

MHR SB PROGRAMS & SERVICES COMMITTEE MEETING

April 26, 2016

4:00 p.m.

Agenda

Item	Information Enclosed	Action Required	Allocation Required	Page
1. Call to Order				
2. Recognition of Visitors				
3. Meeting Minutes: March 29, 2016	✓	✓		1-4
4. Zepf Center FY 2016 AOD POS Underspending and Recovery Housing	✓	✓	✓	5-6
5. FY 2017 Purchasing Plan – Proposed Allocations	✓	✓	✓	7-11
6. Health Officer Credentialing	✓	✓		12
7. Recovery Council Update	✓			13
8. Open Session				
9. Adjournment				

PROGRAMS & SERVICES COMMITTEE MINUTES**March 29, 2016**

Programs & Services Committee Members Attending:

Pastor Donald Perryman Scott D. Johnson Tony Pfeiffer
Andrea Mendoza Loch Andre Tiggs Dr. Mary Gombash
Robin Reeves

Programs & Services Committee Members Absent:

Dr. Lois Ventura Charlotte Cuno

Other Board Members Attending:

Bill Sanford

Visitors: Richard Arnold; Lisa Faber, Zepf; Jim Aulenbacher, Harbor; Annette Clark, FSNO; Jason Vigh, Rescue; Karen Wu, ABLE; Merisa Parker, Rescue; Pam Myers, Unison; Paul Lewis, Recovery Council; Greg Collier, Recovery Council; Deb Chany, SCAT; Deb Angel, Recovery Council; Michele Bryant, NAOMI.

Staff: Scott Sylak, Tom Bartlett, Tim Goyer, Donna Robinson, Camilla Roth Szirotnyak, Karen Olnhausen, Delores Williams.

Pastor Perryman opened the meeting at 4:07 p.m., followed by an introduction of visitors.

Meeting Minutes: Combined P&S/P&F Committee: March 1, 2016

The meeting minutes were approved by consensus.

Status of 120-Day Notices

Mr. Goyer provided the following update on the 120-Day Notices issued on February 17, 2016 for five programs that the Board staff recommended to not fund, or to reduce funding in FY 2017: Rescue received a 120-Day Notice for their inpatient physicians and they are not appealing a reduction in their funding; BBBS submitted an appeal letter and a meeting is pending between Board Staff and BBBS; FSNO appealed their 120-Day Notice, Board staff has met with them and will have a recommendation at the next P&F Committee meeting; UMADAOP has not formally appealed their 120-Day Notice but is seeking an agreement with FSNO to serve as their agent to bill POS claims in MACSIS which would remedy their problem; notice to TASC for the DYS program was issued March 17, 2016, but TASC has not yet appealed.

Review of Current Program/Services Summaries

Mr. Goyer stated that the Program/Services Summary is provided as a resource and includes all FY 2016 funded programs (except for the 17 mini-grant proposals). Mr. Goyer indicated that the program descriptions are part of the Provider Agreement Attachment 3 and the report is grouped by prevention, treatment and support services.

FY 2016 Half-Year Provider Performance Report

Ms. Roth Szirotnyak provided an overview of the half-year non-Medicaid FY 2016 Outcomes Monitoring Report for treatment and support service. Board staff has discussed any program issues with the agencies, and 120-Day Notices were issued to those agencies where programs with more serious issues including the possibility of a funding reduction or de-funding in FY 2017 are being considered. Many of the prevention programs are school-based so outcomes data won't be available until the end of the fiscal year for review.

Ms. Reeves inquired about the performance of the summer portion of the Adelante Buena Vida Program. Ms. Roth Szirotnyak stated that this program was rebuilt three years ago, and that this specific part of the program hasn't yet demonstrated success in terms of number served. The two other components of the program have performed well, and it was noted that this program will be reviewed upon receipt of the FY 2016 year-end outcomes to determine appropriate changes relative to the summer portion.

Mr. Pfeiffer asked what the targeted percentages are for each of the programs as they seem to be individual moving targets; he expressed interest in learning how we arrive at them and what is the basis for a successful program.

