

# MHR SB GOVERNANCE COMMITTEE MEETING

August 11, 2015

4:00 p.m.

## Agenda

Item	Information Enclosed	Action Required	Allocation Required	Page
1. Call to Order				
2. Recognition of Visitors				
3. Meeting Minutes: June 9, 2015	✓	✓		1-4
4. Committee Assignments	✓			5
5. Trustee Recruitment Update	✓			5-6
6. FY 2016 Behavioral Health Juvenile Justice Allocation	✓	✓	✓	6
7. 2014 Strategic Plan Update	✓			7-17
8. Mental Health First Aid Legal Opinion	✓			17-18
9. MHR SB Policy Update: Finance and Operations	✓	✓		18-34
10. Open Session				
11. Executive Session – Personnel Related Matters	✓	✓		35
12. Adjournment				

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**GOVERNANCE COMMITTEE MEETING MINUTES****June 9, 2015**

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**Governance Committee Members Present:**

Audrey Weis-Maag                      Pastor Perryman                      William Sanford  
Linda Alvarado-Arce                      Dr. Tim Valko

**Governance Committee Members Not Present:**

Pastor Earley                      Neema Bell

**Other Trustee Members Attending:**

Tony Pfeiffer

**Staff:** Scott Sylak, Tom Bartlett, Donna Robinson, Cami Roth Szirotnyak, Ellen Jones (Contracted).

**Visitors:** Brianna Stephan, Community Relations Intern; Micah Butler, BCR Intern; John DeBruyne, Rescue; Jason Vigh, Rescue; Richard Arnold; Paul Lewis, Recovery Council; Adam Nutt, Zepf Center; Geof Allan, UMADAOP; Johnny Mickler, Sr., BBBSNWO; Kim Wood, Brown Associates.

Ms. Weis-Maag opened the meeting at 4:03 p.m., with introduction of visitors.

**Meeting Minutes – May 12, 2015**

*There was consensus to approve the meeting minutes as presented.*

**FY 2016 Provider Service Agreements**

Mr. Bartlett referred the two Provider Agreements included in the meeting packet for an annual review of the Mental Health and Addiction Treatment Services, and Prevention and Supportive Services. He indicated that modest changes were made to each of them with the most notable change being the proposed elimination of the “Statement of Assurances” that was previously Attachment IV in the Provider Agreements that has been incorporated into the body of the contracts in Article II (Services) and IV (Information and Reports). In addition, some revisions were made to the “annual audit” and “coordination of benefits” language in follow-up to previous discussions at the April 14, 2015 Governance Committee and May 5, 2015 P&F Committee meetings, as well as input from a Coordination of Benefits Language (COB) Work Group into the revised COB language contained in the FY 2016 Provider Service Agreements that was presented for consideration. Mr. Sylak indicated that one agency voiced opposition to the change in the language because they felt they would be unduly penalized because of the number of Medicare clients they serve in their agency in relation to others. Board staff asked the agency to clarify their concern in writing and to attend today’s meeting; however, they weren’t present.

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The following motion was recommended to the Board of Trustees:

*The Mental Health & Recovery Services Board of Lucas County approves the format and boilerplate content of the Provider Agreements for Mental Health and Addiction Treatment Services, and Prevention and Supportive Services as presented at the June 16, 2015 Board meeting, and authorizes its Executive Director to use the documents to enter into agreements with provider agencies that were awarded allocations at the May 19, 2015 Board meeting.*

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

**FY 2016 MHRS Board Administrative Budget**

Mr. Bartlett referred to page five of the meeting packet for a review of the final proposed FY 2016 MHRSB Administrative Budget in follow-up to discussion at the May 12, 2015 Governance Committee. A comparison of the changes between the FY 2016 and FY 2015 budgets was presented. The total proposed FY 2016 Board Administrative Budget is \$1,580,399, as compared to the FY 2015 Board Administrative Budget of \$1,501,188, with an increase of \$79,211 in the FY 2016 budget. The primary reason for the increase was due to an anticipated increase in healthcare costs and a proposed salary increase of up to 3% for board staff based on performance. Mr. Bartlett provided an update from previous discussion at the May 12, 2015 Governance Committee meeting regarding additional items to add to the FY 2016 Administrative Budget. The Committee expressed interest in separating the Crisis Intervention Training (CIT) as a separate line outside of the Board's Admin Budget at the May 12, 2015 Governance Committee meeting.

The following two motions were recommended to the Board of Trustees:

*The Mental Health & Recovery Services Board of Lucas County approves the Fiscal Year 2016 MHRS Board Administrative Budget of \$1,580,399 as contained in the June 16, 2015 MHRS Board packet.*

*The Mental Health & Recovery Services Board of Lucas County allocates \$20,000 for FY 2016 for Crisis Intervention Team (CIT) Trainings to expand the frequency of the CIT Trainings.*

*Upon discussion, the Committee tabled the second motion pertaining to the allocation for additional CIT Trainings. Board staff will prepare a more defined CIT plan and related costs for consideration at the August 4, 2015 Planning & Finance Committee meeting.*

*There was consensus to move the motion forward to approve the FY 2016 Board Administrative Budget to the Board of Trustees.*

### **FY 2016/2017 Board Officer Nominations**

Ms. Weis-Maag indicated there was an Ad Hoc Nominating Committee that met on May 12, 2015 for a discussion regarding committee leadership positions, looking into capacity over the next four years, with a critical component of the leadership of the fall 2018 levy campaign and the need for consideration of levy committee volunteer leaders in the future.

The following motion was recommended to the Board of Trustees:

*The Mental Health and Recovery Services Board of Lucas County elects the following Trustees to serve as MHR SB Officers for the term beginning July 1, 2015 and ending June 30, 2017:*

- Chair – Neema Bell
- Vice Chair – Linda Howe
- Treasurer – Tim Valko, MD.
- Secretary – Anthony (Tony) Pfeiffer

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

### **FY 2016/2017 Committee Leadership and Membership Appointments**

Ms. Weis-Maag referred to page 12 of the meeting packet for a list of committee leaders presented for consideration. Upon review, the following committee leadership appointments were approved by the Board Chair which will be presented at the June 16, 2015 MHRS Board meeting for final approval. Following the June Board meeting, the newly appointed Board Chair will work with the appointed committee leaders to identify new committee membership which will be presented for consideration at the August 11, 2015 Governance Committee meeting.

- Programs & Services Committee
  - Chair – Pastor Donald Perryman
  - Vice Chair – Andre Tiggs
- Planning & Finance Committee
  - Chair – Linda Alvarado-Arce
  - Vice Chair – Lynn Olman

### **Access to Treatment Workgroup Update**

Mr. Sanford reported that there are meeting minutes prepared by Board staff from the records for each of the Access Work Group meetings and that there is a consistent group of attendees present at the monthly meetings. The work group has been focusing on access and is making

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progress. Mr. Sylak indicated that it has taken a couple of months to get into a more in-depth discussion about what should be done to reduce the wait time for treatment, Central Access, and development of a “no wrong door” process where clients can go directly to an agency of their choice in accordance with the new billing rules and development of the Recovery Helpline discussions with community partners. Opportunities for expansion of detox services are occurring; Zepf has 16 detox beds and is providing short-term residential services in their recovery housing, and Rescue is helping more with the overflow. Mr. Sylak said there are still issues with regard to access and he believes there is a disconnect between the Board staff’s experience in working with clients and hearing from the community who still needs quicker access to treatment, which is opposite of what the agencies are saying that they have immediate access.

