board of Lucas County approves the FY 2017-FY2018 Purchasing Plan and the associated Timeline for completion as presented in the February 16, 2016 Board meeting packet.

Governance Committee Report

A. FY 2015 Annual Report

The Mental Health & Recovery Services Board of Lucas County approves the FY 2015 Annual Report as presented, and authorizes its Executive Director to take the appropriate action to disperse the report in accordance with Ohio Revised Code Section 340.03 (10).

B. Executive Director Evaluation

The Mental Health and Recovery Services Board of Lucas County approves a 3% salary increase for the Executive Director retroactive to January 1, 2016. Additionally, a one-time lump sum payment equal to 3% of the Executive Director's salary as of January 1, 2016 will be provided with the encouragement of placing that amount in a deferred compensation plan.

Open Session

There were no comments made.

Adjournment

The meeting adjourned at 3:45 p.m.

Anthony (Tony) Pfeiffer, Secretary

Scott A. Sylak, Executive Director

Treasurer's Report

- **February 2016 Financial Statements**

Enclosed is the Consolidated Statement of Revenues and Expenditures for the month ending February 2016. Also enclosed are the schedules of POS claims, contract vouchers and miscellaneous vouchers already delivered to the Auditor's office.

For the month of February, expenditures exceeded revenues by \$688,753 which is \$83,463 unfavorable to the budget. Total Board revenues were \$210,359 worse than budget due to lower OMHAS federal and state payments due to timing differences. Expenses were \$126,896 better than budget primarily due to lower AOD and MH POS spending.

On a February FYTD 2016 basis, expenditures exceeded revenues by \$1,540,458 which is \$1,103,901 favorable to the budget. Total Board revenues were \$566,642 below budget primarily due to lower than anticipated OMHAS federal revenues. Total Board expenditures were \$1,670,543 less than budget due to underspending in all expense categories. February FYTD 2016 AOD POS underspending was \$804,687 which is 52% below the February FYTD budget. February FYTD MH POS expenses were \$80,286 below budget and are only 4.0% behind budget on a FYTD basis. February FYTD Grant Funded programs are \$577,170 under budget and Board Administrative spending is \$99,474 below budget.

Claims and Voucher information for February is as follows:

- Payments of POS claims for February are included for ratification. The total of these payments paid by agency were as follows:

AGENCY	AOD	MH	TOTAL
A RENEWED MIND	\$ 11,744.04	\$ -	\$ 11,744.04
HARBOR	\$ 9,468.92	\$ 54,356.47	\$ 63,825.39
NEW CONCEPTS	\$ 26,922.98	\$ -	\$ 26,922.98
UNISON	\$ 19,266.73	\$ 94,692.53	\$ 113,959.26
ZEPF CENTER	\$ 55,148.56	\$ 95,039.75	\$ 150,188.31
OUT OF COUNTY	-	\$ 208.36	\$ 208.36
GRAND TOTAL	\$ 122,551.23	\$ 244,297.11	\$ 366,848.34

- February Contract vouchers total \$265,094.31. Included in this amount are payments for the multi-county Family Council's Strong Families/Safe Communities grant.
- February Miscellaneous vouchers total \$13,413.24. There were no unusual payments included in this total.

BOARD MEETING

March 15, 2016

The following motion is recommended to the Board of Trustees:

The Mental Health & Recovery Services Board of Lucas County approves the February 2016 financial statements and the February 2016 voucher schedules of bills as presented in the March 15, 2016 Board packet.

Mental Health and Recovery Services Board of Lucas County
Consolidated Statement of Revenues and Expenditures
February 2016

	<u>February Actual</u>	<u>February FYTD Actual</u>	<u>February FYTD Budget</u>	<u>February FYTD Budget Variance</u>	<u>Annual Budget</u>
Revenues					
Local Levy Revenue	\$ -	\$ 8,661,761	\$ 8,823,940	\$ (162,179)	\$ 17,720,231
Federal Grants Revenue	\$ 5,991	\$ 1,925,592	\$ 2,226,852	\$ (301,260)	\$ 3,718,568
State Revenue	\$ -	\$ 1,374,621	\$ 1,330,730	\$ 43,891	\$ 2,064,332
HUD Revenue	\$ 56,484	\$ 364,713	\$ 384,482	\$ (19,769)	\$ 659,112
BHJJ/OOD Revenue	\$ 1,050	\$ 249,649	\$ 376,975	\$ (127,326)	\$ 582,280
Total Revenues	<u>\$ 63,525</u>	<u>\$ 12,576,336</u>	<u>\$ 13,142,978</u>	<u>\$ (566,642)</u>	<u>\$ 24,744,523</u>
Expenditures					
Grant Funded Program Expenses	\$ 150,163	\$ 8,507,104	\$ 9,084,274	\$ 577,170	\$ 14,815,193
MH Non-Medicaid POS Expenses	\$ 244,297	\$ 1,921,195	\$ 2,001,480	\$ 80,286	\$ 3,490,600
AOD Non-Medicaid POS Expenses	\$ 122,551	\$ 754,142	\$ 1,558,829	\$ 804,687	\$ 2,704,736
Pass Through Program Expenses	\$ 111,494	\$ 1,974,329	\$ 2,083,256	\$ 108,927	\$ 3,484,536
Board Administration Expenses	\$ 123,773	\$ 960,024	\$ 1,059,498	\$ 99,474	\$ 1,735,704
Total Expenditures	<u>\$ 752,278</u>	<u>\$ 14,116,794</u>	<u>\$ 15,787,337</u>	<u>\$ 1,670,543</u>	<u>\$ 26,230,769</u>
Increase/(Decrease) in Net Assets	<u>\$ (688,753)</u>	<u>\$ (1,540,458)</u>	<u>\$ (2,644,359)</u>	<u>\$ 1,103,901</u>	<u>\$ (1,486,246)</u>

3/8/2016

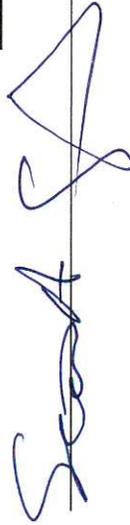
**Mental Health and Recovery Services Board of Lucas County
Consolidated Balance Sheet
As of February 29, 2016**

	January 31, 2016 Balance Sheet	February Changes	February 29, 2016 Balance Sheet
ASSETS			
Current Assets			
Total Cash	\$ 16,092,030	\$ (688,753)	\$ 15,403,277
Prepaid Expenses	\$ 1,560	\$ -	\$ 1,560
TOTAL ASSETS	\$ 16,093,590	\$ (688,753)	\$ 15,404,837
LIABILITIES & FUND BALANCES			
Liabilities			
Total Accounts Payable	\$ 373,448	\$ -	\$ 373,448
Total Accrued Employee Benefits	\$ 197,481	\$ -	\$ 197,481
Deferred Revenue	\$ 380,000	\$ -	\$ 380,000
Total Liabilities	\$ 950,929	\$ -	\$ 950,929
Fund Balances			
Disaster Response Board Desig.	\$ 50,000		\$ 50,000
Wernert Center Board Designated	\$ 2,200,000	\$ (150,000)	\$ 2,050,000
Total Board Designated Funds	\$ 2,250,000	\$ (150,000)	\$ 2,100,000
Undesignated Board Fund Balance	\$ 12,892,661	\$ (538,753)	\$ 12,353,908
Total Board Fund Balance	\$ 15,142,661	\$ (688,753)	\$ 14,453,908
TOTAL LIABILITIES & FUND BALANCES	\$ 16,093,590	\$ (688,753)	\$ 15,404,837

MHRBSB of Lucas Co.
 February 2016 - Purchase of Service Disbursements

PAYMENT DATE	VENDOR	VOUCHER	NET AMOUNT	DESCRIPTION
2/18/2016	ARM - City of Compassion	447171	11,744.04	VIVITROL JAIL SERVICES - JULY - JAN
2/3/2016	Harbor	444514	10,583.07	CLAIMS WK 1/25/16
2/10/2016	Harbor	445832	12,322.52	CLAIMS 02/1/16
2/18/2016	Harbor	447173	17,870.54	CLAIMS WK 2/8/16
2/23/2016	Harbor	448270	23,049.26	CLAIMS WK 2/16/16
2/2/2016	Hopewell Health Center	444517	208.36	CLAIMS WK 1/25/16 -OOCTY CRISIS
2/3/2016	New Concepts	444515	7,267.54	CLAIMS WK 1/25/16
2/10/2016	New Concepts	445833	7,138.09	CLAIMS 02/1/16
2/18/2016	New Concepts	447174	8,293.65	CLAIMS WK 2/8/16
2/22/2016	New Concepts	448271	4,223.70	CLAIMS WK 2/16/16
2/2/2016	Unison	444540	2,160.94	SUBOXONE/VIVITROL MED. - DEC
2/10/2016	Unison	445834	77,571.69	CLAIMS 02/1/16
2/18/2016	Unison	447175	34,226.63	CLAIMS WK 2/8/16
2/2/2016	Zepf	444519	4,612.80	SUBOXONE MEDICATION - DEC
2/3/2016	Zepf	444516	40,309.41	CLAIMS WK 1/25/16
2/18/2016	Zepf	447128	333.95	FY15 BAD DEBT
2/18/2016	Zepf	447165	61,828.21	CLAIMS WK 2/8/16
2/23/2016	Zepf	448273	43,103.94	CLAIMS WK 2/16/16
			366,848.34	TOTAL

366,848.34

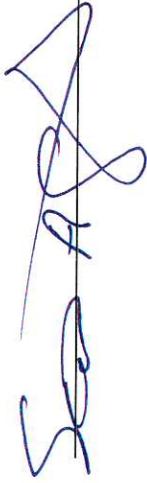


Executive Director

MHRBS of Lucas Co.

February 2016 - Contract Disbursements

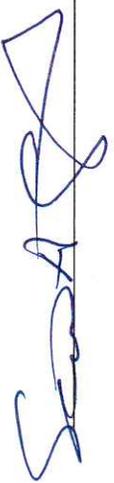
PAYMENT DATE	VENDOR	VOUCHER	NET AMOUNT	DESCRIPTION
2/3/2016	Erie County Family Council	444510	6,025.42	OCT-DEC STRONG FAM/SAFE COM
2/10/2016	Lucas County Family Council	445836	7,312.27	OCT-DEC STRONG FAM/SAFE COM
2/3/2016	Neighborhood Properties	444513	56,484.30	DEC HUD GRANTS
2/3/2016	NC Ohio ESC (Seneca FC)	444512	16,763.41	OCT-DEC STRONG FAM/SAFE COM
2/3/2016	Sandusky Co Family Council	444511	24,908.91	OCT-DEC STRONG FAM/SAFE COM
2/2/2016	Siva R. Yechoor	444518	3,600.00	CONTRACT SERVICES OCT-DEC
2/10/2016	Thomas M Wernert Center	445835	150,000.00	BUILDING EXPANSION ADVANCE
			265,094.31	TOTAL