Dr. Gombash asked if the Board can get Medicaid MH and AOD data collected from the State since our outcomes reporting is only for non-Medicaid clients and doesn't fully represent the public health system. Mr. Sylak stated that he isn't sure that the State collects the Medicaid data in a consistent manner with only 44% of the people in substance use treatment being entered into the Ohio Behavioral Health Module. The Quality Council members have indicated that they would like to report to the Board, non-Medicaid and Medicaid outcomes in an aggregate form to improve efficiency; however, the Board hasn't asked the agencies to report on Medicaid clients; Dr. Gombash stated that the providers should be encouraged to suggest better programming for intravenous drug users, high-risk individuals, and polysubstance users.

Dr. Gombash stated that with regard to the Suboxone programming, what the MHRSB is doing hasn't worked anywhere else either with the population that suffers from severe addiction under this type of IOP treatment and monitoring. She believes that MHRSB needs to look at revising its programming in order to engage this population and maintain them in treatment for a successful outcome, and thinks our funded providers can help the Board determine what we need to do differently utilizing the under spent AOD POS allocations in order to achieve positive outcomes. Dr. Gombash suggested that the Board can then publish the positive outcomes for other Boards to learn what treatments are effective for this challenged population. Dr. Gombash stated that contingency management seems to work well with the severely addicted clients and there are statistics to support the current high dropout rates under the current IOP treatment model.

Mr. Pfeiffer asked for the items highlighted in red on the Outcomes Report, if the agencies are submitting their revised plans in writing in the next six months showing how to enhance better

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overall performance. Ms. Roth Szirotnyak said they aren't required to submit a formal written plan, but Staff has met with all of the providers to address issues with their outcomes, and the providers are required to submit third quarter reports to the Board. Dr. Gombash noted that it could be that the programming isn't working in some cases, and that programs need to be evaluated on a case-by-case basis.

MHR SB Community Meeting

Mr. Sylak referred to page 59 of the meeting packet and reviewed a summary of the presentations that were made at the February 16, 2016 Board/Stakeholder meeting. In addition to presenting them at the Programs & Services Committee meeting, they are posted on the MHR SB web site. It was noted that Staff considers these discussions/findings along with other consumer feedback collected throughout the year when establishing recommendations for the upcoming Purchasing Plan.

Health Officer Credentialing

Ms. Olnhausen presented the recommendation of the Health Officer Credentialing Committee for an appointment for renewal as a System Health Officer. The candidate listed below has met the requirements for designation as a System Health Officer.

The following motion was recommended to the Board of Trustees:

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

Renewal Designation:

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

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

Recovery Council Update

Mr. Sylak reported that the Recovery Council held a Problem Gambling Awareness Forum at the Zepf Center on March 21, 2016 with four people in attendance. In addition, five members of the Recovery Council met with Mr. Sylak and Ms. Barham on March 17, 2016 to discuss restructuring of the Recovery Council due to difficulties with low attendance at the monthly meetings and at the community forums, as well as high Council membership turnover. Discussion occurred regarding a variety of re-organization options. Staff requested that the Recovery Council members discuss the options at their April 19 Council meeting and report back to Board staff with their recommendations so that a plan can then be presented to the Programs & Services Committee.

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Recovery Helpline Update

Ms. Olnhausen indicated that a partial implementation of the Recovery Helpline occurred on January 1, 2016. The rollout assisted in identifying what is going well and what areas need to be corrected. Stakeholders have provided input that has led to the need for additional training at United Way 211 and Rescue.

The Regional Steering Committee is comprised of Wood, Hancock and Lucas County Boards, along with United Way of Greater Toledo 211, Rescue Incorporated, The Link, the Commissioner's office, and Thread Marketing. The Steering Committee continues to meet on a regular basis to develop plans for the marketing campaign and to problem solve any identified areas for improvement. In addition, Board staff continues to meet with Rescue to develop each step, and MHR SB IT staff is creating a multi-agency scheduling software to support the Recovery Helpline. On March 16, 2016, Rescue and the contracted provider agencies met; all agencies in attendance expressed interest in becoming a Helpline provider. An additional meeting with interested non-contracted providers will occur, and MOU's will be developed with all Helpline providers. It is anticipated that the Helpline will be fully implemented in mid-April 2016.