The Committee discussed the need for access to treatment within 48 hours based on the community feedback, and/or interim services need to be provided or the client should be referred to an agency that has the capacity to provide the services. Upon request of the Committee, Board staff will draw up language to present at one of the upcoming board committees incorporating the “no wrong door” process and access to treatment within 48 hours.

### Open Session

- Ms. Weis-Maag inquired about needle exchange noting the increase in the number of HIV and Hepatitis C cases. Mr. Sylak indicated that Lucas County Health Department should be able to provide more data. A question was included in the community heroin/opiate survey about needle exchange and approximately 52% respondents would support it. However, Ohio State Law doesn’t permit needle exchange and Board staff doesn’t plan to pursue it.
- Mr. Sylak indicated that the Staff is pursuing the Project Dawn initiative which would provide Naloxone to families that have a family member at high risk for heroin/opiate overdose. There is a new tool kit that the Board needs to consider for engaging high risk populations in various ways to target this group. Dr. Forney, Lucas County Coroner, stated that 86 people died in 2014 from a heroin/opiate overdose. Through the first six months of 2015, there were 22 heroin/opiate deaths which may indicate a downward turn in the number of related deaths.

### Adjournment

The meeting was adjourned at 5:04 p.m.

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**Committee Assignments**

Each year, committee membership is re-evaluated and re-aligned as necessary to ensure adequate representation and diversity. The MHRS Board Committee Membership and Leadership Policy indicate that after properly consulting with the Committee Chairs, the MHRS Board Chair will appoint committee membership. The terms of the committee appointments will be September 1, 2015 through August 31, 2017. After proper consultation and consideration, it is recommended that the following appointments be made:

**Programs & Services Committee****Trustee Appointments:**

Audrey Weis-Maag	Dr. Mary Gombash
Anthony (Tony) Pfeiffer	Lois Ventura
Robin Reeves	Scott D. Johnson
Kyle Schalow	

**Non-Trustee Appointments**

Charlotte Cuno – Recovery Council Vice Chair	Andrea Loch
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Note: Pastor Perryman (Chair), Andre Tiggs (Vice Chair) and Bob Arquette (Recovery Council Chair) have been previously appointed.

**Planning & Finance Committee****Trustee Appointments:**

Linda Howe	Pastor Waverly Earley
Dr. Tim Valko	William Sanford

Note: Linda Alvarado-Arce (Chair) and Lynn Olman (Vice Chair) have been previously appointed.

**Governance Committee**

Neema Bell, Chair	Linda Howe, Vice Chair
Dr. Tim Valko, Treasurer	Anthony (Tony) Pfeiffer, Secretary
Audrey Weis-Maag, Immediate Past Chair	Pastor Donald Perryman, P&S Chair
Andre Tiggs, P&S Vice Chair	Linda Alvarado-Arce, P&F Chair
Lynn Olman, P&F Vice Chair	

Note: The Governance Committee consists of members established by board policy.

**Trustee Recruitment Update**

Currently, the MHRSB has two vacancies in its membership; one state appointment representing AOD professionals, and one county appointment. The state vacancy is a result of the resignation of Eileen Mitchell-Lake, term ending June 30, 2016. The county vacancy is a result of the resignation of Tawny Cowen-Zanders, term ending June 30, 2016. Both the County Commissioner's Office and the Ohio Mental Health and Addiction Services have been notified of

the vacancies, via certified mail. Board staff is hopeful that advertisement for the vacancies will occur via a public notice released by the Commissioner's office in August. It is anticipated that applications for appointment can be reviewed by the MHR SB leadership in early September, with recommendations made to the County Commissioners and OMHAS shortly thereafter.

#### **FY 2016 Behavioral Health Juvenile Justice Allocation**

The MHR SB was recently notified regarding the FY 2016 Behavioral Health Juvenile Justice (BHJJ) award from the Department of Youth Services (DYS) to administer the BHJJ grant. Lucas County has been a recipient of the BHJJ grant for the past six years. The primary goal of the BHJJ initiative is to decrease commitments to the Department of Youth Services by providing appropriate community based programs that are evidenced based. Throughout the life of the BHJJ grant, Lucas County went from 76 commitments in FY 2009 to 10 commitments in FY 2015.

For FY 2016-2017, the MHR SB along with the Lucas County Juvenile Court and Lucas County Family Council were required to reapply for the grant as compared to updating our proposal as we have done in the past.

The MHR SB has been awarded a \$343,337 allocation in FY 2016, as well as FY 2017 BHJJ project. This FY 2016 allocation represents a 16.7% reduction from the FY 2015 BHJJ project. This reduction stemmed in part from DHS receiving requests for funding in excess of available resources by \$1.8 million. In light of this funding gap, DHS wanted to preserve those services that directly impacted the target population.

Of the funding requested, DHS will continue to support funding the Multi-Systemic Therapy (MST) program administered by Zepf Center and one staff position (1.0 FTE) housed at the Lucas County Juvenile Court's Assessment Center. DHS did not approve funding for the Lucas County Family Council for a small portion of Wraparound services, a Juvenile Sequential Intercept Mapping process, or funding dedicated to workforce development training.

The following motions are recommended to the Board of Trustees:

*The Mental Health and Recovery Services Board of Lucas County allocate \$287,307 to Zepf Center to administer the Multi-Systemic Therapy program, and authorize its Executive Director to execute a contract amendment to the FY 2016 Provider Agreement to reflect this change.*

*The Mental Health and Recovery Services Board of Lucas County allocate \$56,030 to the Lucas County Juvenile Court for one staff member (1.0 FTE) housed at the Juvenile Court's Assessment Center, and authorize its Executive Director to execute a FY 2016 Memorandum of Understanding to reflect this allocation.*

**2014 Strategic Plan Update**

On March 21, 2014, the Trustees of the Mental Health and Recovery Services Board of Lucas County met for an all-day retreat to formulate a two-year strategic plan. The meeting was facilitated by Bobbie J. Boyer of BJH Consulting. After affirming the Vision and Mission Statements and articulating a list of Guiding Principles, the Trustees identified six strategic issues around which they decided to frame the plan. Those issues were: Community Needs, Organizational Structure, Collaboration, Resources, Service Delivery Systems, and Education/Advocacy. To address those issues, the Board identified six strategies. They were:

- DOCUMENT COMMUNITY NEEDS AND SUBSTANTIATE PRIORITIES FOR SERVICE DELIVERY SYSTEMS.
- INCREASE THE QUALITY AND EFFICIENCY OF ORGANIZATION PERFORMANCE.
- INCREASE COOPERATION AND COORDINATION WITH OTHER COMMUNITY PLANNING ENTITIES AND STAKEHOLDER GROUPS.
- GENERATE SUFFICIENT RESOURCES TO SUPPORT BOARD IDENTIFIED TARGET POPULATION AND SERVICE PRIORITIES.
- REDUCE THE IMPACT OF SUBSTANCE ABUSE AND MENTAL ILLNESS IN LUCAS COUNTY.
- IMPROVE VISIBILITY AND APPRECIATION FOR THE MISSION OF THE BOARD.