Executive Director

MHRB of Lucas Co.
February 2016 - Miscellaneous Disbursements

PAYMENT DATE	VENDOR	VOUCHER	NET AMOUNT	DESCRIPTION
2/2/2016	Amy J Priest	444526	55.00	CELL PHONE - FEB
2/18/2016	Buckeye Cablesystem	447154	219.70	EMAIL - FEB
2/22/2016	Century Promotions	448283	571.56	COMM ENGAGEMENT SUPPLIES
2/22/2016	CMRS-FP	448275	2,000.00	POSTAGE - FEB
2/22/2016	Delores C Williams	448284	55.00	CELL PHONE - FEB
2/2/2016	Donna M Robinson	444538	12.98	MILEAGE/SUPPLIES - JAN
2/10/2016	Enterprise Rent-A-Car	445840	49.27	RENTAL CAR - JAN
2/10/2016	Enterprise Rent-A-Car	445842	98.54	RENTAL CAR - JAN
2/10/2016	Enterprise Rent-A-Car	445844	49.27	RENTAL CAR - JAN
2/18/2016	Enterprise Rent-A-Car	447156	147.81	RENTAL CAR - JAN
2/2/2016	Francotyp-Postalia	444520	74.85	POSTAGE METER & EQUIP RENTAL
2/18/2016	Iron Mountain Inc	447161	24.00	DOCUMENT DISPOSAL - JAN
2/2/2016	Joe Saad	444527	55.00	CELL PHONE - FEB
2/2/2016	Karen Olmhausen	444525	55.00	CELL PHONE - FEB
2/24/2016	Keystone Printing	448276	162.50	CIT BROCHURES - FEB
2/2/2016	Kristal Barham	444522	55.00	CELL PHONE - FEB
2/18/2016	Kwik Parking	447158	345.25	GUEST PARKING - JAN
2/18/2016	LEAF Commercial Capital	447126	437.00	COPIER SYSTEM - FEB
2/10/2016	Lucas County	445846	5,065.70	RENT FEBRUARY
2/22/2016	Mcelheney Locksmiths	448279	44.99	LOCKBOX PURCHASE - DEC
2/2/2016	NEW ENGLAND TRANSCR.	444531	192.50	TRANSCRIPTION SRV - DEC
2/18/2016	Office Max Contract	447145	28.86	OFC SUPPLIES - JAN
2/18/2016	Office Max Contract	447148	298.04	OFC SUPPLIES - JAN
2/22/2016	Office Max Contract	448280	2.90	OFC SUPPLIES - FEB
2/22/2016	Office Max Contract	448282	243.98	OFC SUPPLIES - FEB
2/10/2016	Ohio Business Machines	445838	373.02	COPIER OVERAGES OCT-NOV
2/18/2016	Ohio Business Machines	447127	14.50	COPIER TONER - FEB
2/2/2016	Scott A. Sylak	444530	55.00	CELL PHONE - FEB
2/18/2016	Spengler Nathanson PLL	447125	1,100.00	LEGAL SERVICES - JAN
2/2/2016	Sprint	444521	107.24	WIRELESS SERVICES - JAN
2/2/2016	Steve Spinelli	444528	55.00	CELL PHONE - FEB
2/18/2016	The Blade	447151	315.00	CLASSIFIED ADVERTISING - JAN
2/10/2016	Thread Information	445837	760.80	COMMUNICATION PLAN - JAN
2/2/2016	Timothy Goyer	444524	55.00	CELL PHONE - FEB
2/18/2016	Torrence Sound Equip	447162	232.98	REPAIR -BOARD RM RECORDER - FEB
			13,413.24	TOTAL



Executive Director

Combined Programs & Services and Planning & Finance Committee Report

The Programs & Services Committee canceled its meeting scheduled for February 23, 2016 and met in joint session with the Planning & Finance Committee at its regularly scheduled meeting on March 1, 2016. In addition to a number of proposed motions that were brought forth for the Committees to consider, two financial reports were presented for review. One report detailed the financial performance through the first six months of all the Board's contract providers. The other provided an estimate of the probable underspending that will occur in grant funded programs in FY 2016. There was no extraordinary concern over the agencies' financial statements through the first half, and projected under spending of just over \$400,000 was in line with the Board's current financial projections. There was also a brief update from the Recovery Council.

The following topics were reviewed by the combined P&S/P&F Committees and resulted in motions which are brought forward for consideration by the Board of Trustees with the support of the Committees as expressed at the March 1, 2016 meeting.

A. OMHAS CABHI FY 2016 Award - NPI

In March of 2015, the MHRSB agreed to partner with OMHAS in pursuit of a federal grant to assist in successfully housing homeless persons with mental illness. The grant was entitled: "the Cooperative Agreement to Benefit Homeless Individuals (CABHI) Enhancement" and NPI was an identified partner. There were several other Boards that participated in order for Ohio to compete for the grant. The application was submitted on April 9, 2015, and on July 13, 2015, Ohio was awarded the grant. The project was to operate on the Federal Fiscal Year 2016 which runs from October 1, 2015 through September 30, 2016.

The CABHI Enhancement grant allows NPI to employ an array of wrap-around services with which to provide support for homeless individuals whom they are able to house during the grant period. The new members of the team that NPI will hire with grant funds include:

- An outreach specialist trained in substance use disorders (1 FTE)
- CTI (Critical Time Intervention) specialists (2 FTEs required for CTI fidelity)
- Supportive employment specialist (1 FTE)
- SOAR (SSI/SSDI Outreach, Access and Recovery) benefit specialist (1 FTE)
- Peer Support specialist (1 FTE)

The goal is to support 30 newly housed people, and that each of those persons will remain housed and attain benefits with which to support themselves; 10 of the 30 will gain employment.

On December 31, 2015, OMHAS issued the Notice of Sub-award (NOSA) to MHRSB for \$316,064, for the period of September 30, 2015 through June 30, 2016. On February 11-12, 2016, OMHAS provided a CTI training (without which the project was unable to start). NPI has

hired staff and is moving forward; in order for MHR SB to reimburse NPI with grant funds, it is necessary to amend their FY 2016 Provider Agreement.

The following motion was reviewed at the March 1, 2016 combined Programs & Services and Planning & Finance Committees meeting, and is 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.

B. OMHAS Access Success II Award-NPI

On February 10, 2016, MHR SB received a NOSA (Notice of Sub-award) from OMHAS for the Access Success II project. This effort targets the facilitation of discharge for individuals who are leaving state-operated psychiatric hospitals after long-term stays by providing assistance with wrap-around services such as housing assistance, transportation, interim treatment, case management, etc. Our application was for a Lucas County forensic client with a very complicated case, making it difficult to serve the client with existing resources. The client is not a legal resident of the United States, has a long history of homelessness, and is currently unable to obtain benefits such as Medicaid, SSI, etc. because of his legal status. The grant is for \$23,000 and will pay for a group home placement and mental health services in addition to other support services for up to 12 months.

This project has been a good demonstration of collaborative effort in our system. The NOPH discharge team has worked hard to ensure that supports are in place, Zepf has opened his case to provide mental health services as well as engagement services, St. Paul's Community Center provided temporary shelter at discharge, and ABLE has taken his case with Immigration and Naturalization Services. NPI has agreed to manage his housing through their affiliation with the ACF operator. In order to pass the money through to NPI, it is necessary to amend their FY 2016 Provider Agreement.

The following motion was reviewed at the March 1, 2016 combined Programs & Services and Planning & Finance Committees meeting, and is recommended for consideration:

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.

C. United Way – Rescind FY 2016 Social/Emotional Learning Allocation

The United Way's Social/Emotional Learning program was granted a \$24,000 grant allocation as part of the FY 2016 Purchasing Plan approved at the May 19, 2016 MHRS Board meeting. Subsequent to that allocation, this program was transferred from United Way to the Toledo Public Schools. It is the Board staff's recommendation that this \$24,000 allocation included in the FY 2016 Purchasing Plan be rescinded.

The following motion was reviewed at the March 1, 2016 combined Programs & Services and Planning & Finance Committees meeting, and is recommended for consideration:

The Mental Health and Recovery Services Board of Lucas County rescinds the United Way's \$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 allocations is \$17,410,393, a reduction of \$24,000.

D. 120-Day Notices of Material Change to Contracts

- **TASC DYS Aftercare Program**

If it is determined the MHR SB intends to materially change a contract, or does not intend to renew a contract, Ohio Revised Code requires that the MHR SB notify the agency at least 120-days in advance of that event. Last month, the MHR SB agreed to issue notice of potential changes to four programs, and this month staff recommends that Treatment Alternative for Safer Communities (TASC) be given notice of the Board's intent to discontinue funding for the DYS Aftercare Program.

Historically, OMHAS has awarded the MHR SB between \$100,000 and \$200,000 to contract with agencies to provide re-entry type programming for offenders returning to the community from DYS correctional facilities. There have been a number of successful efforts in the community focusing on diverting youth from being sent to DYS, and consequently, significantly fewer individuals are returning. The vast majority of individuals who are returning to DYS present as the most difficult cases. There is concern on the part of DYS, MHR SB, and TASC that our current programming is not effective with this group. By issuing notice of intent not to refund TASC's current program, it gives staff the opportunity to consider new programs or new agencies to more effectively use the resources from OMHAS.

The following motion was reviewed at the March 1, 2016 combined Programs & Services and Planning & Finance Committees meeting, and is recommended for consideration:

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 MHR SB's intent not to renew its FY 2016 contract with Treatment Alternatives for Safer Communities (TASC) for the DYS Aftercare Program. The MHR SB Executive Director is authorized to prepare and deliver the letter to that effect.

E. Unison "Hope is Real" Prevention Campaign

Upon review of the Unison's current prevention initiative directed toward the Heroin/Opiate epidemic, Board staff realized a gap in that the scope of the project does not directly target 12-18 year old adolescents. Ten percent (10%) of youth in grades 7-12 reported that they "used medications that were either not prescribed for them or took more than prescribed to feel good, high, or more alert at some time in their life." (Lucas County Health Status Assessment Report, 2013/2014). Therefore, in an effort to delay the age of onset for heroin/opiate use, Staff recommends expanding our current awareness efforts using a strong social media prevention message.

Board staff asked Unison to propose a media campaign that specifically targets the 12-18 year old age group due to their demonstrated expertise with prevention messaging utilizing multiple media outlets (social media, cinema advertising, television advertising). In discussing the project with Unison, they requested to integrate their current allocation of \$79,560 with an additional allocation to redesign their overall prevention media campaign.

The new "Hope is Real" campaign will specifically target 12-18 year olds in Lucas County about the dangers of adolescent heroin/opiate use. 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. BCSN is connected with 31 High Schools, 27 of which are in Lucas County. It is estimated that 34,000 high school students are enrolled in Buckeye Cable System's footprint. BCSN's **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 plans to work with a local video production agency to create a commercial to broadcast at local movie theatres. **Cinema advertising** targets a captive, diverse audience relative to gender, age, ethnicity and economic status. Thirty-second spots will run before every movie, every day at both Franklin Park 16 and Fallen Timbers 14 theatre locations. The prevention message will also broadcast via 42" flat screen monitors in the theatre lobbies every 25 minutes.

For this new campaign, in addition to their current \$79,560 prevention allocation, Unison is requesting an additional \$120,440 for a total cost of \$200,000 beginning FY 2017. For the remainder of FY 2016, Unison is requesting \$50,000 in start-up cost to begin discussions with BCSN, developing a social media messaging strategy, conducting focus groups, securing student of the month sponsorship and pre-production planning for the "Hope is Real" campaign.

The following motion was reviewed at the March 1, 2016 combined Programs & Services and Planning & Finance Committees meeting, and is recommended for consideration:

The Mental Health and Recovery Services Board of Lucas County allocates \$50,000 in start-up cost 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.

F. Access to Treatment Workgroup Report

In January 2015, MHRSB Chair, Audrey Weis-Maag, established the Access to Treatment Workgroup and appointed Trustee, Bill Sanford, as its Chair. The Workgroup was formed to review and make recommendations for improving access to community based mental health and addiction assessment and treatment services in Lucas County. The Workgroup held its first meeting in February 2015 and over the following thirteen months met eleven times. Sixty-four individuals participated in the process representing providers, referral sources and other stakeholders.

The Access to Treatment Workgroup discussed issues related to access, continuity of care, inclusion and administration. The Workgroup finalized its twenty recommendations on February 25, 2016 and presented them to the Combined Planning & Finance/Programs & Services Committees for review and acceptance on March 1, 2016. If the Access to Treatment Workgroup Report is accepted by the MHRSB Trustees, Board staff will evaluate each recommendation for feasibility, prioritize recommendations, assign roles and responsibilities for completion, begin implementation, and report back to the Planning & Finance Committee on a regular basis.

Attached is a copy of the final draft Report.

The combined Programs & Services and Planning & Finance Committees are recommending the following motion to the Board of Trustees:

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

Access to Treatment Workgroup Report

William D. Sanford, Workgroup Chair

2/25/2016

Chartered in February 2015 by the Mental Health and Recovery Services Board (MHRSB) of Lucas County, the Access to Treatment Workgroup was established to review and make recommendations for improving access to community based mental health and addiction assessment and treatment services in Lucas County. This report contains 20 recommendations for consideration by the MHRSB Trustees.