Open Session

- Mr. Arnold said this is the first P&S Committee meeting in 13 years on which we do not have members of the Recovery Council serving; since 2003, the Recovery Council Chair and Vice Chair have been voting members. He provided history of the Recovery Council's poor attendance over the past five years. He stated that the prior Executive Director attended all of the Council meetings, but the current Executive Director hasn't attended them. Mr. Arnold noted that on January 12, 2016, the Governance Committee reviewed the revised Consumer Recommendations and Advice Policy; while no comments were made by the Committee, Mr. Arnold expressed concern that under the revised policy there will no longer be a Recovery Council member appointed to the P&S Committee to substantiate and verify consumer feedback that will now be reported by the Executive Director.

Adjournment

The meeting was adjourned at 5:07 p.m.

Zepf Center FY 2016 AOD POS Underspending and Recovery Housing

On February 26, 2016 Zepf Center made a request to the MHR SB that the Board reallocate \$100,000 of Zepf Center's FY 2016 AOD POS underspending to Zepf Center's FY 2016 MH POS contract. At that time, an additional request of \$20,000 was made for FY 16 start-up expenses related to the Youth Emergency Shelter. In review of these requests, Board staff determined that Zepf Center will have approximately \$400,000 in AOD POS underspending. Board staff made a recommendation to the Trustees at the April MHR SB meeting to approve Zepf's requests, and the recommendation was approved.

On March 24, 2016 Zepf Center made an additional request that the Board re-allocate up to \$200,000 of Zepf Center's remaining FY 2016 AOD POS underspending, now estimated at \$280,000, to their FY 2016 Recovery Housing grant. In review of this request, Board staff identified that Zepf's Recovery Housing project has an anticipated annual budget of \$1,138,752. It is estimated that approximately \$800,000 of the Recovery Housing revenue is derived from profits realized by Zepf from the provision of treatment services. Additional revenue includes a modest amount of client fees and the FY 2016 MHR SB Recovery Housing grant of \$150,000.

From September 2014 through March 24, 2016 the project provided shelter, food and utilities to 325 individuals, including 256 Lucas County residents. Their average length of stay has been 112 days. As of March 24th, the facility had capacity for 104 residents and was full. Eighty-nine of those residents were from Lucas County.

Zepf Center administrators have indicated that the funding model for this valuable resource cannot be maintained at its current level and is therefore requesting additional MHR SB support. Board staff shares Zepf's concerns related to its current funding model for recovery housing. Board staff recognizes Zepf's considerable investment in recovery housing and commends Zepf Center for their initiative. However, Board staff concurs that the current funding model is unsustainable and believes approving Zepf's request to transfer \$200,000 in FY2016 AOD POS underspending to its FY 2016 Recovery Housing grant would do little to establish a long term solution.

Therefore, in an effort to preserve this valuable resource for Lucas County residents as well as develop a potential funding model that may be transferred to other recovery housing providers, Board staff proposed the following alternative for Zepf's consideration:

1. The current Zepf Recovery Housing Grant of \$150,000 would remain as is through FY 2016, but would not carry into FY 2017.
2. As a transitional period, retroactive to April 1st, Board staff will recommend an additional \$87,360 in rental subsidy be available from Zepf Center's FY 2016 AOD POS underspending to fund Zepf Center's Recovery Housing for Lucas County residents on a "per night used" basis. Reimbursement will be based upon \$12 per night for up to 120 days per person for a maximum of 80 beds per night. The allocation would be drawn down by actual usage and would not be provided as a grant allocation.

3. Understanding that current census figures has actual utilization at 89 Lucas County residents per night, the MHRSB would require that Zepf Center set aside a minimum of 10 additional beds per night for Lucas County residents at Zepf's full expense.
4. Lucas County residents would receive preferred access to all open beds until a 90 bed limit per night is reached.
5. The MHRSB would request input into the establishment of a mutually agreeable client fee structure for resident that does not exceed 30% of their net income.
6. Zepf would agree not to remove Lucas County residents from the Recovery House project for inability to pay client fees within the first 120 days of the client's residency.
7. MHRSB reimbursement for Recovery Housing would be limited to 120 days per person per year.
8. Zepf would agree to regular outcome reporting as to be determined.

Zepf Center has agreed to the alternative funding model and consequently Board staff is presenting the below motion for consideration of the MHRSB Trustees. If the below motion is approved, it would be staff's intention to include sufficient funds in the FY 2017 Purchasing Plan for full implementation of this alternative funding model at Zepf, estimated at \$350,400. Additionally, this funding model will be adopted to fund similarly requested services as need dictates and resources allow.