After the retreat, Ms. Boyer assembled a draft plan that included some objectives and action steps under each strategy. The draft was subsequently reviewed by staff and the Governance Committee, and was approved at the May 20, 2014 MHRS Board meeting.

Since its approval, the Strategic Plan has been the guiding document that has influenced all of the Board's policy decisions, as well as the action steps that the Board and staff have taken. Under each of the Strategic Issues that were identified, the Board agreed on one or more Strategies and also identified some proposed action steps that seemed to fit naturally under them. Following are highlights of objectives that have been addressed; some seem to have been fully satisfied, whereas in some instances there is still room for action or improvement.

**Community Needs**

**STRATEGY:** DOCUMENT COMMUNITY NEEDS AND SUBSTANTIATE PRIORITIES FOR SERVICE DELIVERY SYSTEMS

**OBJECTIVE 1:** Define an **annual** needs assessment **process** that informs all of the Board's planning efforts.

Progress to date:

- 1) Developed a survey and gathered information from African American Forum, Youth Task Force, and NAMI Hispanic Breakfast;
- 2) Collaborated with Northwest Ohio Hospital Council in a county-wide assessment (some MH, AOD and gambling questions were added at MHR SB request).

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- 3) Collaborated with LC Health Department to conduct county-wide survey on Opiate issues (4,000+ responses).
- 4) Collaborated with LC Family Council to survey parents regarding Mental Illness.
- 5) Recovery Council held forums; however it was reported that they were not well attended.
- 6) Participated in Data Evaluation Network (DEN).

### Next Steps:

- 1) Create a **written process** to guide the Board; with regularly scheduled "events."
- 2) Develop better process to assimilate and utilize data gathered from forums and surveys.
- 3) Identify and capitalize on existing informational resources (e.g., stats from SAMHSA, OMHAS, CDC, OSAM, census data, etc.).
- 4) Find ways to gathering data that is currently trending from community sources.

**OBJECTIVE 2:** Set local priorities for target populations and service delivery systems.

### Progress to date:

- 1) Allocations have been made in response to "Heroin epidemic" [Prevention, Rapid Response/Access, Vivitrol, increased Suboxone, payment for non-Medicaid Methadone administration.]
- 2) Working with criminal justice system to share information through the Sequential Intercept Mapping project.
- 3) Modifying system-wide assessment protocols to reduce access time for first treatment services.

### Next Steps:

- 1) Formally identify population targets for development of programming; e.g. opiate addicts, criminally involved, SPMI, veterans, etc.

**OBJECTIVE 3:** Expand mechanisms to receive **ongoing** feedback and recommendations from **consumers and families**.

### Progress to date:

- 1) Received Board approval to pursue an RFP for help in gathering family and consumer information.
- 2) Peer Supported Respite Housing is being guided by team of staff and peers.

### Next Steps:

- 1) Release RFP for consultant to design feedback collection methods.

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**OBJECTIVE 4:** Collect data **ongoing** to maintain current understanding of the issues.

Progress to date:

- 1) Assigned staff to recommend a plan for capturing billing data with another system other than MACSIS that would include outcomes and performance as well.

Next Steps:

- 1) Define “current understanding of issues.”
- 2) Continue exploration of ability to gather information through the Health Information Exchange.

**OBJECTIVE 5:** Measure outcomes and evaluate the impact of Board strategies.

Progress to date:

- 1) System-Wide Goals have been established and published.
- 2) All contracts have outcome measures, and agencies report against them at least twice per year.

Next Steps:

- 1) “Strategic Issues” include: Measuring need, Organizational Structure, Collaboration, Resources, Service Delivery Services, Education/Advocacy – are these strategies defined well enough to measure their impact?
- 2) Procure bids for a professional evaluation on key system targets and subsequent programming (e.g. Hospital Engagement and PPE on hospital readmission rate).

### **Organizational Structure**

**STRATEGY:** INCREASE THE QUALITY AND EFFICIENCY OF ORGANIZATION PERFORMANCE

**OBJECTIVE 1:** Strengthen Board capacity to provide leadership and direction.

Progress to date:

- 1) Formal orientation is in place (two-hour training). [Linda Howe, Andre Tiggs, Kyle Schalow, Lynn Olman]. Four new appointments have sworn in since January 2014; they have all been oriented.
- 2) All policies and procedures have been updated and approved and are on a three-year schedule for review.
- 3) Board received training on the 2013/2014 Lucas County Health Assessment (October 2014) and on the “Recovery is Beautiful” initiative from OACBHA (March 2015). Will continue to have scheduled trainings.

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### Next Steps:

- 1) Solicit feedback from Trustees on Board needs to drive new Trustee Recruitment.
- 2) Survey new members as to the adequacy of the training.
- 3) Evaluate the Board's role as policy level decision makers and improve efficiency of work.

**OBJECTIVE 2:** Implement efficient and structured processes to support the work of the Board.

### Progress to date:

- 1) Committee structure seems to be functioning well; have combined several meetings for efficiency.
- 2) One community member and two members of Recovery Council have seats on the Programs & Services Committee.
- 3) Board/community workgroups have addressed "Access to Treatment" and "Diversity."
- 4) All meetings have structured format, including pre-printed agendas and meeting materials, as well as documented minutes.

### Next Steps:

- 1) Develop an annual self-assessment process for Trustee contributions and involvement.
- 2) Assess the effectiveness of committee leadership.

**OBJECTIVE 3:** Create Opportunities for stakeholders to grow in their understanding and appreciation of the people, roles, and functions of the Board.

### Progress to date:

- 1) "All-staff" meetings are held at least semi-annually with an agenda written minutes, and the minutes of the weekly directors' meeting are distributed to the entire staff along with a project tracking worksheet.

### Next Steps:

- 1) Create specific opportunities to demonstrate appreciation for performance and adherence to the Guiding Principles of the Board.

**OBJECTIVE 4:** Periodically review and revise Strategic Plan.

### Progress to date:

- 1) Staff publishes and updates a yearly board, committee, and staff meeting calendar.
- 2) Staff has improved website and use of other media for information and reporting.
- 3) Internal CQI Teams have been organized to address sections of the Strategic Plan.

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## Next Steps:

- 1) Increase involvement of standing committees in monitoring plan and setting work priorities.
- 2) Develop standardized reporting format and process to provide regular update on objectives and document committee progress.

**OBJECTIVE 5:** Maintain adequate staff support to sustain Board activities.

## Progress to date:

- 1) Board expressed agreement (June 2015) to consider adding staff.
- 2) County Personnel reviewed staff compensation that resulted in increases that had not been available previously.
- 3) Job descriptions are reviewed annually in conjunction with performance evaluations.
- 4) At staff suggestion, office has added new blinds to cut down on glare and heat, and added new locks and automatic door closers for security at all entrances to the suite.
- 5) Professional development plans are incorporated into annual evaluations.
- 6) Board staff are now required to have 20-hours of training per year.