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Forward

A Message from the Access to Treatment Workgroup Chair

Dear Access to Treatment Workgroup Members;

I want to thank everyone who has participated in the Access to Treatment Workgroup. Over the last 12 months, the process has led to the development of quality recommendations that will provide a roadmap for improved public policy and access to behavioral health care. The fact that several of your recommendations have already been implemented speaks to the importance and quality of your work.

Bad things, including death can happen when people who need behavioral health care cannot obtain assistance when requested. Our mutual goal moving forward must be to work together to ensure quality mental health and recovery services are accessible to every Lucas County resident who needs them. As a system we have to continue to look at ourselves and try new methods to ensure our services connect with those in need.

Thanks again for your participation in this workgroup and your daily commitment to serving one of Lucas County's most vulnerable populations.

Sincerely,

William D. Sanford
Chair, Access to Treatment Committee
MHR SB of Lucas County

Introduction

In an effort to improve the accessibility of quality mental health and addiction services to Lucas County residents with annual earnings below 250% of the federal poverty guidelines, the Mental Health and Recovery Services Board (MHRSB) of Lucas County implemented the following strategies:

- In fiscal year 2013, as a result of Lucas County residents approving a new 1 mill levy for mental health and addiction services, the MHRSB increased funding to its contracted treatment providers to expand treatment capacity.
- In fiscal year 2014, the MHRSB provided additional funding to its contracted treatment providers to again expand treatment capacity for traditional and Medication Assisted Therapy services. The MHRSB funded all dually certified providers to perform both mental health and addiction services. Additionally, the MHRSB expanded its number of contracted addiction treatment providers from 4 to 7 via the AOD Rapid Response Project. Furthermore, Medicaid Expansion began January 1, 2014 further improving access to treatment services for populations earning between 101% and 138% of the federal poverty guidelines.
- In fiscal year 2015, with Medicaid rapidly becoming the primary payer source for treatment services, the MHRSB re-designated a portion of its mental health treatment funding to support services while increasing its AOD treatment funding to ensure treatment capacity continues to expand in the midst of the heroin & opiate epidemic. In September 2014, the MHRSB began discussions regarding additional strategies to reduce delays in obtaining treatment services including the potential re-design of Central Access. In January 2015 the Access to Treatment Workgroup was formed with the first meeting held in February 2015.
- In fiscal year 2016, the Access to Treatment Workgroup concluded its efforts in February 2016. During that period, the MHRSB continued to “right size” the mental health funding to contracted agencies and maintained AOD treatment funding at previous levels. The MHRSB began to implement select recommendations from the Access to Treatment Workgroup. These included creation of a “no wrong door” system of care, increased access to urgent care and expansion of Assertive Community Treatment (ACT) services.

In all, 64 local treatment professionals and stakeholders met 11 times over the last 13 months to discuss and debate how to improve accessibility to mental health and addiction treatment services for the residents of Lucas County. In the end, the Access to Treatment Workgroup developed 20 recommendations that if implemented, could substantially reduce the time it takes an individual to receive care. Recommendations one through eight relate to issues of accessibility; recommendations nine through twelve relate to continuity of treatment services; recommendations thirteen through sixteen relate to inclusion and health equity; and recommendations seventeen through twenty relate to MHRSB policy and administration. A summary of the recommendations and their justification follows.

Recommendations

1. The MHR SB should establish a “No Wrong Door” access system into the public AOD/MH system where individuals seeking treatment services can be assessed and receive a meaningful treatment service within 48 hours of seeking services.
2. Detoxification, residential, IOP, and MAT should be available for youth and adults upon identification of need. In the event the assessed level of care is not available within 48 hours, agencies should support the consumer by providing “interim treatment services.”
3. Agencies unable to provide treatment services within 48 hours of initial contact with the consumer should “warm transfer” the consumer to a provider who can deliver the service within 48 hours. Transferring agency should provide support to the consumer during the transfer period.
4. Implementation of the Recovery Helpline must include: system’s level training, transparent reporting processes, promotion of both the 211 and the 1-800 numbers; clear articulation that it is not an emergency hotline, and a strategy for improving treatment capacity.
5. The MHR SB should develop a systemic process for tracking the impact of client choice on treatment service access.
6. Access to routine and urgent treatment services needs improvement, including access to afterhours and weekend treatment services at all treatment agencies.
7. The MHR SB should develop a strategy to work collaboratively with the treatment providers to improve access to prescriber services immediately upon identification of need.
8. Assertive Community Treatment (ACT) teams should be available to high-need consumers at all community mental health centers.
9. All agencies should commit to the sharing of client level data via the Ohio Health Information Exchange Program or similar.
10. Rescue Emergency Services Staff and Hospital Psychiatric Unit staff should have 24 hours per day, 7 days per week ability to schedule intake appointments at provider agencies.
11. Treatment providers should be notified when a current client is arrested and/or held in the Lucas County Corrections Center or Correction Center of Northwest Ohio. MHR SB billing rules should be modified to allow for the provision of community psychiatric supportive treatment (CPST) and case management services for discharge planning purposes within the last 30 days of their incarceration.
12. Case closures, discharges and re-admission processes need to be clearly defined by agency policy.
13. MHR SB should take the following actions to improve inclusion; provide access to training on the Culturally and Linguistically Appropriate Service (CLAS) Standards and serving

individuals who identify as LGBTQQIA; develop a strategy to provide consistent translations services 24 hours per day, 7 days per week at all contracted providers; and require relevant and pertinent treatment documents to be available in Spanish, Arabic and Chinese, at a minimum.

14. The MHRSB Quality Committee should review and recommend system wide data collection needs for youth and adults with a special emphasis on improving data collection efforts to support increased investments directed toward the LGBTQQIA communities.
15. A standardized orientation process should be developed and implemented across all MHRSB funded entities for consumers referred from the Lucas County Board of Developmental Disabilities, including establishing clearly defined roles and expectations between systems.
16. The MHRSB should develop a process to orient all health workers on adult and youth services provided throughout the MHRSB system of care.
17. The MHRSB should revise its treatment services benefit service limits to equal comparable behavioral health service limits for Medicaid recipients.
18. The MHRSB should repeal its Waiting List Policy until after the legislature provides clarity on the process or until September 15, 2016 whichever comes first.
19. The Access to Treatment Workgroup should be retained and meet on a regular basis to provide input into the implementation of the recommendations, including providing guidance regarding implementation of the Recovery Helpline and Urgent Care Center.
20. All MHRSB policies should be reviewed and revised to assure alignment and agreement with the recommendations listed above.

Discussion

Accessibility

1. The MHR SB should establish a “No Wrong Door” access system into the public AOD/MH system where individuals seeking treatment services can be assessed and receive a meaningful treatment service within 48 hours of seeking services.
2. Detoxification, residential, IOP, and MAT should be available for youth and adults upon identification of need. In the event the assessed level of care is not available within 48 hours, agencies should support the consumer by providing “interim treatment services.”
3. Agencies unable to provide treatment services within 48 hours of initial contact with the consumer should “warm transfer” the consumer to a provider who can deliver the service within 48 hours. Transferring agency should provide support to the consumer during the transfer period.

Justification 1-3: A review of the MHR SB Access Flowchart identified that an individual seeking routine mental health treatment services and routed through Central Access would receive their first billable treatment services at a treatment provider between 28 and 43 days after first requesting care. Individuals seeking routine AOD services and routed through Central Access would receive their first billable treatment services at a treatment provider between 12 and 20 days after first requesting care. There were obvious time variations between agencies and levels of routine. To address the delay in receiving care, it was agreed that while Central Access had some positive attributes, in a post Medicaid Expansion world, a centralized model was an unnecessary additional and costly step to receiving care. With the full impact of Medicaid Expansion being realized, it was recognized that most individuals seeking treatment services should have access to some level of insurance coverage via Medicaid or the Health Insurance Marketplace. Continuing to direct this group of individuals to Central Access failed to account for changes related to payer sources and unnecessarily limited client choice. Finally, there wasn't a clear pathway in which someone could receive supportive services during the interim waiting period between a Central Access assessment and an agency's intake. Removing Central Access from the assessment and referral process and implementing a No Wrong Door system of care will reduce the waiting period for mental health and/or addiction treatment services, ensure a full utilization of payer options and clearly establish a line of responsibility at the agencies for pre-treatment engagement activities.

4. Implementation of the Recovery Helpline must include: system's level training, transparent reporting processes, promotion of both the 211 and the 1-800 numbers; clear articulation that it is not an emergency hotline, and a strategy for improving treatment capacity.

Justification 4: The Access to Treatment Workgroup reviewed the proposed Recovery Helpline model and identified that systemic training would be required to “retrain” the referral sources and provider network on how the referral process would work. There was a desire to have a public “dashboard” for how referrals were being distributed to document improved accessibility. Additionally, a concern was raised over how United Way's 211 system processed cell phone calls with out of region area codes. Evidently, those calls would be diverted to their regional area code 211 system (if developed) even though the person may

have relocated to the Toledo region. It was recommended that a 1-800 number also be advertised. The workgroup was also concerned about the Recovery Helpline causing confusion with existing emergency/crisis lines established at Rescue and Behavioral Connections, recommending a clear delineation between the two lines. Finally it was recognized that the helpline may attract more people to seek treatment services and capacity would eventually become an issue. The workgroup members wanted the MHR SB to develop a strategy for how increased capacity issues may be resolved.

5. The MHR SB should develop a systemic process for tracking the impact of client choice on treatment service access.

Justification 5: The Access to Treatment Workgroup agreed that if the MHR SB is going to establish policy that support access to treatment services, the development of interim services or the warm transfer of individuals to other providers because of a lack of access within 48 hours, the MHR SB must recognize the role that client choice has on the agency's ability to meet the 48 hour requirements. Specifically, data received from Central Access that tracked the length of time between Central Access assessment and agency intake found that access was often delayed due to client choice. Referral data was tracked by the MHR SB from July 2015 through November 10, 2015 in cooperation with Rescue Central Access. During that period of time, 399 referrals for treatment services were made; 171 (43%) received an intake appointment at an agency within 48 hours, 228 (57%) did not. Of those 228, client choice was referenced in the delay of access 72 times representing 32%. Given the substantive impact that client choice can have on accessibility, the Workgroup believes it needs to be taken into account.

6. Access to routine and urgent treatment services needs improvement, including access to afterhours and weekend treatment services at all treatment agencies.

Justification 6: Over the course of the many discussions regarding access to care, Access to Treatment Workgroup members recognized that limiting accessibility to business hours had a profound effect on a consumer's need for an increased level of care. Additionally, the system lacked a mental health treatment intervention between routine care and hospitalization that very likely increased the need for crisis stabilization and hospitalization services. It was agreed that expanded hours of service, weekend access and urgent care services need to be available and easily accessible.

7. The MHR SB should develop a strategy to work collaboratively with the treatment providers to improve access to prescriber services immediately upon identification of need.

Justification 7: It is universally accepted that the length of time for an individual to obtain psychotropic medications at any of the community mental health centers is too long, often over 60 days. Zepf Center and Unison have "walk-in" clinics and at the time this recommendation was made, Harbor was considering the option. While exemplary, the "walk in" clinic model has capacity limitations that often result in decompensating consumers accessing higher levels of care. While the shortage of prescribers is well documented, the Access to Treatment Workgroup believes that a collaboratively implemented systemic solution should be considered. These may include: working with our UTMC, Wright State and OSU to attract graduating psychiatrists to the area; more effectively utilizing tele-

psychiatry services; and implementing proven effective methodologies for improving prescriber practices, such as “Just in Time” and “Same Day Access” prescribing methods and software.

8. Assertive Community Treatment (ACT) teams should be available to high-need consumers at all community mental health centers.