The following motion is recommended to the Board of Trustees:

The Mental Health and Recovery Services Board of Lucas County reduces Zepf Center FY 2016 AOD POS allocation from \$1,040,336 to \$952,976, a reduction of \$87,360 and increases the Zepf Center FY 2016 Recovery Housing allocation by \$87,360 , and authorizes its Executive Director to amend Zepf Center's FY 2016 Provider Agreement to reflect these changes.

FY 2017 Purchasing Plan – Proposed Allocations

The attached “FY 2017 Allocations Worksheet” lists recommendations which MHR SB staff propose the Board consider for FY 2017 funding. For comparative purposes, the worksheet includes FY 2016 approved allocations and amount that providers requested for FY 2017. The total investment proposed at this meeting is \$20,315,670. It is noted that as of this writing there are several items of indeterminate amounts for which recommendations are yet to be submitted. Most notably, a recommendation for an allocation to TASC for their programming in the Lucas County Jail is pending further review of their budgets. The DYS program at TASC is subject to a “120-Day notice,” also waiting for a budget review and possibly dependent on the amount of grant funding MHR SB will receive through OMHAS for that project. Harbor submitted an allocation request to fund ambulatory detox services, and while staff is supportive of adding the service, more information is needed in order to determine the amount to recommend for FY 2017. Finally, no allocation is recommended at this time for UMADAOP’s Outpatient AOD Treatment as that project is also subject to “120-day notice.”

Two agencies (FSNO and Harbor) submitted requests for funding for new projects that were unsolicited; staff recommends if they are to be considered it be done subsequent to the FY 2017 Purchasing Plan. Thomas Wernert Center asked for additional funding in order to “gear up” for their expanded facility; staff is inclined to recommend granting the request, however more information is needed about the timing of the new investment as it relates to the implementation of the project, and also to confirm that this is “part of” and not “on top of” increased operating costs that have already been anticipated. As was done in FY 2016, a line item on the allocation worksheet sets aside \$850,000 as a reserve available for new programs that may be considered throughout FY 2017. [*The amount is an estimate and may vary depending on allocations yet to be made and/or underspending amounts in FY 2016.*] Though these funds have not been directed to any agency, the total amount has been included in the Board’s financial forecasting models.

Prior to making its recommendations, Staff reviewed outcomes reports for the period ended December 31, 2015, financial utilization through the same period, and third quarter outcomes for agencies that were questionable at the half-year. Some highlights of the resultant recommendations include:

- 31 grant-funded programs are recommended to receive a 2% increase from FY 2016 funding based on their progress toward achieving outcomes and full utilization of the prior year’s allocation. That increase totals \$161,241.
- Allocations to A Renewed Mind, Harbor, Unison and Zepf of \$16,200 each are recommended for Cognitive Enhancement Therapy (CET). The award is to cover the cost of licenses, conferences (including travel) and miscellaneous supplies and materials for the program, including alumni groups.

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- While Recovery Housing is not new to the system in FY 2017, staff recommends a different way of investing in it. The proposal involves a per diem rate and an agreed number of beds that will be set aside for Lucas County residents. Both A Renewed Mind and Zepf have requested funding; the FY 2017 Allocations Worksheet reflects those recommendations.
- A new allocation to Zepf is recommended as they have agreed to the Board's request for the provision of a Program of Assertive Community Treatment (PACT) team. This was a recommendation of the Access to Treatment Workgroup, and Unison already expanded their PACT team in FY 2016 in response.
- Two programs, Inpatient Engagement and Preventing Psychiatric Emergencies, each provided by Harbor, Unison and Zepf are under professional evaluation; until that is complete, staff recommends no changes to the agencies' allocations.
- Actual spending for AOD outpatient treatment has been below FY 2016 allocation levels at every agency that had an allocation. Staff recommends reducing allocations to Harbor, New Concepts, Unison and Zepf to reflect current experience, while maintaining allocations at A Renewed Mind, Family Service of Northwest Ohio, Lutheran Social Services and UMADAOP. Keeping options open at a greater number of agencies is intended to reduce bottlenecks in order to provide access to treatment within 48 hours.
- Investment in services at Rescue is up \$651,124 (18%) from July 1, 2015. This increase includes 2% increases for residential, emergency and outreach, and services at the Juvenile Detention Center; however, the majority of the increase relates to the implementation of the Recovery Help Line and Urgent Care Center, offset by the elimination of Central Access and a reduction in the amount for inpatient physicians.
- Several investments that were made for a portion of FY 2016 are carried over as full year programs in FY 2017. They include: Individual Placement Services – Harbor; Housing Waiting List Reduction – NPI; expansion of PACT services – Unison; expansion of prevention services – Unison; and Recovery Helpline and Urgent Care – Rescue.