## Next Steps:

- 1) Clearly define what are the Board activities that need to be sustained and the effort that it requires to do so.
- 2) More fully incorporate consistency with guiding principles into annual evaluation.

**OBJECTIVE 6:** Assure that staff has the resources necessary to carry out the strategies of the Board.

## Progress to date:

- 1) Administrative budget has been approved.
- 2) A new billing system is being investigated.
- 3) Dashboard software is being reviewed.
- 4) Board approved hardware upgrade (phased) is being implemented on schedule.
- 5) Proposals are being sought for services of a professional evaluator to assist and train staff.

## Next Steps:

- 1) Present formal recommendation for upgrading to new billing, performance and encounter, and outcomes data systems (by December 31).

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### Collaboration

**STRATEGY:** INCREASE COOPERATION AND COORDINATION WITH OTHER COMMUNITY PLANNING ENTITIES AND STAKEHOLDER GROUPS

**OBJECTIVE 1:** Promote an emphasis on collaboration with community stakeholders, including system integration, coordination, communication, and cooperation.

Progress to date:

- 1) MHR SB continues to provide an annual stakeholder forum with opportunity for oral and/or written feedback.
- 2) Participated in the Lucas County Health Assessment.
- 3) Participated in the Hospital Council CHIP needs assessment.
- 4) Sponsored the "Squirrel Logic Training" for community stakeholders.
- 5) Co-sponsored an Opiate/Heroin Summit with the Lucas County Health Department which included four workgroup break-out sessions.
- 6) Service providers are present at all committee meetings; when system changes are contemplated, provider expertise is solicited.
- 7) Executive Director is an active participant, frequently in leadership roles, with OACBHA (Board Association) and the Northwest Ohio Regional Collaborative (regional board directors). Executive Director also serves on local inter-system committees and has positive relationships with the State Director's Office.

Next Steps:

- 1) Document all the state and local committees that trustees and staff serve on; show how ingrained we are in the community and identify any possible gaps in the Board's community involvement.

**OBJECTIVE 2:** Promote, arrange, and implement working agreements with public and private sectors to support service systems.

Progress to date:

- 1) MHR SB is leading the Behavioral Health/Criminal Justice Workgroup which is an outgrowth of the Sequential Intercept Mapping project that was sponsored by the Board.
- 2) Executive Director is member of the Criminal Justice Coordinating Council as well as the Lucas County Jail Relocation Committee.
- 3) Working with United Way on the 211 Homeless referral process as well as the Recovery Helpline.
- 4) Collaborated with Family Council on a community survey targeting families.

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- 5) Working with Sheriff on Opiate Task Force.
- 6) We do create Memorandums of Understanding with collaborating partners.
- 7) Facilitating community discussions on CliniSynch for sharing information between partners.

**Next Steps:**

- 1) Reach out to healthcare community to explore potential partnering prospects in response to the Affordable Care Act or other opportunities.
- 2) Explore ways to increase the capacity of the faith-based and private practice communities to support and serve priority needs.

**Resources**

**STRATEGY:** GENERATE SUFFICIENT RESOURCES TO SUPPORT BOARD IDENTIFIED TARGET POPULATION AND SERVICE PRIORITIES.

**OBJECTIVE 1:** Recruit and promote local financial support for prevention, treatment and recovery services from private and public sources.

**Progress to date:**

- 1) Successfully passed the Mental Health renewal levy in 2014 while incorporating opportunity for education and advocacy in the levy message.

**Next Steps:**

- 1) Build on relationships with other planning entities to collaborate on resource development methods for target populations and priority need areas.

**OBJECTIVE 2:** Formalize methods for considering cost-effectiveness as part of the allocation process.

**Progress to date:**

- 1) FY 2016 purchasing recommendations considered the cost per person served.

**Next Steps:**

- 1) Identify mechanisms to measure cost/outcomes and monitor results of cost efficiencies.
- 2) Incorporate means to consider performance in the allocation process.
- 3) Integrate cost-effectiveness with the allocation process.

**OBJECTIVE 3:** Maximize the value of local, state, federal, and private sources of funding that target the needs of the priority populations.

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Progress to date:

- 1) BHJJ grant has provided collaborative funding.
- 2) Received 507 funding awards while working with Northwest Ohio Regional Collaborative and OhioMHAS.
- 3) Have used MHRBSB dollars to leverage OHFA resources.

Next Steps:

- 1) Access sources of funding not traditionally used and leverage these dollars to attract additional resources.
- 2) Still examining impact of Medicaid expansion to determine potential courses of action needed in light of changes.

**OBJECTIVE 4:** Maintain sound fiscal practices.

Progress to date:

- 1) Fiscal Practices affirmed in Culture of Quality Certification review.
- 2) All reports to State and Local authorities are completed timely.
- 3) Claims and other payments are processed on a weekly basis.
- 4) Operating Cash Balance currently exceeds requirements.

Next Steps:

- 1) Review of Board Financial and Operations policies and procedures by December 31, 2015.

### **Service Delivery Systems**

**STRATEGY:** REDUCE THE IMPACT OF SUBSTANCE ABUSE AND MENTAL ILLNESS IN LUCAS COUNTY

**OBJECTIVE 1:** Establish a comprehensive, integrated continuum of care for target populations.

Progress to date:

- 1) Expanded prevention and treatment efforts related to opiate addiction in response to need.
- 2) Have awarded funding for peer run respite and expansion of the consumer operated service center.
- 3) Continue to support the integration of AOD and MH care through funding and monitoring.

Next Steps:

- 1) Improve opportunities for family involvement throughout the continuum of care.

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- 2) Identify priority investments that will be included in the OhioMHAS Community Plan.
- 3) Continue development of Peer Run Respite (with NPI).
- 4) Continue work on the Wernert Center Expansion.
- 5) Complete the transition to the Recovery Help Line.

**OBJECTIVE 2:** Promote emotional health and reduce the likelihood of mental illness, substance abuse, and suicide.

Progress to date:

- 1) Made new investments related to Heroin/Opiate use (and death by overdose) in Lucas County.

Next Steps:

- 1) Identify priority investments that will be included in the OhioMHAS Community Plan.

**OBJECTIVE 3:** Encourage the development of high-quality, cost-effective, and comprehensive services that are culturally competent and responsive to priority needs in the community.

Progress to date:

- 1) All agencies were reviewed by the Board's Compliance Monitoring department, including a financial review; discrepancies were noted in a report and required a plan of corrective action.
- 2) Board's Quality Improvement Manager formed a multi-agency Quality Improvement Council to aid in measuring and monitoring the impact of Board investments.

Next Steps:

- 1) Report on System-wide Goals.

**OBJECTIVE 4:** Support system innovation and improvement based on evidence-based practices and promising approaches.

Progress to date:

- 1) Have implemented Mental Health First Aid Training.
- 2) Made significant investment to bring Cognitive Enhancement Therapy to Lucas County.
- 3) Continue to look for Opportunities to expand CIT.

Next Steps:

- 1) Recommend expansion of CET in FY 2016.
- 2) Explore alternative options to improve access to services.