Justification 8: The Access to Treatment Workgroup members discussed factors related to discharge, case closure and re-admission. It was noted that there are several dozen consumers that float from agency to agency because of their aggressive and threatening behaviors. There is a similar group that cycles through emergency shelters and hospital emergency rooms on a weekly basis. The group recognized the difficulty in quantifying this population but understood that intensive programming for this population was limited. The workgroup also recognized that 8.5% of the individuals booked in the Lucas County Corrections Center make up 23% of all bookings. Of those 1,000 individuals, nearly 67% had involvement in the behavioral health system. As the criminal justice system reforms the manner in which individuals are recommended for pretrial release, more intensive mental health programming needs to be available to break the cycle of arrest and re-incarceration with this select group. The Access to Treatment Workgroup agreed that Unison’s PACT program was very successful in addressing this issue and recommended that ACT programming should be expanded and available at all community mental health centers.

Continuity

9. All agencies should commit to the sharing of client level data via the Ohio Health Information Exchange Program or similar.

Justification 9: The establishment of the No Wrong Door system of care and the potential development of the Recovery Helpline, increased opportunity for consumer mobility between agencies brought about by Medicaid Expansion, and the opportunity to re-invent the system’s relationship with the area hospitals to improve consumer care would suggest that the sharing of consumer level data between public and private providers is more important than ever before. Central to improving the consumer’s experience is maintaining continuity of care. Therefore, data sharing mechanisms must be established. Local efforts by the MHRSB to encourage agency level participation in the Ohio Health Information Exchange Programs has been met with mixed results as only two entities have agreed to participate (Rescue and Zepf). It is hopeful that a beneficial experience will be documented and used to encourage other providers to participate. In the meantime, all providers with an electronic health record should be encouraged to participate.

10. Rescue Emergency Services Staff and Hospital Psychiatric Unit staff should have 24 hours per day, 7 days per week ability to schedule intake appointments at provider agencies.

Justification 10: The Access to Treatment Workgroup discovered that consumers who have been stabilized after experiencing psychiatric distress would benefit if Rescue’s emergency services staff and Hospital Psychiatric Unit staff could schedule intake appointments at provider agencies 24 hours per day/ 7 days per week. It was identified that the private physicians staffing the private hospital psychiatric units often hold consumers ready for discharge over the weekend because of the inability to link consumers with follow up

appointments at the community mental health centers. It was felt that this process contributes to the lack of private and public hospital psychiatric beds available, specifically over the weekend, and often results in individuals experiencing psychiatric emergencies remaining in emergency departments and/or Rescue's Emergency Services area for a prolonged time. Furthermore, Rescue's Emergency services staff currently do not "warm transfer" consumers to a CMHC while in the field due to a lack of access to appointment times. It is likely the Recovery Helpline may resolve some or all of these issues depending on organizational participation.

11. Treatment providers should be notified when a current client is arrested and/or held in the Lucas County Corrections Center or Correction Center of Northwest Ohio. MHR SB billing rules should be modified to allow for the provision of community psychiatric supportive treatment (CPST) and case management services for discharge planning purposes within the last 30 days of their incarceration.

Justification 11: In addition to chronicity in which individuals with mentally illness or addictions are arrested and detained as previously discussed in the justification section for recommendation #8, a point in time study was conducted of individuals held in the Lucas County Corrections Center on an average day. Of the 502 names of those incarcerated were cross referenced with MHR SB treatment billing information to determine the percentage of those individuals in detention who have received a treatment service; 1) over their lifetime; 2) over the last 5 years; 3) within the last 6 months. It was determined that 67% had received a behavioral health service over their lifetime, 48% had received services within 5 years and 18% had received a service within the last 6 months. Understanding the density of the treatment population represented in the criminal justice system, the Access to Treatment Workgroup believes that a more robust process for engaging current consumers prior to release from detention should be considered. It was discovered that CMHC staff occasionally visit incarcerated consumers at the Lucas County Correction Center when they are aware of the consumer's incarceration. It was less likely, but not unheard of, that the agency would visit the Correction Center of Northwest Ohio. CMHCs were aware that they could bill their current Board contracts when doing so. However, this same benefit does not exist for AOD service providers. It was recommended that this benefit be extended to case management services and that a mechanism is established whereby providers can be notified when a current consumer has been arrested and detained at either facility.

12. Case closures, discharges and re-admission processes need to be clearly defined by agency policy.

Justification 12: The Access to Treatment Workgroup members agreed that there are differences between case closures and discharges and each should be clearly defined by the individual agency's policies. Closures were typically characterized by a failure to remain engaged in services with absences often exceeding 90 days and no identifiable effort on the individual's part to remain in care. On the other hand, discharges are typically characterized by a consumer's actions while in care. The workgroup did identify that specific policy language at each agency defining case closure and discharge was not available. They agreed that each agency should define in policy (to the extent possible) the circumstances that may lead to case closure and discharges as well as a re-admission process.

Inclusion

13. MHR SB should take the following actions to improve inclusion; provide access to training on the Culturally and Linguistically Appropriate Service (CLAS) Standards and serving individuals who identify as LGBTQQIA; develop a strategy to provide consistent translations services 24 hours per day, 7 days per week at all contracted providers; and require relevant and pertinent treatment documents to be available in Spanish, Arabic and Chinese, at a minimum.
14. The MHR SB Quality Committee should review and recommend system wide data collection needs for youth and adults with a special emphasis on improving data collection efforts to support increased investments directed toward the LGBTQQIA communities.

Justification 13-14: The Access to Treatment Workgroup discussions confirmed that agencies have processes in place to provide translation services as needed. However, each organization has its own way of providing these services. The logistics behind scheduling these services is often very difficult and not consumer focused. The workgroup also conceded that little training regarding how to implement the CLAS Standards has occurred at the agency level. Finally, few organizations confirmed that pertinent documents were available in languages other than English. The Access to Treatment Workgroup understood that the MHR SB established Diversity Workgroup would provide recommendations for improving systemic inclusion, diversity and health equity training opportunities and wanted to support those recommendations. It was also recognized that data collection related to special populations needs improvement so that additional investments can be justified.

15. A standardized orientation process should be developed and implemented across all MHR SB funded entities for consumers referred from the Lucas County Board of Developmental Disabilities, including establishing clearly defined roles and expectations between systems.

Justification 15: The Lucas County Board of Developmental Disabilities estimates that approximately 30% of its population of 5,000 Lucas County residents receives behavioral health services from an MHR SB contracted provider. It was recognized that the service model that the Lucas County Board of DD currently utilizes is changing and private contractors are consuming a larger proportion of the work load. As such, closer and consistent collaboration between behavioral health providers and the Board of DD is desired. The Workgroup believed that improved consumer focused communications would be beneficial.

16. The MHR SB should develop a process to orient all health workers on adult and youth services provided throughout the MHR SB system of care.

Justification 16: The Access to Treatment Workgroup universally agreed that a person's physical and behavioral health outcomes are interconnected. Generally, it is believed that the average health care worker has little knowledge of the MHR SB system of care or how to link patients to behavioral health care. This lack of knowledge can inhibit accessibility to behavioral health services which often negatively impacts physical health outcomes for the individuals. The Access to Treatment Workgroup believes that increased outreach to the health care professionals regarding the MHR SB system of care and accessibility options are warranted.

Policy and Administration

17. The MHR SB should revise its treatment services benefit service limits to equal comparable behavioral health service limits for Medicaid recipients.

Justification 17: Since July 2014 the MHR SB has strived for integration and equity between mental health and addiction treatment benefit limitations, regardless of payer source. While the current treatment service limits in the MHR SB benefit package for mental health services is more robust than the service limits in the Medicaid benefit package, the opposite is true for AOD benefits. However, expansion of Medicaid has largely resolved the issue of unequal AOD service limits with few exceptions. These exceptions include intensive outpatient services, individual counseling, case management and urinalysis. It was recognized by the Workgroup that the limitations were established prior to the Heroin and Opiate epidemic as well as Medicaid Expansion and the passage of the new 1 mill levy in 2012. Given the intensity of treatment needs and evolution of treatment approaches that now include MAT services for individuals with Heroin and Opiate addictions, and the availability of additional funds, the MHR SB AOD benefit service limits appear outdated. Conversely, this recommendation also places limitations on current MHR SB funded mental health treatment benefits that previously were not imposed. The Access to Treatment Workgroup believes that the impact to mental health consumers is negligible and recommends the MHR SB behavioral health services limits should be consistent with Medicaid benefit service limits.

18. The MHR SB should repeal its Waiting List Policy until after the legislature provides clarity on the process or until September 15, 2016 whichever comes first.

Justification 18: The Access to Treatment Workgroup supported repealing the MHR SB's Waiting List Policy. This policy was drafted to meet state requirements as established in the 2015/2016 state budget bill for reporting waiting lists related to individuals seeking Heroin/Opiate related services. The MHR SB policy was intended to be implemented in June of 2014, but local implementation wavered as questions regarding state support materialized. Recent discussion driven by OMHAS, OACBHA and a number of provider agency associations suggests that changes will be made to the legislation prior to its required implementation date of September 15, 2016. It is practical to wait and implement the final legislation.

19. The Access to Treatment Workgroup should be retained and meet on a regular basis to provide input into the implementation of the recommendations, including providing guidance regarding implementation of the Recovery Helpline and Urgent Care Center.

Justification 19: The Access to Treatment Workgroup believes that provider and community stakeholder input is key to successful implementation of the MHR SB approved recommendations and major MHR SB funded initiatives such as the Recovery Helpline and Urgent Care Center. As such, it is recommending the continuation of the workgroup to provide guidance and feedback on the implementation of the initiatives and recommendations.

20. All MHR SB policies should be reviewed and revised to assure alignment and agreement with the recommendations listed above.

Justification 20: To institutionalize the recommendations as approved by the MHR SB Trustees, the Access to Treatment Workgroup is recommending a revision of all related policies and procedures related to the approved recommendations.

Participant List

ACCESS TO TREATMENT WORKGROUP ATTENDANCE

NAME	FEB 2015	MAR	APR	MAY	JUN	AUG	SEPT	OCT	NOV	DEC	FEB 2016
Bill Sanford, MHR SB Member/Chair of Workgroup	1	1	1	1	1		1		1	1	1
Scott Sylak, MHR SB Executive Director	1	1	1	1	1	1	1	1	1	1	1
Dr. Siva Yechoor, MHR SB Medical Director						1	1	1	1		
Tom Bartlett, MHR SB Staff	1	1	1	1	1	1	1	1	1	1	1
Tim Goyer, MHR SB Staff	1		1		1	1	1	1	1	1	1
Karen Olnhausen, MHR SB Staff	1	1				1	1	1	1	1	
Amy Priest, MHR SB Staff	1		1	1	1			1	1	1	1
Cami Roth Szirotnyak, MHR SB Staff	1	1	1	1			1	1			
Dr. Mary Gombash, MHR SB Member	1	1		1	1	1	1	1	1	1	1
Linda Howe MHR SB Member		1									
Kyle Schalow, MHR SB Member	1	1		1	1						
Sgt. Chris Curley, LCSO	1	1					1				
Jane Moore, United Way	1	1	1	1	1	1	1		1		1
John DeBruyne, Rescue			1	1							
Jason Vigh, Rescue			1		1	1					
Carole Hood, Rescue			1								1
Jessi Broz, Rescue	1	1	1	1	1	1	1	1	1		
Merisa Parker, Rescue						1	1	1	1		1
Ashley Kopaniasz, Unison	1	1		1		1	1				
Marsha Elliott, Unison	1	1	1	1	1	1		1	1		1
William Talbott, LCSO	1	1									
Robin Isenberg, NAMI	1	1		1					1		
Barb Gunning, TLCHD			1								
Rebecca Anderson, TLCHD	1	1	1	1	1	1		1			
Lindsey Rodenhauser, TLCHD – Intern					1						
Jim Schultz, Harbor			1								
Theresa Butler, Harbor	1	1		1	1			1			1
Jim Aulenbacher, Harbor	1					1	1	1	1		
Janice Edwards, New Concepts				1					1	1	1
LaShanna Alfred, New Concepts	1		1	1	1		1		1		
Johnetta McCollough, TASC	1		1	1	1	1	1	1	1		1
Mike Zenk, TMC	1					1					
Eddie Norrils, TMC	1										

No meetings held in July 2015 and January 2016.