The following motion is recommended to the Board of Trustees:

The Mental Health and Recovery Services Board of Lucas County allocates \$20,315,670 to fund the purchase of prevention, treatment, and other supportive services in FY 2017. The Board's Executive Director is authorized to execute appropriate FY 2017 Provider Agreements with the Agencies and for the amounts listed on the FY 2017 Allocations Worksheet included in the May 17, 2016 Board meeting packet. FY 2017 Provider Agreements will also include funds that are passed through the Board from State or Federal Agencies at the amounts prescribed by those agencies.

FY 2017 Allocations Worksheet

Agency	Program	Approved FY 2016 Allocations	FY 2017 Agency Requests	Proposed FY 2017 Allocations	Comments
A Renewed Mind	Cognitive Enhancement	\$ 27,000	\$ 27,000	\$ 16,200	
A Renewed Mind	MH POS Outpatient - CET	\$ 10,000	\$ 10,000	\$ -	
A Renewed Mind	MH POS Outpatient	\$ 50,000	\$ 50,000	\$ 60,000	Combined
A Renewed Mind	AOD Outpatient Treatment	\$ 100,000	\$ 100,000	\$ 100,000	
A Renewed Mind	LCCC Vivitrol Program	\$ 100,000	\$ 100,000	\$ 100,000	
A Renewed Mind	Recovery Housing Support	\$ -	\$ 65,000	\$ 39,420	New Allocation
Total ARM		\$ 287,000	\$ 352,000	\$ 315,620	
ABLE	MH Impact Project	\$ 132,176	\$ 134,820	\$ 134,820	
ABLE	Government Benefits	\$ 73,364	\$ 73,364	\$ 74,831	
ABLE	Government Benefits	\$ 5,000	\$ 10,000	\$ 5,000	Increase not Recommended
Total ABLE		\$ 210,540	\$ 218,184	\$ 214,651	
Adelante	Buena Vida	\$ 91,800	\$ 93,636	\$ 93,636	
Big Brothers BS	Mentoring Triad	\$ 45,122	\$ 45,000	\$ 45,000	
FSNO	Breaking the Cycle	\$ 36,278	\$ 21,766	\$ 21,766	
FSNO	Boys Girls Club Therapy		\$ 21,302	\$ -	Unsolicited
FSNO	MH POS	\$ -	\$ 25,000	\$ 25,000	New POS allocation
Total FSNO		\$ 36,278	\$ 68,068	\$ 46,766	
Harbor	MH Outpatient Treatment	\$ 900,000	\$ 900,000	\$ 900,000	
Harbor	AOD Outpatient Treatment	\$ 200,000	\$ 102,191	\$ 102,191	
Harbor	Ambulatory Detox - POS		\$ 97,809	\$ -	
Harbor	Ambulatory Detox - Grant		\$ 226,200	\$ -	Negotiating Amount
Harbor	Engagement Services	\$ 249,900	\$ 430,975	\$ 249,900	Pending Evaluation
Harbor	Preventing Psych. Emerge.	\$ 156,933	\$ 312,295	\$ 156,933	Pending Evaluation
Harbor	Cognitive Enhancement	\$ 37,000	\$ 22,245	\$ 16,200	
Harbor	School/Comm. Prevention	\$ 367,200	\$ 374,544	\$ 374,544	
Harbor	Early Childhood Prevention	\$ 79,000	\$ 80,580	\$ 80,580	
Harbor	Community Senior Prev.	\$ 205,000	\$ 209,100	\$ 209,100	
Harbor	Ind. Placement & Support	\$ 44,385	\$ 88,770	\$ 88,770	Partial year in FY 2016
Harbor	SUD Clinical Training		\$ 70,260	\$ -	Unsolicited
Harbor	Heroin Prev. Education	\$ 102,000	\$ 127,800	\$ 104,040	Increase not Recommended
Total Harbor		\$ 2,341,418	\$ 3,042,769	\$ 2,282,258	
Learning Club	After School Programming	\$ 109,754	\$ 111,949	\$ 111,949	
Lutheran Social Svcs	AOD Outpatient Treatment	\$ 50,000	\$ 50,000	\$ 50,000	
Mercy St. Vincent's	Mother & Child Dependency	\$ 71,829	\$ 73,266	\$ 73,266	
NAMI	Suicide Prevention	\$ 30,600	\$ 41,212	\$ 31,212	Increase not Recommended
NAMI	Education/Outreach/Advoc.	\$ 104,958	\$ 107,057	\$ 107,057	
NAMI	Creative Expressions	\$ 79,754	\$ 81,349	\$ 81,349	
NAMI	Family Navigator	\$ 102,000	\$ 104,040	\$ 104,040	
Total NAMI		\$ 317,312	\$ 333,658	\$ 323,658	
New Concepts	MH Outpatient Treatment	\$ 25,000	\$ 34,711	\$ 34,711	
New Concepts	AOD Outpatient Treatment	\$ 640,000	\$ 565,289	\$ 565,289	
Total New Concepts		\$ 665,000	\$ 600,000	\$ 600,000	