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### Education/Advocacy

**STRATEGY:** IMPROVE VISIBILITY AND APPRECIATION FOR THE MISSION OF THE BOARD.

**OBJECTIVE 1:** Develop plan to promote understanding and support for the vision/mission, Guiding Principles, and organization goals with the Board, staff, and volunteers.

Progress to date:

- 1) Approved a formal Community Engagement Plan.
- 2) Placed copies of Vision/Mission Statement in each Board office.

Next Steps:

- 1) Need to produce updated report on Community Engagement Plan.

**OBJECTIVE 2:** Increase public understanding about mental illness and substance use disorders, the reality that people recover, and how to access treatment and recovery supports.

Progress to date:

- 1) Doing RFP from Access Work Group for marketing/education on access to system.
- 2) Capitalized on Levy Campaign to get Board's message out talking points.
- 3) Funded and implemented Mental Health First Aid Training.
- 4) Engaged in 24 community events in Lucas County.
- 5) Gave six community presentations on the MHR SB.
- 6) 13 MHR SB community awareness billboards placed throughout the County.
- 7) Promotional items (pill boxes, bags, balls, pens and wristbands) ordered and distributed to increase brand identity.

Next Steps:

- 1) Expand strategies for effective engagement of cross-cultural groups.

**OBJECTIVE 3:** Create a cohesive identity and media presence.

Progress to date:

- 1) Launched a new MHR SB website on March 27, 2015.
- 2) Posted meeting minutes and announcements on website.
- 3) Regular Facebook & Twitter updates.
- 4) 49 media hits in FY 2015 (earned media).

Next Steps:

- 1) For FY 2016, 50 earned media and paid advertising placements.

**OBJECTIVE 4:** Capitalize on current resources and events.

Progress to date:

- 1) Medicaid expansion advocacy with Representative Sears.
- 2) Advocated with TARTA to retain the utilization of tokens for persons with disabilities.

Next Steps:

- 1) Be more proactive in responding to current events/issues.

**Mental Health First Aid Legal Opinion**

At the May 5, 2015 Planning & Finance Committee meeting, a question was raised by a provider regarding the MHRSB's statutory ability to facilitate a Mental Health First Aid training initiative. In response to this question, the Lucas County Prosecutor's office was requested to render an opinion.

In an email dated June 6, 2015, Assistant Prosecutor John Borell provided the following opinion:

*"You have stated that a MHRSB contracted provider has suggested that the Board does not have the statutory authority to provide mental health first aid training to the community." This suggestion is incorrect.*

*Mental Health First Aid Training teaches members of the community the signs of mental illness, the impact of mental and substance abuse disorders, how to assess a situation, and the availability of local resources. Thus, this training does not provide services to clients. Rather, the program is intended to train non-professionals, such as first responders, to assist individuals to obtain addiction or mental health services.*

*While a board of alcohol, drug addiction and mental health services is a planning agency that does not offer services to clients, the statutory duties of the Board and Director are broad within the scope of planning. Ohio law authorizes the Board to establish emergency services. R.C. 340.03(A)(11)(d). This statute is broad enough to include Mental Health First Aid Training.*

*Therefore, in our opinion, the MHRSB may, under Ohio law, provide Mental Health First Aid Training."*

Board Staff is providing this update to the Governance Committee for informational purposes only. No additional action is being requested at this time.

### **MHR SB Policy Update – Finance and Operations**

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 the Policy, Board staff has developed a three-year review schedule for each policy section. It is proposed that the 27 policies related to Finance and Operations, and the 20 policies related to Governance be reviewed this fiscal year. Human Resources, consisting of 35 policies will be reviewed in FY 2016, and the remaining policies: Mission and Programs (24 policies) and HIPAA (13 policies) will be reviewed in FY 2018.

In order to expedite the review process, Board staff has reviewed each policy related to Finance and Operations on behalf of the Governance Committee. In the area of Finance and Operations, one policy is being recommended for deletion and seven policies for revision as outlined below:

- Board Administrative Budget Preparation and Execution Policy – recommended for deletion (covered in the Operating Budget Policy).
  
- Board Expenditure Approval
- Operating Fund Balance Preservation
- Payor of Last Resort – First Party Payor Subsidy
- Provider Eligibility of Board Funded Services
- Purchasing
- Uncollectible Accounts Receivable
- Withholding Payments

Attached is a summary detailing the change(s) made in each of the policies, as well as a copy of each policy. Should the Governance Committee agree with the recommendations of Board staff, the following motions are presented for consideration:

*The Mental Health & Recovery Services Board of Lucas County approves the Finance and Operations Policies contained in the Board packet effective September 1, 2015.*

*The Mental Health & Recovery Services Board of Lucas County approves the deletion of the Board Administrative Budget Preparation and Execution Policy, effective September 1, 2015.*

**MHRS Board Finance and Operations Policies  
Proposed Policies Changes**

Policy Name	Proposed Policy Changes
Board Administrative Budget Preparation and Execution	<b>Delete</b> - Duplicated in Board Operating Budget policy. A separate policy isn't needed.
Board Expenditures Approval	Restricted the Executive Director's board expenditures approval to three categories: previously approved Board motions, approved as part of the Board's Administrative Budget and for out of county agencies which provide crisis services for a Lucas County resident.
Operating Fund Balance Preservation	Added policy language that proposed expenditures cannot be approved without intruding on the minimum Board Operating Fund Balance without the affirmative vote of two-thirds of the Trustees.
Payor of Last Resort - First Party Payor Subsidy	Remove "registered persons" from the policy since enrolled clients is in the policy and that description is more accurate.
Provider Eligibility of Bd. Funded Service	Eliminated the Agency's continuous use of a line of credit from the policy. It is essentially impossible to clearly identify when an agency has been using their line of credit to fund ongoing operations.
Purchasing Policies - Administrative Expenses	Change Policy Name to Purchasing Policy.
Uncollectible Accounts Receivable	Increased the Executive Director's discretion in writing off uncollectible accounts receivables from \$500 to \$5,000.
Withholding Payments	Adding "plan" in the final policy bullet point.

8/6/2015

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

**Board Administrative Budget Preparation and Execution**

**Effective: 1/1/14**

**Supersedes: 9/2010**

RECOMMEND DELETION OF THIS POLICY

**POLICY**

The Mental Health and Recovery Services Board of Lucas County will adopt an annual operating budget to maintain internal administrative controls and assure effective fiscal management.

**ACCOUNTABILITY**

Executive Director, Associate Executive Director

**PROCEDURE**

- A. Budget Preparation: The budget is initially prepared by the Executive Director or his/her designee and reviewed by the appropriate Board Committee. The Board will approve the Board's Administrative Budget as part of its annual purchasing plan allocation process. This budget will be the financial basis to implement the Board's annual work plan.
- B. Line Item Transfers: In the event that any proposed expenditures exceed the amounts allotted in each individual line item by the greater of \$5,000.00 or ten percent, the Executive Director shall bring the proposed change to the appropriate Board Committee for review and approval prior to any additional expenditures within that line item. Any administrative expenditure that would result in total administrative spending in excess of the total approved administrative budget requires prior Board approval.
- C. Fixed Assets: All fixed assets expected to be purchased for the Board shall be specified in the budget. Any expenditure outside the approved budget for fixed assets requires prior Board approval.
- D. Board Actions: Any approved motions by the Board of Trustees shall be reflected in the budget prior to the next Board meeting.