ACCESS TO TREATMENT WORKGROUP ATTENDANCE

NAME	FEB 2015	MAR	APR	MAY	JUN	AUG	SEPT	OCT	NOV	DEC	FEB 2016
Christina Rodriguez, A Renewed Mind	1		1	1	1	1	1		1	1	
Wendy Shaheen, A Renewed Mind				1							
Jennifer Riha, A Renewed Mind				1							
Deb Angel, Recovery Council	1	1	1	1	1	1	1		1	1	1
Ed Speedling, Harbor	1			1							
Shelly Ulrich, YWCA	1	1		1	1	1		1	1		
Kathy Didion, Zepf Center		1	1	1	1	1					
Angela Hendren, Zepf Center				1	1		1				
Lisa Faber, Zepf Center						1		1	1		1
Michelle Hurless, Zepf Center							1				
Julia Bryant Bey, Zepf Center									1		
Jason Langlous, LCSO		1									
Jan Ruma, HCNO/CareNet		1	1		1	1					
Renee Palacios, Family House		1									
Audrey Davis, Family House					1						
Shawn Dowling, VA		1									
Kim Krieger, LCBDD				1	1	1			1		
Jennifer Wolfe, LCBDD								1			
Tamika Butler, New Concepts									1		
Kimberly Pullom, New Concepts										1	
Dennis Whaley, DART				1							
Chris Henthorn, Salvation Army					1						
John Edwards, Jr., UMADAOP					1						
Pam Myers, Unison										1	
Nichole Monahan, UTMC						1					
Meg Naparstek, UTMC						1	1				
Lilian Briggs, TSN/PHP								1	1	1	
Courtney Billian, TSN/PHP								1		1	
Tiffany Runion, TSN/PHP								1			
Walter Wehenkel, Unison											1
Total Participants - 63	27	24	21	28	26	24	20	21	25	14	16

No meetings held in July 2015 and January 2016.

Governance Committee Report

The Governance Committee met on March 8, 2016 to review MHR SB policies related to Governance and Public Affairs. Additionally, the Governance Committee Chair, Ms. Neema Bell appointed new Trustee George Kral to the Planning & Finance Committee effective April 5, 2016. Additionally, Ms. Bell appointed Mr. Jim Stengle to serve on the P&F Committee as a non-Trustee member. Mr. Stengle has been appointed to the MHR SB by the Commissioners effective July 1, 2016 and will take his Oath of Office at the August 2016 Board meeting.

- **MHR SB Policy Update – Governance and Public Affairs**

According to the MHR SB's Promulgation of Policies and Procedures Policy, the Governance Committee will review each policy at least once every three years. To comply with this policy, Board staff has developed a three-year review schedule for each policy section. To maintain this schedule, the Governance Committee reviewed the 20 policies identified below at their meetings of January 12, February 9, and March 8, 2016:

Governance

- Promulgations of Policies and Procedures
- Planning, Review and Reporting
- Legislative Mandates
- Letters of Endorsement
- Interim Executive Director
- Hiring Executive Director
- Executive Director Responsibilities and Duties
- Board Member Expectations and Responsibilities
- Election and Duties of Officers of the Board
- Board Organization
- Board Committee and Sub-Committees
- Board, Committee and Sub-Committees Meetings
- Board Committee and Sub-Committee Leadership and Membership

Public Affairs

- Public Relations and Information
- Communication with News Media and Public
- Consumer Recommendations and Advice
- Citizens Participation in Planning
- Public Access to Board Records
- Open Meetings Policy Compliance
- Community Forums

Upon completing its review of the 20 policies, the Governance Committee is presenting the following motion to the MHR SB Trustees for consideration:

The Mental Health & Recovery Services Board of Lucas County approves the Governance & Public Affairs Policies contained in the Board packet effective 4/1/16.

**MHR SB REVISED
GOVERNANCE POLICIES
March 15, 2016**

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

Promulgation of Policies and Procedures

**COQ: VI-A.6
Effective Date: 4/1/16
Supersedes Date: 2/1/14**

POLICY

The Mental Health and Recovery Services Board (MHRSB) of Lucas County shall maintain a Policies and Procedures Manual that govern administrative and personnel related activities of the MHRSB. The approval of the Policies and all substantive additions, changes, or deletions, shall be the responsibility of the Board of Trustees, upon the recommendation of the Governance Committee. The responsibility for the establishment and maintenance of all procedures is designated to the Executive Director.

ACCOUNTABILITY

Executive Director, Governance Committee, MHRSB

PROCEDURE

1. The Governance Committee may recommend the adoption, addition, revision or deletion of policies to the Board for approval.
2. Upon approval and/or revision of a policy, the Executive Director will develop an appropriate procedure to implement the policy as approved or revised.
3. All Board approved policies and subsequently developed procedures will be maintained in a Policy and Procedures Manual, copies of which will be provided to all staff (electronically or otherwise). Whenever a Policy and/or Procedure change occurs, the Executive Director will ensure that all manuals are updated to reflect the change.
4. All policies will be reviewed by the Governance Committee at least once every three years.
5. All procedures will be reviewed by the Executive Director at least once every three years.

Approved:

Scott A. Sylak, Executive Director

Date

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

Planning, Review and Reporting

**Effective: 4-1-16
Supersedes: 2/1/14**

POLICY

It is the policy of the Mental Health and Recovery Services Board (MHRSB) of Lucas County to develop, implement and review a strategic plan, annual community plan and other assessments as necessary to guide its investments. It is recognized that limited financial resources may impede the implementation of the established plans and in such cases, prioritization based on local needs will be considered primary. At a minimum, the MHRSB will review the progress and effectiveness of each plan annually and report such progress to its appointing authorities and the citizens of Lucas County. Specifically, the MHRSB will:

- A. Publish a Strategic Plan which articulates the priorities, goals and objectives over a specified time period.
- B. Publish a Community Plan that is consistent with the MHRSB's Strategic Plan, compliant with Ohio Revised Code requirements, and approved by Ohio Mental Health and Addiction Services.
- C. Establish a Purchasing Plan as resources allow that is consistent with the MHRSB Strategic and Community Plans.

ACCOUNTABILITY

Executive Director

PROCEDURE

The MHRSB staff will monitor implementation and progress of each plan, and report their findings to the Board at the designated intervals. Upon completion of the fiscal year, MHRSB staff will prepare a summary of progress and financial investments as an annual report that will be presented to the Board for approval and reported to the citizens of Lucas County thereafter.

Approved:

Scott A. Sylak, Executive Director

Date

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

Legislative Mandates

Effective Date: 4-1-16

Supersedes Date: 10/16/12

POLICY

It is the Mental Health and Recovery Services Board (MHRSB) of Lucas County's policy to fulfill the legal requirements of the state for the administration of mental health and addiction services under the provisions of the following documents:

- A. Ohio Revised Code;
- B. Administrative rules and regulations as promulgated by the State of Ohio, and its Departments; and
- C. Other appropriate state, federal and county mandates.

ACCOUNTABILITY

Executive Director

PROCEDURE

On an ongoing basis, the MHRSB staff will monitor changes in the ORC, State of Ohio and its Departments' administrative rules and regulations, and recommend policy changes as necessary to ensure compliance.

Approved:

Scott A. Sylak, Executive Director

Date

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

Letters of Endorsement

**COQ: VI-A.6; I-A.4(a)
Effective Date: 4/1/16
Supersedes Date: 1/1/143**

POLICY

The Mental Health and Recovery Services Board (MHRSB) of Lucas County may provide letters of endorsement for social service levies that are consistent with the MHRSB's Vision and Mission, Strategic Plan, Community Plan, and if applicable, contribute to the attainment of established System-Wide Goals.

A request for an endorsement of a social service levy will be reviewed by the Governance Committee before being submitted to the Board for action. The review of a social service levy will include a staff evaluation of financial need and organizational stewardship.

An endorsement of a social service levy can only be made by majority vote of the Trustees at a properly convened Board Meeting.

The Executive Director of the MHRSB may provide letters of endorsement for proposals, grants and applications that are consistent with the MHRSB's Vision and Mission, Strategic Plan, Community Plan, and if applicable, contribute to the attainment of established System-Wide Goals provided any such letter does not obligate direct cash assistance that has not been previously approved by the Trustees.

The MHRSB will remain neutral regarding the endorsement of specific candidates and/or political parties.

ACCOUNTABILITY

Executive Director

Approved:

Scott A. Sylak, Executive Director

Date

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

Interim Executive Director

COQ: VI-A.3

Effective Date: 4/1/16

Supersedes Date: 1/1/14

POLICY

The Mental Health and Recovery Services Board of Lucas County will assure clarity in its executive leadership by ensuring that an Interim Executive Director will be appointed within 10 working days of a vacancy occurring.

ACCOUNTABILITY

Mental Health and Recovery Services Board of Lucas County

PROCEDURE

1. The Board Chair shall carry out the duties of the Executive Director until an interim appointment has been made.
2. Within seven working days of a vacancy occurring, the Board Chair will consult with the Governance Committee and select the person who can best carry out the responsibilities of the Executive Director on an interim basis.
3. Upon selection, a written request to assume this interim assignment will be presented to the individual. The request will clearly define the terms of the proposed interim assignment, compensation, and duties of the position, if modified from the existing job description of the Executive Director.
4. Written response to the offer of the interim assignment must be obtained by the Board Chair within three working days.
5. The interim assignment will be considered temporary until approved by a majority of the full Board. The Board Chair will seek this approval at the next scheduled Board meeting.

Approved:

Scott A. Sylak, Executive Director

Date

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

Hiring Executive Director

**COQ: VI-A.3
Effective Date: 4/1/16
Supersedes Date: 1/1/14**

POLICY

The Mental Health and Recovery Services Board of Lucas County is responsible for hiring an Executive Director of the Board.

ACCOUNTABILITY

Mental Health and Recovery Services Board of Lucas County

PROCEDURE

1. It is the responsibility of the Board to advertise and recruit candidates for consideration for the position of Executive Director. The Board's Equal Employment Opportunity Policy, Affirmative Action Program Policy, Recruitment and Hiring Employees Policy and all requirements of the Ohio Revised Code 340.032 will be observed.
2. The Board will establish a process to recruit and hire the Executive Director.

Approved:

Scott A. Sylak, Executive Director

Date

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

Executive Director Responsibilities and Duties

**COQ: VI-A.3; VI-A.5
Effective: 4/1/16
Supersedes: 2/1/14**

POLICY

The Mental Health and Recovery Services Board (MHRSB) of Lucas County shall appoint a qualified mental health or alcohol or drug addiction services professional with experience in administration or a professional administrator with experience in mental health or addiction services to serve as Executive Director of the MHRSB and shall prescribe the director's duties in a written job description.

The Executive Director shall administer the work of the MHRSB subject to the Executive Director's job description and regulations of the Board consistent with the following responsibilities and duties as described in ORC 340.04:

1. Serve as executive officer of the Board and, subject to the prior approval of the Board for each contract, execute contracts on its behalf;
2. Supervise services and facilities provided, operated, contracted, or supported by the Board to the extent of determining that programs and facilities are being administered in conformity with ORC Chapter 340 and rules established by the Director of Mental Health and Addiction Services;
3. Provide consultation to agencies, associations, or individuals providing services supported by the Board;
4. Recommend to the Board the changes necessary to increase the effectiveness of mental health or alcohol or drug addiction services and other matters necessary or desirable to carry out ORC Chapter 340;
5. Employ and remove from office classified and unclassified employees as may be necessary for the work of the Board, and fix their compensation and reimbursement within the limits set by the salary ranges and the budget approved by the Board;
6. Encourage the development and expansion of preventive treatment, rehabilitative, and consultative services in the fields of mental health and addiction with emphasis on continuity of care;
7. Prepare for Board approval, an annual report of the services and facilities under the jurisdiction of the MHRSB including a fiscal accounting of all services;

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

Executive Director Responsibilities and Duties	COQ: VI-A.3; VI-A.5 Effective: 4/1/16 Supersedes: 2/1/14
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8. Conduct such studies as may be necessary and practicable for the promotion of mental health, promotion of addiction services and the prevention of mental illness, emotional disorders, and addiction;
9. Authorize the County Auditor to issue warrants for the payment of Board obligations approved by the MHR SB, provided that all payments from funds distributed to the Board by Ohio Mental Health and Addiction Services are in accordance with the budget submitted pursuant to section 340.08 of the Ohio Revised Code, as approved by Ohio Mental Health and Addiction Services.
10. Offer official interpretation of MHR SB policies to other groups;
11. Inform the Board whenever the application of policies appears to be controversial and may impair public confidence in the program and/or adversely affect the provision of services;
12. Handle all public appeals for board review of agency policies. When it is anticipated that issues will require policy determination, he/she will bring the issues to the Board's attention for timely action.