FY 2017 Allocations Worksheet

Agency	Program	Approved FY 2016 Allocations	FY 2017 Agency Requests	Proposed FY 2017 Allocations	Comments
NPI	ACF Operations	\$ 1,006,041	\$ 1,026,041	\$ 1,026,041	
NPI	Rental Assistance	\$ 795,661	\$ 811,574	\$ 811,574	
NPI	Waiting List RA	\$ 24,000	\$ 140,000	\$ 140,000	
NPI	PATH (Match)	\$ 53,517	\$ 53,517	\$ 53,517	
NPI	Road to Recovery	\$ 105,000	\$ 107,100	\$ 107,100	
NPI	PSH Modernization	\$ 250,000	\$ 250,000	\$ 250,000	
NPI	Wellness&Recovery Center		\$ 38,613	\$ 38,613	
NPI	Peer Recovery Coaching	\$ 306,000	\$ 312,120	\$ 312,120	
Total NPI		\$ 2,540,220	\$ 2,738,965	\$ 2,738,965	
Rescue	Adult Crisis Stabilization Unit	\$ 500,000	\$ 510,000	\$ 510,000	
Rescue	Child/Adolescent CSU	\$ 560,000	\$ 571,200	\$ 571,200	
Rescue	Outreach/Emergency Svcs.	\$ 1,358,808	\$ 1,385,984	\$ 1,385,984	
Rescue	Inpatient Doctors	\$ 450,000	\$ 350,000	\$ 350,000	
Rescue	Central Access	\$ 265,000	\$ -	\$ -	Eliminated in FY 2016.
Rescue	Recovery Helpline	\$ 267,583	\$ 365,000	\$ 365,000	
Rescue	Urgent Care	\$ 443,407	\$ 865,000	\$ 865,000	
Rescue	Juvenile Detention/Assess.	\$ 137,400	\$ 140,148	\$ 140,148	
Total Rescue		\$ 3,982,198	\$ 4,187,332	\$ 4,187,332	
St. Paul's	Winter Crisis	\$ 55,000	\$ 56,100	\$ 56,100	
St. Paul's	Payee Program	\$ 203,490	\$ 207,560	\$ 207,560	
St. Paul's	Shelter Beds	\$ 230,375	\$ 234,983	\$ 234,983	
St. Paul's	Outreach Coordinator	\$ 55,000	\$ 56,100	\$ 56,100	
Total St. Paul's		\$ 543,865	\$ 554,743	\$ 554,743	
Swanton Area CC	Parent & Community	\$ 26,642	\$ 26,642	\$ 26,643	
Sylvania CAT	Parent Training & Education	\$ 110,509	\$ 112,719	\$ 112,719	
Sylvania CAT	Community Drug Drop Off	\$ 18,000	\$ 18,000	\$ 18,000	
Total SCAT		\$ 128,509	\$ 130,719	\$ 130,719	
TASC	Jail Reentry Program	\$ 512,550	\$ 409,335	\$ -	- Pending Budget Review
TASC	Family Drug Court	\$ 70,110	\$ 96,748	\$ -	- Pending Budget Review
TASC	GAIN Short Screener	\$ 40,785	\$ 203,925	\$ -	- Pending Budget Review
TASC	DYS Aftercare	\$ 129,992	\$ 161,917	\$ -	- Under 120 Day Appeal
TASC	Release to Recovery	\$ 33,000	\$ 33,000	\$ -	- Pending Budget Review
Total TASC		\$ 786,437	\$ 904,925	\$ -	
UMADAOP	AOD Outpatient Treatment	\$ 50,000	\$ 50,000	\$ -	Under 120 Day Appeal
UMADAOP	Healthy Workplace	\$ 51,000	\$ 52,020	\$ 52,020	
UMADAOP	Heroin Prevention	\$ 150,000	\$ 150,000	\$ 140,000	
Total UMADAOP		\$ 308,510	\$ 252,020	\$ 192,020	
Unison	MH Outpatient Treatment	\$ 1,200,000	\$ 1,230,000	\$ 1,230,000	
Unison	Dual Disorder Treatment	\$ 400,000	\$ 290,000	\$ 290,000	
Unison	Engagement Services	\$ 252,960	\$ 258,019	\$ 252,960	Pending Evaluation
Unison	Preventing Psych. Emerge.	\$ 152,578	\$ 155,630	\$ 152,578	Pending Evaluation
Unison	Residential Support	\$ 123,420	\$ 123,420	\$ 123,420	
Unison	PACT Engagement	\$ 40,234	\$ 120,701	\$ 120,701	Partial Year in FY 2016
Unison	Cognitive Enhancement	\$ 37,000	\$ 12,650	\$ 16,200	
Unison	Prevention Services	\$ 129,560	\$ 201,151	\$ 201,151	
Total Unison		\$ 2,335,752	\$ 2,391,571	\$ 2,387,010	