**Approved:**

\_\_\_\_\_  
Scott A. Sylak, Executive Director

\_\_\_\_\_  
Date

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

**Board Expenditures Approval**

**COQ: VII-A.7  
Effective: 9/1/15  
Supersedes: 1/1/14**

**POLICY**

The Mental Health and Recovery Services Board of Lucas County authorizes its Executive Director, or persons authorized by the Executive Director, to be the sole signature necessary for the approval of Board expenditures as defined by the following procedure. The Executive Director is authorized to approve any expenditure that is (1) for an out-of-county agency providing crisis services for a Lucas County resident, (2) previously approved by the Mental Health and Recovery Services Board of Lucas County, or (3) approved as part of the Board Administrative Budget.

**ACCOUNTABILITY:**

Executive Director and Associate Executive Director

**PROCEDURE**

1. The Finance Manager prepares vouchers for all potential expenditures on a weekly basis.
2. All potential expenditures are reviewed and signed with initial approval by the Associate Executive Director to ensure that all items are related to previously approved Board decisions to disburse funds. Potential expenditures are entered into the county Enterprise Resource Planning (ERP) system and an Outstanding Encumbrances Report is generated.
3. The Executive Director, or designee, reviews and signs the Outstanding Encumbrances Report as authorization for payment. Any line items not approved by the Executive Director or designee will be deleted from the county ERP system and not processed for payment. The detailed vouchers are then taken to the Lucas County Auditor's office for disbursement of funds.
4. A Schedule of Bills report detailing all disbursement of funds for the month is prepared, then signed by the Executive Director, or designee, and is included in the monthly board packet for ratification by the Board of Trustees.

**Approved:**

\_\_\_\_\_  
Scott A. Sylak, Executive Director

\_\_\_\_\_  
Date

# MENTAL HEALTH & RECOVERY SERVICES BOARD OF LUCAS COUNTY

Operating Fund Balance Preservation

COQ: VII A-6  
Effective: 9/1/15  
Supersedes: 1/1/14

## POLICY

The Mental Health and Recovery Services Board of Lucas County will maintain a minimum Operating Fund balance determined by the Board of Trustees. This minimum Operating Fund balance, which is a combination of Cash and Accounts Receivables, is intended to provide a minimal amount of financial flexibility to handle unexpected revenue shortages and to provide the capacity to make emergency purchases in response to unanticipated needs. The amount of the current minimum Operating Fund balance will be documented in Board of Trustees meeting minutes. If any proposed expenditure, including the annual Purchasing Plan and the Board Administrative Budget, cannot be approved without intruding on the minimum Operating Fund Balance based on the most current financial projection model, the proposed expenditure may be authorized only upon the affirmative vote of two-thirds of the Trustees.

## ACCOUNTABILITY

Associate Executive Director

## PROCEDURE

1. The Board will review the most current financial projection model before approving the annual Purchasing Plan and Board Administrative Budget to assure that an adequate Operating Fund balance will be maintained based upon anticipated revenues and proposed purchasing plan allocations.
2. The Planning & Finance Committee will review all updated financial projections and will report to the Board if it appears reasonably certain that the Board's current contractual commitments and budgeted Board administrative expenses will cause the Operating Fund balance to fall below the minimum balance.
3. If the Planning & Finance Committee reports to the Board that it is reasonably probable that the Operating Fund balance will fall below the minimum balance based on the most current financial projections, the Board will consider whether it is necessary or appropriate to (a) invoke Agency contract provisions that allow the Board to reduce agency funding in the event that projected governmental revenue to the Board is not forthcoming, (b) reduce the Board's administrative spending, (c) cancel or re-negotiate Board contracts to the extent permitted by law, or (d) take any other action to maintain the minimum Operating Fund balance required by this Policy.

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

**Operating Fund Balance Preservation**

**COQ: VII A-6  
Effective: 9/1/15  
Supersedes: 1/1/14**

4. The Board will review the minimum Operating Fund balance amount annually to determine if the amount is reasonable and appropriate.

**Approved:**

\_\_\_\_\_  
**Scott A. Sylak, Executive Director**

\_\_\_\_\_  
**Date**

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

**Payor of Last Resort - First Party Payor Subsidy**

**Effective: 9/1/15**

**Supersedes: 2/1/14**

### **POLICY**

The Mental Health and Recovery Services Board of Lucas County expects each Provider Agency rendering non-Medicaid services to Enrolled Clients on a purchase of service basis to provide a written statement of incurred expenses for non-Medicaid services to all such Clients. Such incurred expenses are the obligation of the Client except to the extent subject to Third Party Liability. As the Payor of Last Resort, the Board may pay the Client's obligation for incurred expenses that are not subject to Third Party Liability based upon documented limitations in the Client's ability to pay. Should the Board pay the Client's incurred expenses not subject to Third Party Liability, it will do so according to the Schedule of Subsidy attached hereto, which Schedule may be periodically modified by the Board in its sole discretion, and according to the terms of the Board's Provider Agreement with the Agency. If a client's services result in charges that exceed either 10% of his/her monthly or annual income, the Board will subsidize the charges in excess of 10% at a 100% level, providing the client's agency adequately documents the client's income.

### **ACCOUNTABILITY**

Associate Executive Director

### **PROCEDURE**

1. Written documentation of incurred expenses shall be reported to the Client, or the person financially responsible for the Client (hereinafter the "First Party Payor") not less than monthly based on the approved rate for the services rendered established by the then current Provider Agreement. The statements must show the date the service was rendered and the units of each service provided.
2. The Provider Agency shall collect all information necessary, current to the date of service, to determine the amount of First Party Payor incurred expense, if any, to be presented to the Board for consideration under the Schedule of Subsidy. Payments from insurance carriers that have a contractual agreement with the Agency will be considered full and total payments and these claims are not eligible for Board payment.
3. The Provider Agency shall bill the Board for the amount permitted by the Schedule of Subsidy under the procedures consistent with the current Provider Agreement language less any non-contracted insurance carrier payments.

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

**Payor of Last Resort - First Party Payor Subsidy**

**Effective: 9/1/15**

**Supersedes: 2/1/14**

4. Upon receipt of Board subsidy payments, the Provider Agency shall credit the payment against the Client's account, and the Board's payment shall be disclosed to the Client and/or the First Party Payor.
5. First Party Payor revenue will be reported by the Provider Agency to the Board in a manner consistent with the current information system application in effect for claims submission. The Provider Agency may bill the Board for any uncollected First Party Payor incurred expenses that are outstanding greater than ninety days. If the Provider Agency has made a good faith effort to collect the First Party Payor incurred expenses, the Board shall reimburse the Provider Agency for the amount of the uncollected expense, subject to the POS cap.
6. Audits will be performed concurrently and retrospectively to assure policy compliance.