The MHR SB shall establish the qualifications for the Executive Director to meet the requirements set by the MHR SB and the Ohio Mental Health and Addiction Services. The MHR SB shall establish the compensation of the Executive Director. In addition to such compensation, the Executive Director shall be reimbursed for actual and necessary expenses incurred in the performance of his/her official duties.

The MHR SB, by majority vote of the full membership, may remove the Executive Director for cause upon written notice after an opportunity has been afforded him/her for a hearing before the Board on request.

ACCOUNTABILITY

Board Chair and Trustees

Approved:

Scott A. Sylak, Executive Director

Date

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

Board Member Expectations and Responsibilities

COQ: IX-A.1; VI-A.2

Effective: 4-1-16

Supersedes: 3-1-14

POLICY

The Mental Health and Recovery Services Board (MHRSB) of Lucas County has requirements and expectations for members of the MHRSB that are consistent with ORC 340, Ohio Ethics Law (ORC Sections 102 and 2921) and MHRSB policies. The following is a list of requirements and expectations:

I. MHRSB Board Member Requirements

- A. All new MHRSB members will take the Oath of Office in the presence of a Notary Public prior to being seated on the MHRSB.
- B. Each MHRSB member shall receive a copy of the Code of Ethics (ORC Section 102 and 2921) and shall acknowledge receipt of this document with a written statement.
- C. Each MHRSB member shall receive and sign a Conflict of Interest Statement annually
- D. Each MHRSB member shall fulfill the legislative requirement to attend one training per year.
- E. Each MHRSB member shall be given a copy of ORC Chapter 340 and agree to follow its requirements.
- F. Each MHRSB member will serve without compensation, but shall be reimbursed for actual and necessary expenses incurred in the performance of their duties, as defined by rules of the Ohio Mental Health and Addiction Services.

II. MHRSB Board Member Expectations

- A. Each MHRSB member shall agree to uphold the MHRSB policies.
- B. Each MHRSB member shall attend MHRSB meetings or special MHRSB meetings called by the MHRSB Chair and:
 - i. Review monthly information packet containing minutes, committee and staff reports, and other material prior to the meeting.
 - ii. Actively participate and contribute to discussion around board issues.

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

Board Member Expectations and Responsibilities

**COQ: IX-A.1; VI-A.2
Effective: 4-1-16
Supersedes: 3-1-14**

- C. Each MHRSB member shall participate on at least one MHRSB committee to assist that committee in meeting its responsibilities.
- D. Upon the absence of a member within one year from either four MHRSB meetings or from two MHRSB meetings without prior notice, the MHRSB shall notify the appointing authority, which may vacate the appointment and appoint another person to complete the member's term.

ACCOUNTABILITY

Executive Director

PROCEDURE

A separate file will be maintained for each MHRSB member that shall include the following items: Signed receipt of each MHRSB member having received copies of the Code of Ethics (ORC Section 102 and 2921), notarized Oath of Office form, signed copy of the Conflict of Interest Statement and acknowledgement that the board member has attended the training required by ORC 340.02.

At least annually, the MHRSB member attendance at MHRSB meetings and other MHRSB committees shall be shared with all MHRSB members. If it is determined that a MHRSB member has missed four board meetings or two board meetings without prior notice, the Executive Director will notify the MHRSB Chair and the appointing authority as required by ORC 340.02.

Approved:

Scott A. Sylak, Executive Director

Date

MENTAL HEALTH & RECOVERY SERVICES BOARD OF LUCAS COUNTY

Election and Duties of Officers of The Board

COQ: VI-A.2
Effective: 4/1/16
Supersedes: 10/16/12

POLICY

The Mental Health and Recovery Services Board (MHR SB) of Lucas County shall establish and define election rules, responsibilities and terms of the officers of the MHR SB.

Election of Officers

- A. Election of MHR SB Officers shall take place at a regularly scheduled meeting;
- B. Nominations from the floor for officers shall be requested by the MHR SB Chair;
- C. Officers shall be elected by a simple majority of the MHR SB members in attendance; a quorum being duly constituted;
- D. Officer terms shall commence on July 1 and will be for two (2) years, unless otherwise defined by an MHR SB approved motion;
- E. A MHR SB member may not be elected to the same office more than once every 4 years;
- F. In the event of a permanent vacancy in any office during the year, the MHR SB Chair shall appoint a member to fulfill the duties of that office for the un-expired term;
- G. An Officer may be removed from office by a two-thirds majority vote of all MHR SB members.

Officers and Duties of Officers of the MHR SB

- A. Chair: The Chair of the Board shall preside at all meetings. He/she shall sign all contracts unless otherwise provided by the Board. The Chair shall be an ex-officio member of all committees.
- B. Vice Chair: The Vice Chair shall serve in the absence of the chair.
- C. Secretary: The Secretary shall review and sign the minutes of the Board meeting and shall perform such other duties as assigned by the Board Chair. The Secretary shall be responsible for ensuring that all steps required by ORC 121.22 (Public Meetings) are followed. The Secretary shall perform the duties of the Chair in the absence of the Chair and Vice Chair.
- D. Treasurer: The Treasurer assures a true and accurate account of the funds of the Board including all collections and disbursements. He/she shall report in all Board meetings, or more often if required, the amount of the funds received and disbursed giving details of

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

Election and Duties of Officers of The Board

**COQ: VI-A.2
Effective: 4/1/16
Supersedes: 10/16/12**

the financial condition of the Board and the business which has been transacted. The Treasurer shall perform the duties of the Board Chair in the absence of the other officers.

ACCOUNTABILITY

Board Chair

PROCEDURE

The Executive Director will monitor Officer terms for compliance and report to the Board Chair at least annually.

Approved:

Scott A. Sylak, Executive Director

Date

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

Board Organization

COQ: VI-A.1

Effective: 4-1-16

Supersedes: 3-1-14

POLICY

It is the policy of the Mental Health and Recovery Services Board (MHRSB) of Lucas County to establish an organizational structure for the MHRSB, its committees, sub-committees and staff which supports its mission and goals. In doing so, the MHRSB will regularly review existing policies and structures.

Specifically, the MHRSB will develop and approve a governance structure for MHRSB operations including; the development of committees and sub-committees and officer and member expectations and responsibilities for the MHRSB and established committees and sub-committees. Furthermore, should a vacancy in the MHRSB membership occur, the appointing authority will be notified via certified mail. The MHRSB will recommend to Ohio Mental Health and Addiction Services and the Commissioners of Lucas County, candidates for appointment to the MHRSB consistent with Ohio Revised Code requirements for designated positions, inclusion and diversity. Committee and sub-committee membership will also reflect the MHRSB's efforts for inclusion and diversity to the extent possible.

Additionally, the MHRSB will develop and approve an employee table of organization with associated salary ranges.

The MHRSB delegates to the Executive Director, the authority necessary to implement policies, establish associated procedures, and supervise all staff. All official communication between the MHRSB members and staff will be through the Executive Director or the Executive Director's designee.

ACCOUNTABILITY

Board Chair

PROCEDURE

At a minimum, the MHRSB will review its governance and operational structure, membership, and employee table of organization in conjunction with its review of its established Strategic Plan.

Approved:

Scott A. Sylak, Executive Director

Date

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

Board Committees and Sub-Committees

**COQ: VI-A.1
Effective: 4-1-16
Supersedes: 10-16-12**

POLICY

The Mental Health and Recovery Services Board (MHRSB) of Lucas County will establish a Governance Committee, Planning and Finance Committee and Programs and Services Committee. Additional committees may be established at the MHRSB's discretion.

Sub-committees may be established at the discretion of the convening committee as determined appropriate. Each committee or sub-committee will be established at a meeting of the MHRSB or convening committee, by a simple majority vote of its members in attendance; a quorum being duly constituted.

For each MHRSB committee or sub-committee established, the MHRSB or convening committee will develop and approve a charter that will define the following: Name, Leadership Structure, Purpose, Authority, Scope of Responsibilities, Decision Making Process, Membership Requirements, and Duration.

Each committee or sub-committee will adhere to its charter as established by its convening authority. Each active committee and sub-committee's charter will be reviewed and considered for renewal by the MHRSB or convening committee at least once every two years.

ACCOUNTABILITY

MHRSB Chair

Approved By:

Scott A. Sylak, Executive Director

Date

MENTAL HEALTH & RECOVERY SERVICES BOARD OF LUCAS COUNTY

Board, Committee and Sub-Committee Meetings

COQ: VI-A.1

Effective: 4-1-16

Supersedes: 10-16-12

POLICY

The Mental Health and Recovery Services Board of Lucas County will follow a clearly defined procedure for conducting its public meetings in accordance with ORC 121.22. All meetings of the MHR SB, MHR SB established committees their sub-committees are public meetings.

Board, Committee and Sub-Committee Meetings:

A. Meetings and Quorum:

The Board shall meet at least six times a year, while Committees and Sub-Committees will meet as defined within their approved charter. A quorum for Board, Committee and Sub-Committee meetings is defined as over one-half of the present membership as appointed and/or duly sworn into office.

B. Order of Business and Record of Proceeding:

Meetings shall proceed according to an agenda prepared by the Chairs of the Board, Committee or Sub-Committee in cooperation with the Executive Director or the Executive Director's designee. Such agendas, together with the supporting data, shall be made available via electronic media to all Board, Committee and Sub-Committee members and anyone who requests notice prior to the meeting. At the discretion of the Executive Director, agendas and supporting data may be sent via regular mail to requesting parties. Board meeting minutes will be kept by the Secretary or their designee. Committee and Sub-Committee meeting minutes will be kept by a Board staff member designated by the Executive Director. .

C. Meeting Protocol:

Member discussion on a Board motion will begin only after the Board motion has been seconded by another Board member. Before a Board member can speak on a motion, he/she must be recognized by the Chair. The floor does not pass from person-to-person, but must go through the Chair. Each speaker must be recognized by the Chair. All discussions of a motion must be directed to the Chair. The Chair may impose a time limit of three minutes for each member speaking to a motion. Once discussion has taken place on the proposed Board motion, a polling of all Board members will commence unless the Board member who placed the motion on the floor withdraws the motion and the seconding Board member agrees on the withdrawal. Members must be present to cast a vote on a Board motion. Committee and Sub-Committee decision making will be made

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

Board, Committee and Sub-Committee Meetings

COQ: VI-A.1

Effective: 4-1-16

Supersedes: 10-16-12

POLICY

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**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

**Board Committee and Sub-Committee
Membership and Leadership**

**COQ: VI-A.1
Effective: 4-1-16
Supersedes: 3-1-14**

POLICY

The Mental Health and Recovery Services Board (MHRSB) of Lucas County will utilize the following criteria for determining committee membership and leadership:

1. The Governance Committee membership will consist of the MHRSB Chair, Vice Chair, Secretary, Treasurer, Immediate past Chair, and the Chair and Vice Chair of all MHRSB approved committees. The MHRSB Chair will serve as the Chair of the Governance Committee and the MHRSB Vice Chair will serve as the Vice Chair of the Governance Committee.
2. Excluding the Governance Committee, all MHRSB Committee Chair and Vice Chair appointments and terms of office will be made at a meeting of the MHRSB, by a simple majority vote of its members, a quorum duly constituted. Committee leadership terms will not exceed forty-eight (48) consecutive months.
3. Upon consultation with the appropriate MHRSB Committee Chair, the MHRSB Chair will appoint all Committee members annually or upon establishment of a new committee.
4. MHRSB Committee and sub-committee membership is open to MHRSB and non-MHRSB members as defined in the MHRSB approved Committee Charter.
5. Non-MHRSB members appointed to committees serve in a non-voting advisory capacity and are excluded from serving as a committee's Chair or Vice Chair.
6. The MHRSB Chair will assure committee leadership and membership is inclusive and diverse.
7. Upon consultation with the appropriate MHRSB Committee Chair, the MHRSB Chair may relieve a committee member of their committee appointment at any time during their appointment period.
8. Upon consultation with the Governance Committee, the MHRSB Chair may relieve a MHRSB Committee Chair or Vice Chair of their leadership appointment at any time during their leadership term.
9. Sub-committee leadership and membership appointments, and terms will be made by the convening committee chair.