FY 2017 Allocations Worksheet

Agency	Program	Approved FY 2016 Allocations	FY 2017 Agency Requests	Proposed FY 2017 Allocations	Comments
Wernert Center	Operations/Club Room	\$ 261,834	\$ 301,532	\$ 267,071	
Wernert Center	Expansion Services		\$ 76,587	\$ -	Increase under consideration
Wernert Center	Peer Enrichment Program	\$ 320,076	\$ 368,603	\$ 326,478	
Total Wernert Center		\$ 581,910	\$ 746,722	\$ 593,548	
Zepf	MH Outpatient Treatment	\$ 1,400,000	\$ 1,365,693	\$ 1,365,693	Increase for ACT Team
Zepf	MH ACT Team		\$ 120,000	\$ 120,000	New Allocation
Zepf	AOD Outpatient Treatment	\$ 858,269	\$ 744,366	\$ 744,366	
Zepf	Methadone Administration	\$ 182,067	\$ 148,567	\$ 148,567	
Zepf	Engagement Services	\$ 102,000	\$ 104,040	\$ 102,000	Pending Evaluation
Zepf	Preventing Psych. Emerge.	\$ 153,000	\$ 156,060	\$ 153,000	Pending Evaluation
Zepf	Cognitive Enhancement	\$ 32,000	\$ 28,964	\$ 16,200	
Zepf	Residential Support	\$ 401,705	\$ 409,739	\$ 409,739	
Zepf	Recovery Housing	\$ 150,000	\$ 153,000	\$ 350,400	Increased Allocation
Zepf	Youth Shelter	\$ 20,000	\$ 50,000	\$ 50,000	
Zepf	Gambling Prevention	\$ 62,850	\$ 59,415	\$ 59,415	
Zepf	Gambling Treatment	\$ 20,000	\$ 50,000	\$ 50,000	
Total Zepf		\$ 3,381,891	\$ 3,389,844	\$ 3,569,380	
Board/Staff Directed Allocations					
CCNO	Medication	\$ 40,000	\$ 40,000	\$ 40,000	
Family Council	Pooled Funds	\$ 228,000	\$ 228,000	\$ 228,000	
LC Adult Probation	Forensic Monitor	\$ 60,730	\$ 61,945	\$ 61,945	
LC Sheriff - Jail	Medication	\$ 40,000	\$ -	\$ 10,000	No utilization in FY 2016.
MHRS Board	Mental Health First Aid	\$ 50,000	\$ 50,000	\$ 50,000	
MHRS Board	Mini Grants	\$ 77,764	\$ 100,000	\$ 100,000	
MHRS Board	CIT Training	\$ 37,000	\$ 37,000	\$ 37,000	
MHRS Board	Recovery Helpline Advert.	\$ 34,000	\$ 68,000	\$ 68,000	
MHRS Board	Program Evaluation	\$ 29,150			
MHRS Board	Family/Consumer Engag.	\$ 53,000			Estimated amount.
MHRS Board	Peer Support Trainings	\$ 10,000	\$ 10,000	\$ 10,000	
Toledo/LC Health	Naloxone Distribution	\$ 120,000	\$ 90,000	\$ 105,000	\$15,000 advertising in FY 2017
United Way	211 Recovery Helpline	\$ 21,080	\$ 41,134	\$ 41,134	
FY 2016 & 2017 Allocations		<u>\$ 19,671,089</u>	<u>\$ 21,038,092</u>	<u>\$ 19,288,243</u>	
Other Allocations					
OOD	Recovery to Work	\$ 265,000	\$ 307,786	\$ 177,427	Current OOD funding
Targeted Allocations	Estimated	\$ 257,000	\$ 850,000	\$ 850,000	Estimated
FY 2016 & Prelim FY 2017 Purchasing Plan		<u>\$ 20,193,089</u>	<u>\$ 22,195,878</u>	<u>\$ 20,315,670</u>	