Approved:

\_\_\_\_\_  
Scott A. Sylak, Executive Director

\_\_\_\_\_  
Date

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

**Provider Eligibility for Board Funded Services**

**Effective: 9/1/15  
Supersedes: 3/1/15**

**POLICY**

It is the policy of the Mental Health and Recovery Services Board (MHRSB) of Lucas County to utilize the following minimum criteria to establish a provider's eligibility to receive MHRSB funds:

- A. Adherence to all federal, state and local laws, and applicable MHRSB of Lucas County policies.
- B. Licensure and certification by the appropriate state agency (Ohio Mental Health and Addiction Services) for the specific service type and location, as well as continuing conformance with all applicable licensing, certifications, or other professional standards set forth in applicable state and federal regulations.
- C. All contracted agencies will have written policies regarding termination/case closure and reinstatement into services for both Medicaid and MHRSB subsidized consumers as applicable.
- D. Capacity to serve mentally ill and addicted populations that have other physical disabilities like hearing, speech, sight, or mobility issues as well as those whose primary language is other than English.
- E. Demonstration that any suit, claim, proceeding, or disciplinary action commenced in the previous five (5) years alleging a breach in the applicable standards of care in providing mental health and/or addiction treatment, prevention and support service either has been resolved without adverse findings against the provider or has been addressed such that the MHRSB is assured that those services will be of acceptable quality.
- F. Meet the following minimum financial requirements:
  1. A "Going Concern" citation will not have appeared in the most recent two consecutive fiscal year audits. If an Agency receives the first "going concern" citation in the most recent fiscal year, the Board will send the Agency a letter reminding them of this policy and they will be required to develop a Corrective Action plan to explain how the agency will address the "going concern" citation.
  2. The agency will not have any delinquent taxes, interest or penalties to any government agency that is unpaid as of the date of the most recent audit, unless a formal agreement has been reached with the tax authority regarding terms of repayment. A copy of the formal agreement along with an affirmation from the agency Executive Director/CEO that all payments required by the plan have been made in accordance with the terms of the agreement.

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

**Provider Eligibility for Board Funded Services**

**Effective: 9/1/15  
Supersedes: 3/1/15**

3. The agency must have an independent audit of their financial statements for the most recent fiscal year end if the agency had a total annual budget of \$200,000 or more. Organizations having total annual budgets of \$100,000 to \$200,000 must submit a review of their financial statements from an outside independent CPA firm. Organizations having an annual total budget of less than \$100,000 would only need to submit un-reviewed internal financial statements.
4. A provider who meets eligibility conditions to receive MHR SB funds does not establish an entitlement to receive such funds.

**ACCOUNTABILITY**

Executive Director, Associate Executive Director, Associate Director

**PROCEDURE**

1. Prior to making an initial recommendation for funding, the MHR SB Associate Director will verify that the requesting provider has the appropriate licensure/certification for the sites in which funding is being requested and that the requesting provider has satisfactorily resolved any suit, claim, proceeding, or disciplinary action occurring in the previous five (5) years which involved mental health and/or addiction treatment, prevention and support services.
2. The Associate Executive Director will verify that the requesting provider meets the minimum financial requirements.
3. The Associate Director will assure that all eligibility funding criteria established within this policy will be reflected in all contracts and assurance statements as appropriate and that assurances are received from the requesting providers regarding current and continuous compliance with the established eligibility criteria.

**Approved:**

\_\_\_\_\_  
Scott A. Sylak, Executive Director

\_\_\_\_\_  
Date

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

**Purchasing**

**COQ: VII-A.7**

**Effective: 9/1/15**

**Supersedes: 1/1/14**

**POLICY**

The Mental Health and Recovery Services Board (MHR SB) of Lucas County will purchase equipment, materials, and professional services for the MHR SB in accordance with ORC Section 307.86, the standards and regulations established by the county, prudent business practices, and the MHR SB's commitment to affirmative action.

**ACCOUNTABILITY**

Director of Operations and Information Technology, Associate Executive Director

**PROCEDURE**

**A. State Regulations:**

Anything to be purchased, leased, leased with an option or agreement to purchase, or constructed, including, but not limited to, any product, structure, construction, reconstruction, improvement, maintenance, repair, or service, except the services of an accountant, architect, attorney at law, physician, professional engineer, construction project manager, consultant, surveyor, or appraiser by or on behalf of the county or contracting authority, as defined in Section 307.92 of the Revised Code at a cost in excess of \$50,000, except as otherwise provided in division (D) of section 713.23 and in sections 9.48, 125.04, 125.6 to 125.6012, 307.022, 307.041, 307.861, 339.05, 340.03, 4115.31 to 4115.35, 5119.44, 5513.01, 5543.19, 5713.01, and 6137.05 of the Revised Code, shall be obtained through competitive bidding. However, competitive bidding is not required in instances outlined in ORC 307.86, including, but not limited to:

1. The Board of County Commissioners determines that an emergency exists.
2. It is determined that there is only a single supplier of the item to be purchased.
3. Such purchase is from the federal government, state, county or contract authority thereof, a board of education, township or municipal corporation.

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

**Purchasing**

**COQ: VII-A.7**

**Effective: 9/1/15**

**Supersedes: 1/1/14**

**B. State Regulations:**

1. Purchases of \$50,000.00 and over shall be advertised on the MHR SB's website or through a legal notice published in local print media that has wide distribution in the African American and Hispanic communities. Bids may also be solicited directly from known responsible suppliers. If the Board uses a legal notice it shall be advertised at least once a week for two consecutive weeks.
2. Purchases of \$7,500.00 through \$49,999.99, requires that three written quotations be solicited from known responsible suppliers. See F. Affirmative Action for additional requirements.
3. Purchases of any equipment that will access Lucas County Auditor's Office network must receive prior approval from the Lucas County Auditor's Office IT department.

**C. Award of Purchases:**

Purchases under this policy should, whenever possible, be based on competitive bids but shall be awarded to the lowest and best bid based on the criteria established for that bid which shall include but not be limited to price, quality, delivery, qualifications, etc. The MHR SB shall retain the right to reject any and all bids.

**D. Purchase Orders:**

1. All purchases of \$250 or more shall be made using an approved purchase order signed by an authorized MHR SB employee. The purchase order shall include, at a minimum, the name and address of the supplier, a description(s) of the goods and/or services being purchased along with the agreed upon price.
2. A list of employees who are authorized to approve purchase orders will be approved on an annual basis by the Executive Director. The list will also contain any dollar limitations or limits on the type of purchase that each employee may approve.

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

**Purchasing**

**COQ: VII-A.7  
Effective: 9/1/15  
Supersedes: 1/1/14**

**E. Contracts:**

Using the MHR SB's professional services contract form, a contract shall be prepared and executed for the purchase of all professional services in excess of \$3,000.

**F. Affirmative Action:**

The MHR SB shall follow its Affirmative Action Program in its implementation of this policy in accordance with ORC 340.12. In the interest of increasing our purchases from Minority Business Enterprises, as defined in ORC, the MHR SB will take these additional steps:

1. Purchases of \$3,000 through \$49,999.99 will require that three written quotations be solicited from known responsible suppliers. Reasonable effort will be made to obtain written quotations from Minority Business Enterprises. These purchase opportunities will be advertised on the MHR SB website.
2. For purchases of over \$7,500, a legal notice will be published in local print media that has wide distribution in the African American and Hispanic communities.
3. The MHR SB will access the PlanetBids portal which is maintained by Lucas County to find Minority Business Enterprises that are responsible suppliers which may be interested in submitting written quotations for purchases of \$3,000 through \$49,999.99.