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

**Board Committee and Sub-Committee
Membership and Leadership**

**COQ: VI-A.1
Effective: 4-1-16
Supersedes: 3-1-14**

10. Non-MHR SB members serving as a member of a sub-committee may vote and serve as a Chair or Vice Chair if defined in the sub-committee approved charter.
11. The Executive Director and/or the Executive Director's designee (s) will serve in a non-voting capacity as an Ex-Officio member on all committees and sub-committees.

ACCOUNTABILITY

MHR SB Chair

PROCEDURE

The Executive Director or the Executive Director's Designee will monitor committee and sub-committee attendance and report attendance to the full board or appropriate convening committee at least annually.

Approved:

Scott A. Sylak, Executive Director

Date

**MHR SB REVISED
PUBLIC AFFAIRS POLICIES
March 15, 2016**

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

Public Relations and Information

**COQ: I-A.1
Effective: 4/1/16
Supersedes: 4/1/14**

POLICY

The Mental Health and Recovery Services Board (MHRSB) of Lucas County will establish and maintain an active public relations effort to inform Lucas County residents of the MHRSB's mission, values and services.

ACCOUNTABILITY

Executive Director

PROCEDURE

The following objectives of the MHRSB will be used to guide the Board's public relations planning and programs:

- A. Create an environment of greater public awareness of mental health and addiction issues, with particular attention to recovery and de-stigmatizing mental health and addiction disorders.
- B. Increase public understanding and support regarding the need for, and benefits of, a strong local mental health and addiction system.
- C. Provide information on the programs and services offered in our system to facilitate eligible Lucas County residents to access services.
- D. Publish and widely distribute an annual report of the services and facilities under the jurisdiction of the MHRSB and at a minimum include a fiscal accounting of all services.

Approved:

Scott A. Sylak, Executive Director

Date

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

Communication With The News Media and Public

**Effective: 4/1/16
Supersedes: 10/16/12**

POLICY

The Mental Health and Recovery Services Board of Lucas County will maintain integrity and consistency in cooperating fully with the news media and the public by releasing appropriate and accurate information.

ACCOUNTABILITY

Board Chair, Executive Director

PROCEDURE

1. The Board Chair will serve as official spokesperson for Board policy and action.
2. The Executive Director or his designee may also serve as spokesperson.
3. All staff will, and Board Members should, refer the news media to the Executive Director when contacted. In the absence of the Executive Director, news media should be referred to the Community Engagement and Outreach Manager. The Executive Director may refer the news media to the Community Engagement and Outreach Manager or other staff as necessary.
4. The Executive Director will refer news media to the Board Chair as instructed.
5. Any media release regarding Board action and policy must be approved either by the Board Chair or Executive Director.
6. All persons included in the releases will be notified before the release to inform them of the scope of the news/feature story so that appropriate information may be gathered.
7. Information gathered from clients will be protected to the maximum extent provided for under the Health Insurance Portability and Accountability Act of 1996 and/or the Code of Federal Regulations 42 Part C.

Approved:

Scott A. Sylak, Executive Director

Date

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

Consumer Recommendations and Advice

**COQ: I-A.4 (b)
Effective:4/1/16
Supersedes: 10/16/12**

POLICY

The Mental Health and Recovery Services Board (MHR SB) of Lucas County will ensure that on matters pertaining to mental health and addiction services, a mechanism is in place to solicit and consider recommendations and advice from persons receiving those services as well as from family members of consumers. [Ref. ORC 340.03(A) (15)]

ACCOUNTABILITY

Executive Director

PROCEDURE

1. The Executive Director and/or his designee will regularly solicit input from consumers and families regarding mental health and addiction related services, community needs and conditions within Lucas County and will regularly report these findings to the Programs & Services Committee.
2. The Chair of each committee or sub-committee may provide opportunities for public feedback, and/or discussion at any public meeting.
3. Feedback obtained through public, family and consumer group forums, and surveys will be integrated into appropriate planning documents including the strategic plan, the annual purchasing plan, the Ohio Mental Health and Addiction Services approved community plan and the continuous quality improvement plan.
4. The recommendation for appointment of consumers and their family members as MHR SB members will be given high priority beyond the required designated state positions.
5. MHR SB will post its planning documents on its web site and provide public notification via e-mail lists, social media and/or local news media, directing consumers, family members, and stakeholders to the web site, and identifying the means of contacting Board staff with any feedback related to the posted documents.
6. At least once per year, by December 31, the MHR SB will commission a public forum to survey consumers and family members regarding community needs for services.

Approved:

Scott A. Sylak, Executive Director

Date

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

Citizen Participation in Planning

**COQ: I-A.4(b)
Effective: 4/1/16
Supersedes: 10/16/12**

POLICY

The Mental Health and Recovery Services Board (MHRSB) of Lucas County serves the entire county and as such will intentionally reach out to ensure that the various geographic, demographic, and culturally influenced populations have opportunity to identify special needs, are aware of the resources available to them and have an opportunity to provide input into the MHRSB's planning efforts to allocate resources to serve persons with mental illness and/or addictions who are residents of Lucas County.

ACCOUNTABILITY

Mental Health & Recovery Board of Trustees, Executive Director

PROCEDURE

1. MHRSB will purposefully encourage the appointing authorities (OMHAS & County Commissioners) to make appointments to the MHRSB who are representative of the latest census as to race, ethnicity and gender, and who will represent the diverse interests of Lucas County's underserved populations, behavioral health professionals, consumers, their families and other public agencies.
2. The MHRSB Chair may appoint to its committees members who are not MHRSB members.
3. Convening Committee Chairs may appoint to its sub-committee members who are not MHRSB or committee members.
4. MHRSB will regularly inform the public through its presence on social media sites, the Board's own web site and/or through local media outlets regarding planning efforts or when requesting information and feedback.
5. The MHRSB and Committee Chair(s) will regularly provide opportunity at public meetings for citizens to make observations or recommendations for MHRSB consideration.

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

Citizen Participation in Planning

**COQ: I-A.4(b)
Effective: 4/1/16
Supersedes: 10/16/12**

6. As necessary, the MHRSB will commission forums and surveys to ensure its planning processes are informed by input from stakeholders, community members, consumers and their families.
7. The MHRSB will actively solicit feedback from key advocates and organizations that are uniquely positioned to serve Lucas County's underserved populations.

Approved:

Scott A. Sylak, Executive Director

Date

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

Public Access to Board Records

COQ: I-A.3(a)

Effective: 4/1/16

Supersedes: 2/1/14

POLICY

The Mental Health and Recovery Services Board (MHRSB) of Lucas County will comply with the Ohio Public Records Act and Ohio Revised Code Section 149.43 which provides for prompt inspection of public records, and upon request, copies of public records within a reasonable amount of time.

A. DEFINING PUBLIC RECORDS

A “record” is defined to include the following: A document in any format – paper, electronic (including, but not limited to, business email) – that is created, received by, or comes under the jurisdiction of the MHRSB that documents the organization, functions, policies, decisions, procedures, operations, or other activities of the office.

A “public record” is a “record” that is being kept by this office at the time a public records request is made, subject to applicable exemptions from disclosure under Ohio or federal law. All public records must be organized and maintained in such a way that they can be made available for inspection and copying.

B. RESPONSE TIMEFRAME

Public records are to be available for inspection during regular business hours. Public records must be made available for inspection promptly. Copies of public records must be made available within a reasonable period of time. “Prompt” and “reasonable” take into account the volume of records requested, the proximity of the location where the records are stored, the necessity for any legal review and redaction, and other facts and circumstances of the records requested.

It is the goal of the MHRSB that all requests for public records should be acknowledged in writing or, if feasible, satisfied within three business days following the office’s receipt of the request.

C. HANDLING REQUESTS

No specific language is required to make a request for public records. However, the requester must at least identify the records requested with sufficient clarity to allow the office to identify, retrieve, and review the records.

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

Public Access to Board Records

COQ: I-A.3(a)

Effective: 4/1/16

Supersedes: 2/1/14

The requester does not have to put a records request in writing, and does not have to provide his or her identity, or the intended use of the requested public record(s). It is this office's general policy that this information is not to be requested. However, the law does permit the office to ask for a written request, the requester's identity, and/or the intended use of the information requested, but only if (1) a written request or disclosure of identity or intended use would benefit the requester by enhancing the office's ability to identify, locate, or deliver the public records that have been requested; and (2) the requester is first told that a written request is not required and that the requester may decline to reveal the requester's identity or intended use.

In processing the request, the staff member handling the request will document the date of the request, the information requested, the manner in which the data was delivered, and the date the request was fulfilled. This log will be kept by the Director of Operations and Information Technology.

Additionally, the office does not have an obligation to create new records or perform a search or research for information in the office's records. An electronic record is deemed to exist so long as a computer is already programmed to produce the record through the office's standard use of sorting, filtering, or querying features. Although not required by law, the office will consider generating new records when it makes sense and is practical under the circumstances.

In processing a request for inspection of a public record, an office employee may accompany the requester during inspection to make certain original records are not taken or altered.

D. ELECTRONIC RECORDS

Records in the form of e-mail, text messaging and instant messaging, including those sent and received via a hand-held communications device, is to be treated in the same fashion as records in other formats such as paper or audiotape.

Public record content transmitted to or from private accounts or personal devices is subject to disclosure. All employees or representatives of this office are required to retain their e-mail records and other electronic records in accordance with applicable records retention schedules.

E. DENIAL AND REDACTION OF RECORDS

If the requester makes an ambiguous or overly broad request, or has difficulty in making a request such that the office cannot reasonably identify what public records are being requested, the request may be denied, but the office must then provide the requester an opportunity to revise the request by informing the requester of the manner in which records are maintained and accessed by the office.

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

Public Access to Board Records

COQ: I-A.3(a)

Effective: 4/1/16

Supersedes: 2/1/14

If the office withholds, redacts, or otherwise denies requested records, it must provide an explanation, including legal authority, for the denial(s). If the initial request was made in writing, the explanation must also be in writing. If portions of a record are public and portions are exempt, the exempt portions may be redacted and the rest must be released. When making public records available for public inspection or copying, the office shall notify the requester of any redaction or make the redaction plainly visible.

F. COPYING AND MAILING COSTS

Those seeking public records may be charged only the actual cost of making copies, not labor. The charge for paper copies is \$.05 cents per page. The charge for electronic files downloaded to a compact disc is \$5.00 per disc.

A requester may be required to pay in advance for the actual costs involved in providing the copy. The requester may choose whether to have the record duplicated upon paper, upon the same medium on which the public record is kept, or upon any other medium on which the office determines that the record can reasonably be duplicated as an integral part of the office's normal operations.

If a requester asks that documents be delivered to them, he or she may be charged the actual cost of the postage and mailing supplies, or other actual costs of delivery. There is no charge for emailed documents.

G. MANAGING RECORDS

The MHR SB's records are subject to records retention schedules. The office's current schedules are available at 701 Adams Street, Suite 800, Toledo, Ohio 43604, a location readily available to the public as required by Ohio Revised Code §149.43(B)(2).

H. ACCOUNTABILITY

Director of Operations and Information Technology, Executive Director

Approved:

Scott A. Sylak, Executive Director

Date

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

Open Meetings Policy Compliance

**COQ: I-A.2
Effective: 4/1/16
Supersedes: 4/1/14**

POLICY

As required by ORC 121.22, Board, Committee and Sub-committee meetings of the Mental Health and Recovery Services Board of Lucas County shall be conducted in accordance with Ohio's Open Meetings law as appropriate.