Updated on 04/22/2016

Health Officer Credentialing

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

The Health Officer Credentialing Committee reviewed applications for fifteen (15) renewal candidates and five (5) new candidates. The Committee reviewed documentation to verify that the individuals being considered have the required licensure or certifications, experience in the field, and trainings as required by MHRSB policy. The individuals listed in the motion below have met the requirements for designation as a System Health Officer.

The following motion is recommended to the Board of Trustees:

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

For Renewal Designation:

Julie K. Pratt, MSW, LISW-S – Harbor – not to exceed May 31, 2018
Marianne Barabash, MHP, LSW – Rescue – not to exceed May 31, 2018
Jacqueline W. Clay, MHP, LSW – Rescue – not to exceed May 31, 2018
Dean DiCiacca, LSW – Rescue – not to exceed May 31, 2018
Prentis L. Holmes, MHP, LISW-S – Rescue – not to exceed May 31, 2018
Ivy R. Hopkins, MHP, LSW – Rescue – not to exceed May 31, 2018
Claudia M. Patterson, MHP III, LPCC – Rescue – not to exceed May 31, 2018
Merisa R. Parker, MHP, LSW – Rescue – not to exceed May 31, 2018
Lisa L. Anderson, RN – Unison – not to exceed May 31, 2018
Marsha L. Elliott, M.Ed, LSW, LPCC-S – Unison – not to exceed May 31, 2018
Kathleen S. Schaus, LSW – Unison – not to exceed May 31, 2018
Christine A. Bohland, LPPC – Zepf – not to exceed May 31, 2018
Brandi M. Hahn, LISW – Zepf – not to exceed May 31, 2018
Angela E. Hendren, LISW-S – Zepf – not to exceed May 31, 2018
Jonathan P. Skidmore, LISW – Zepf – not to exceed May 31, 2018

For New Designation:

Doreen M. Pant, LISW-S – Harbor – not to exceed May 31, 2018
Vicki I. Ammons, MHP, LSW – Rescue – not to exceed May 31, 2018
Nancy E. Bain, LPCC – Rescue – not to exceed May 31, 2018
Celeste R. Ridenhour, LPC – Zepf – not to exceed May 31, 2018
Dustin E. Smith, LSW – Zepf – not to exceed May 31, 2018

Recovery Council Update

The Recovery Council met last week to consider restructuring options. While a quorum was not obtained, four members were in attendance for the discussion. The consensus of the group was to continue with the current structure of the Council and seek stronger leadership through a membership campaign.

The Recovery Council members in attendance agreed and acknowledged the difficulties with attendance at its monthly meeting, low attendance at community forums, and high turnover within the Council. The Council is hoping to overcome its struggles to maintain an organizational infrastructure through strong leadership. The Council will continue its discussions and come forth with a plan at the May 31, 2016 Programs & Services Committee meeting.