**G. Violations:**

MHR SB staff will be held personally liable for any unauthorized purchase, and may result in disciplinary action up to and including termination.

**Approved:**

\_\_\_\_\_  
**Scott A. Sylak, Executive Director**

\_\_\_\_\_  
**Date**

# MENTAL HEALTH & RECOVERY SERVICES BOARD OF LUCAS COUNTY

Uncollectible Accounts Receivable

Effective: 9/1/15  
Supersedes: 1/1/14

## POLICY

The balance sheet of the Mental Health and Recovery Services Board (MHRSB) of Lucas County shall fairly present Accounts Receivable as those items, which have a reasonable probability of being collected. When an item is determined to be doubtful or uncollectible, staff will seek documented approval from the MHRSB to make entries to the books to either establish reserves against the Accounts Receivable balance or write off receivables in excess of \$5,000 as bad debts.

## ACCOUNTABILITY

Finance Manager

## PROCEDURE

1. The Finance Manager shall perform a documented review of the accounts receivable balance at least quarterly. For any items, which are overdue by more than 90 days, a written request for payment shall be issued.
2. When it is determined that there is doubt that an account balance will be collectable, the Finance Manager may approve an entry to create an "allowance for doubtful accounts" with a corresponding offset to the fund balance. This will appear as a reduction to the unreserved fund balance on the balance sheet. Continued efforts shall be made to collect this amount due to the MHRSB.
3. After an account has been open for more than one year, the Finance Manager shall make a written recommendation as to whether the account should be kept open or written off as a bad debt. Recommendation to write off must be approved by the Executive Director. The Executive Director has the discretion to write off an account up to \$5,000.
4. For all proposed writes-offs in excess of \$5,000, the proposal shall first be presented to the Planning & Finance Committee for consideration. Write-offs approved by the Planning & Finance Committee will then be added to the agenda for the next regularly scheduled meeting of the MHRSB. MHRSB approved write-offs will be recorded in the financial statements as Bad Debt Expense.

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

**Uncollectible Accounts Receivable**

**Effective: 9/1/15  
Supersedes: 1/1/14**

5. Detail regarding the description of the account balance, vendor, purpose for expenditure, correspondence relating to attempts to collect the debt, as well as a copy of authorization to dispose of the account off shall be maintained as part of the support for any journal entry required to write off bad debts.

**Approved:**

\_\_\_\_\_  
**Scott A. Sylak, Executive Director**

\_\_\_\_\_  
**Date**

# MENTAL HEALTH & RECOVERY SERVICES BOARD OF LUCAS COUNTY

Withholding Payments

Effective: 9/1/15

Supersedes: 1/1/14

## POLICY

Payments may be withheld or suspended by formal action of the Mental Health and Recovery Services Board (MHRSB) of Lucas County under, but not limited to, the following conditions:

- Agency insolvency;
- Suspension of a license or certification required by law or necessary for the operation of the agency;
- Agency conditions exist that represent substantial risk or harm;
- Agency has any delinquent tax, interest or penalty obligations to any governmental authority;
- There is reasonable cause to believe that the agency is in violation of MHRSB, State or Federal billing procedures, rules or regulations;
- There is reasonable cause to believe that a program, service or responsibility funded by the MHRSB on a grant, performance or capacity contract basis is not being rendered by the agency or is being rendered in a manner substantially out of compliance with MHRSB funding guidelines, MHRSB policies, or other agreements pertaining to such program, service or responsibility.
- Excessive errors in claims data is determined;
- Failure to submit the annual independent audit within required time lines; and
- Lack of acceptable corrective action plan.

## ACCOUNTABILITY

Executive Director

## PROCEDURE

- A. In the event that the MHRSB staff identify that one of the above conditions apply, a report will be immediately forwarded to the Executive Director with a recommendation for action.
- B. Alternatively, an agency may also identify one of the above situations. In that event, the agency is expected to notify the Executive Director of the MHRSB as soon as possible in writing with a report outlining the exact condition or situation that exists, together with a description of the action that is being taken to remedy the situation.

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

**Withholding Payments**

**Effective: 9/1/15**

**Supersedes: 1/1/14**

- C. If the Executive Director determines that agency payments should be withheld, the Agency will receive written notice of intent to request MHRSB action at the next regularly scheduled MHRSB meeting to withhold stating the reason for doing so.
- D. Upon written request, the Agency shall be afforded an opportunity to meet with a Board Committee designated by the Board Chair. The Board Committee shall make written recommendations to the MHRSB and shall state the basis for the recommendation. The MHRSB will consider the situation at the next regularly scheduled MHRSB meeting or call a special meeting of the MHRSB if circumstances warrant immediate consideration.
- E. The MHRSB will decide if payments should be withheld or continue.
- F. Payments will resume to the Agency only upon proof satisfactory to the Board that correction or removal of the events for which funds were withheld have been addressed by the Agency.

**Approved:**

\_\_\_\_\_  
**Scott A. Sylak, Executive Director**

\_\_\_\_\_  
**Date**

**Executive Session – Personnel Related Matters**

At the June 9, 2015 Governance Committee meeting, the Executive Director sought direction from the Committee regarding their desire to strengthen the MHRSB's capacity to respond to community needs. At that time, the Executive Director was instructed to present a plan to the Governance Committee for the revision of the Board's Table of Organization.

Upon development of the draft plan, the Executive Director vetted the plan through his executive team. Adjustments were made based upon that feedback and the final draft is being presented to the Governance Committee for their consideration, input and potential approval. If approved by the Governance Committee, the final draft with appropriate revisions will be presented at the August 18, 2015 MHRS Board meeting.

Given that the related presentation and discussion will include the addition of positions, changes to an existing position, and salary adjustments where appropriate, it is recommended that the Governance Committee adjourn to Executive Session.

Therefore, the following motion is presented for the Committee's consideration.

*Move that the Governance Committee adjourn into Executive Session for the purpose of discussing changes to the existing MHRSB Table of Organization including the addition of positions, changes to existing positions and compensation levels where appropriate.*

As a reminder to the Committee members, the following is being provided.

This motion must be seconded, and passed by roll-call vote by a majority of a quorum. This vote must be recorded in the minutes.

NO VOTE MAY BE TAKEN IN EXECUTIVE SESSION.

After the discussion, and the Executive Session is completed, the Committee will go back into open session. The Open Session must begin with a motion to adjourn the Executive Session. The motion to adjourn the Executive Session should state:

*Move that the Executive Session for the purpose of discussing changes to the existing MHRSB Table of Organization including the addition of positions, changes to existing positions, and compensation levels where appropriate be adjourned.*

The vote to adjourn may be by a show of hands and does not require a roll-call vote.

Any action taken by the Governance Committee to approve the plan and move it forward for full Board consideration and approval can be conducted by consensus.