ACCOUNTABILITY

Board of Trustees, Board Secretary, Executive Director

PROCEDURE

This policy will apply to any prearranged discussion of the majority of Board, Committee, and/or Sub-committee members to discuss the business of the Board, and shall include regular, special and emergency meetings. The Secretary of the Board, or the appropriate Committee/Sub-committee Chair, shall be responsible for ensuring that all steps required by the Ohio Open Meetings Act are followed.

A. Notice of regular meetings

Regular meetings are defined as those meetings which are held at prescheduled intervals, and include all Board, committee and sub-committee meetings if regularly scheduled. Notice of all regular meetings will be listed on the MHRS Board website. The notice will list the date, time and place of such meeting, and identify the meeting as a regular board meeting or special or emergency meeting. The purpose of the regular meeting need not be included in the notice.

B. Notice requested by individuals and the media

Any person may request notification of all meetings at which a specific type of business is discussed. The Board will keep a mailing or email list of all such persons and will either email or mail out a notice for each meeting which matches the request.

C. Notice of special or emergency meetings

A special meeting is any meeting which is not a regular meeting and includes board retreats. An emergency meeting is a meeting to deliberate an event or situation requiring immediate action by the Board. The Board will keep a mailing or email list of news media organizations or individuals which have requested advance notice of special or

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

Open Meetings Policy Compliance

**COQ: I-A.2
Effective: 4/1/16
Supersedes: 4/1/14**

emergency meetings. The Board will notify those news media organizations and individuals not less than 24-hours before a special meeting. The notice will include the date, time, place and purpose of the meeting.

D. Executive Session

A Board or Committee member, at a regular or special meeting, may make a motion for the Board or Committee to go into executive session. The member making the motion will include the purpose of the Executive Session, as permitted under ORC 121.22 (G). The Board or Committee may go into executive session to discuss the following matters:

1. Certain public employee matters;
2. Property related matters where a competitive advantage could result from premature disclosure;
3. Disputes which are the subject of a pending or imminent court action;
4. Reviewing negotiations or bargaining sessions with public employees;
5. Certain confidential matters under state or federal law; and
6. Certain security arrangements.

The call for the vote must include the purpose for executive session, and the vote may only be taken during an open meeting. A member making a motion to deliberate personnel matters will also state the particular focus of deliberation, i.e. appointment, employment, dismissal, discipline, or promotion. The motion must then be approved by a majority of a quorum of the Board of Trustees by a roll call vote. The Board will only deliberate during executive session, and will reconvene the open meeting prior to any decision-making or the end of the Board meeting.

E. Board Minutes

The Secretary of the Board or their designee will promptly review and approve minutes of all regular and special meetings and shall file the minutes at the Board office. The minutes of each meeting will include the order of business, any motions and the board member making the motion, and any decisions made. The minutes of a meeting in which an executive session was held will state only the purpose for executive session. All minutes will be made available for public inspection during regular business hours.

Approved:

Scott A. Sylak, Executive Director

Date

**MENTAL HEALTH & RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

Community Forums

Effective: 4/1/16

Supersedes: 10/16/12

POLICY

The Mental Health and Recovery Services Board (MHRSB) of Lucas County shall conduct routine community forums for the exchange of information between consumers, family members, contract agencies, the public-at-large and policy makers.

ACCOUNTABILITY

Executive Director, Board of Trustees

PROCEDURE

- A. Community forums shall be held by the MHRSB to facilitate the exchange of information, and to adequately inform and educate the residents of Lucas County. The MHRSB will conduct as many community forums as necessary, but at a minimum there will be one meeting per year.
- B. Community forums should be widely publicized prior to the scheduled meeting date.
- C. Community forums should be scheduled at times and locations that facilitate citizen participation.

Approved:

Scott A. Sylak, Executive Director

Date

MHR SB Board Attendance
 March 2015 - February 2016

Total Membership

Board Members	Mar 17	April 21	May 19	June 19	July 19	August 19	Sept 15	Oct 20	Nov 17	Dec 12	Jan. 19	Feb 16	% mtgs Attended	
STATE														
Scott D. Johnson	1	0	1	1	No Mtg	1	1	1	0	1	No Mtg	1	80%	
Robin Reeves	1	1	0	1		1	0	1	0	0		1	60%	
Tony Pfeiffer	1	1	1	1		1	0	1	1	1		1	90%	
Kyle Schalow	0	1	0	1		0	Resigned 9/1/15							40%
Linda Howe	1	1	1	1		1	0	1	1	1		1	90%	
Andre Tiggs	1	1	1	1		1	0	1	1	0		1	80%	
Andrea Mendoza Loch	Sworn in 11/17/15													
Dr. Tim Valko	1	1	1	0		1	1	1	1	1		0	80%	
COUNTY														
Linda Alvarado-Arce	1	1	0	1		1	1	1	1	1		1	90%	
Neema Bell	1	1	1	1		1	1	1	1	1		1	100%	
Pastor Earley	1	1	1	0		1	1	0	0	1		1	70%	
Dr. Mary Gombash	1	1	1	1		1	1	1	1	1		1	100%	
Lynn Olman	0	0	1	1		0	1	0	1	1		0	50%	
Tawny Cowen-Zanders	1	1	1	0		Resigned 7/1/15							75%	
Dr. Lois Ventura	1	1	1	1		1	1	1	1	1		1	100%	
Pastor Perryman	1	1	1	1		1	0	1	0	0		1	70%	
William Sanford	1	1	0	1		1	1	1	1	1		1	90%	
Audrey Weis-Maag	1	1	1	1		0	1	1	1	1		1	90%	
Attendance for Month	15	15	13	14		13	10	13	12	13		14		
Includes Previous Members														
Total Membership	17	17	17	17	16	16	15	15	16	16	16	16		
Monthly Membership Attendance Percentage	88%	88%	76%	82%		81%	67%	87%	75%	81%		88%		
OVERALL AVERAGE ATTENDANCE														81%

Trustee/Term Expiration - June 30	Mar-15			Apr-15			May-15			Jun-15			Jul-15			Aug-15											
	P&S	P&F	Gov	B	P&S	P&F	Gov	B	P&S	No	Mtg	Gov	B	Com	b	P&F/	P&S	Gov	B	P&F	Gov	B	P&S	Gov	B		
ALVARADO-ARCE (2018)	1	0	1	1	1	0	1	1	0	1	0	1	1	0	0	1	1	1	1	1	1	1	1	1	1	1	
BELL (2018)	0	1	0	1	0	1	1	1	1	1	1	0	1	1	1	1	0	1	0	1	0	1	1	1	1		
COWEN-ZANDERS (2016)	0	0	0	1	0	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
EARLEY (2016)	0	1	1	1	0	1	1	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
GOMBASH (2017)	1	0	0	1	1	0	0	1	0	0	1	1	0	1	1	1	1	1	1	1	1	1	1	0	0		
HOWE (2018)	0	1	0	1	0	1	0	1	0	1	0	0	1	0	0	1	0	1	0	1	0	1	1	1	1		
JOHNSON (2016)	1	0	0	1	1	0	0	0	0	0	1	1	0	1	1	1	1	1	1	1	1	1	1	0	0		
MENDOZA-LOCH (2016)	Sworn in 11/17/15																										
OLMAN (2017)	0	1	1	0	0	1	0	0	1	0	1	1	0	1	1	0	1	0	1	0	0	1	0	0	1	0	
PERRYMAN (2018)	1	0	1	1	1	0	1	1	0	0	1	0	1	1	1	1	1	1	1	1	1	1	1	0	1	1	
PFEIFFER (2017)	0	0	1	1	1	0	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	
REEVES (2018)	1	0	0	1	0	0	0	1	0	0	0	1	0	1	0	1	1	1	1	1	1	1	1	0	0	1	
SANFORD (2018)	0	1	1	1	0	1	1	1	0	0	1	1	1	1	1	1	1	1	1	1	0	1	0	1	0	1	
SCHALOW (2017)	1	1	1	0	0	1	1	1	0	1	0	1	0	1	0	1	1	1	1	1	0	0	0	0	0	0	
TIGGS (2018)	1	0	0	1	0	0	0	1	0	0	1	0	0	1	0	0	1	1	1	1	1	1	1	0	1	1	
VALKO (2018)	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	0	1	1	
VENTURA (2017)	1	0	0	1	1	0	0	1	0	0	1	0	1	0	0	1	1	1	1	1	1	1	1	0	0	1	
WEIS-MAAG (2016)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	
Total Attendees	9	8	9	15	8	9	9	15	6	7	13	10	6	14	10	6	14	10	8	5	8	13	8	5	8	13	
Member Attendees	9	6	6	15	7	7	7	15	5	5	13	10	6	14	8	6	14	8	8	5	8	13	8	5	8	13	
No. of Committee Members	10	8	7	17	10	7	7	17	7	7	17	17	8	17	8	8	17	8	9	7	9	16	9	7	9	16	
% Attendance of Com. Members	90%	75%	86%	88%	70%	100%	100%	88%	71%	71%	76%	59%	75%	82%	100%	71%	71%	89%	89%	71%	89%	81%	89%	71%	89%	81%	
1	Attended																										
0	Didn't attend, not required																										
0	Didn't attend, required																										

Trustee/Term Expiration - June 30	Sep-15			Oct-15			Nov-15			Dec-15			Jan-16			Feb-16			
	P&S	P&F	Gov No Mtg	P&S	P&F	Gov B	P&S	P&F	Gov B	Co mb P&F / Gov Mtg	P&S No Mtg	P&F	Gov No Mtg	B No Mtg	P&F	Gov No Mtg	P&S No Mtg		
ALVARADO-ARCE (2018)	1	1	1	0	1	1	1	0	1	1	1	0	1	0	1	1	1	1	
BELL (2018)	0	0	1	0	0	1	0	1	1	0	0	1	0	1	0	1	0	1	
COWEN-ZANDERS (2016)																			
Resigned 6/23/15																			
EARLEY (2016)	0	0	1	0	1	1	0	0	0	0	1	1	1	1	0	1	1	0	1
GOMBASH (2017)	1	0	1	1	0	0	1	1	0	1	0	1	0	1	0	0	0	0	1
HOWE (2018)	0	0	0	0	0	1	1	0	1	1	0	0	1	0	1	0	0	1	1
JOHNSON (2016)	1	0	1	1	0	0	1	1	1	0	0	1	1	0	1	0	0	0	1
MENDOZA-LOCH (2016)																			
Sworn in 11/17/15																			
OLMAN (2017)	0	1	1	0	1	1	0	0	1	1	0	1	1	1	1	1	0	0	1
PERRYMAN (2018)	1	0	0	1	0	0	1	1	0	0	0	0	0	1	0	1	0	0	1
PFEIFFER (2017)	1	0	0	1	0	0	1	1	1	1	0	0	1	0	1	1	1	1	1
REEVES (2018)	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
SANFORD (2018)	0	0	1	0	0	1	1	0	1	1	1	1	1	0	1	0	1	0	1
SCHALOW (2017)																			
Resigned 9/1/15																			
TIGGS (2018)	1	0	0	1	0	0	1	1	1	1	1	0	0	1	1	1	0	1	1
VALKO (2018)	0	0	1	0	0	1	1	0	0	1	1	1	1	0	1	1	1	1	0
VENTURA (2017)	1	0	1	1	1	0	1	1	0	1	0	0	1	1	0	0	0	0	1
WEIS-MAAG (2016)	0	0	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1
Total Attendees	7	2	10	8	5	8	13	6	9	12	5	13	6	10	7	7	14	14	14
Member Attendees	6	2	10	8	3	6	13	5	8	12	4	13	5	8	5	7	14	14	14
No. of Committee Members	8	2	15	8	5	9	15	7	11	16	5	16	8	9	5	9	16	16	16
% Attendance of Com. Members	75%	100%	67%	100%	60%	67%	87%	71%	73%	75%	80%	81%	63%	89%	100%	78%	88%	88%	88%
1 Attended																			
0 Didn't attend, not required																			
0 Didn't attend, required																			