

MHR SB PROGRAMS & SERVICES COMMITTEE MEETING

April 28, 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 – March 31, 2015	✓	✓		1-5
4. FY 2016 Purchasing Plan – Proposed Allocations	✓	✓	✓	6-11
5. FY 2016 Coordination of Benefits Language Discussion	✓	✓		12-14
6. Recovery Council Update	✓	✓		15-17
7. Open Session				
8. Adjournment				

PROGRAMS & SERVICES COMMITTEE MINUTES**March 31, 2015**

Programs & Services Committee Members Attending:

Pastor Donald Perryman	Scott D. Johnson	Linda Alvarado-Arce
Audrey Weis-Maag	Kyle Schalow	Robin Reeves
Dr. Mary Gombash	Dr. Lois Ventura	Deb Angel, Recovery Council Chair
Andre Tiggs	Andrea Loch (Non-Trustee)	

Programs & Services Committee Members Absent:

Tony Pfeiffer	Charlotte Cuno, Recovery Council Vice Chair
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Visitors: Richard Arnold; Kathy Bihn, NPI; Lisa Faber, Zepf; Jim Aulenbacher, Harbor; Joan Lozon, New Concepts; Nancy Yunker, LSSNWO; Annette Clark, FSNO; Karen Wu, ABLE; Joseph Ferguson, UMADAOP; Michelle Zydorcyk, TASC; Linda Parra, Nuestra Geute; Celeste Smith, TLCHD.

Staff: Scott Sylak, Tom Bartlett, Tim Goyer, Donna Robinson, Camilla Roth Szirotnyak, Latisha Williams, Kristal Barham.

Pastor Perryman opened the meeting at 4:02 p.m., with introduction of visitors.

Meeting Minutes: January 27, 2015

There were no corrections to the minutes, and they were approved as presented.

Status of 120-Day Notices

Mr. Goyer referenced page four of the meeting packet, making note that seven 120-Day Notices were issued to agencies by the Board to either not fund a program in FY 2016, or to materially change a contract. Responses to the notices were due back to the Board by March 9, 2015. Mr. Goyer indicated that Adelante and Unison did not appeal; TASC and SACC did appeal their notices and currently the Staff is in negotiations with the providers to restructure certain elements in their program; and Mercy St. Vincent appealed their notice related to the Mother and Child Dependency Program with a request to reduce the funding and to adjust the program level.

Family Services of Northwest Ohio appealed their "Breaking the Cycle" Program to the MHR SB with a request to continue their program at a reduced funding level due to the dramatic decrease in numbers served. Since FSNO is seeing some increase in the program referrals, the Staff recommended continuing the program with a reduction to their funding from \$162,703 per year to \$36,278. The Committee suggested that the staff closely monitor the outcomes of this program to further evaluate the continuation of funding for this program in the future.

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The following motion was recommended to the Board of Trustees:

The Mental Health and Recovery Services Board of Lucas County allocates \$36,278 to Family Services of Northwest Ohio – Toledo to provide the Breaking the Cycle Program for the period of July 1, 2015 through June 30, 2016. MHR SB's Executive Director is authorized to negotiate acceptable outcomes and to execute an FY 2016 Provider Agreement.

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

Mr. Goyer stated that the seventh 120-Day Notice was issued to the Sylvania Community Action Team (SCAT) for their Community Drop Off program that was originally in collaboration with the DEA. However, the DEA is no longer offering this program. SCAT requested an increase in funding to do similar programs and to pay for increased cost of advertising them. While staff is in support of funding for the two major drug drop off events in the community sponsored by SCAT, it made the recommendation to not increase funding since there are still several ongoing drop locations within Lucas County open to the public.

The following motion was recommended to the Board of Trustees:

The Mental Health and Recovery Services Board of Lucas County allocates \$18,000 to Sylvania Community Action Team to provide the Community Drug Drop Off Program for the period of July 1, 2015 through June 30, 2016. MHR SB's Executive Director is authorized to negotiate acceptable outcomes and to execute an FY 2016 Provider Agreement.

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

FY 2015 Half-Year Provider Performance Report (See Separate Attachment)

Mr. Goyer referred to the half-year Outcomes Report comprised of outcomes collected from agencies as of December 31, 2014. The outcomes are gathered through survey monkey and the data provided is primarily self-reported by the agencies.

Ms. Roth Szirotnyak indicated that there are 81 programs being measured for achievement and performance. The staff uses this information as one of the elements to help make funding recommendations for the next fiscal year. She indicated that the report format is the same as previously reported, but staff added an outline of how the information is collected, an internal review process, and provided a brief overview of staff's rationale of whether a program is believed to be either on track or not on track for its desired outcome. It is a subjective process due to self-reporting, and the data is analyzed for spending and program tracking, and feedback is solicited from providers if staff believes a program is not on track. Ms. Roth Szirotnyak stated that third quarter reporting is required from agencies not on track to achieve their outcomes

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(approx. 33 programs) and a number of other agencies are required to provide third quarter outcomes reports.

Ms. Roth Szirotnyak reviewed the Program Achievements in FY 2015 on pages 4-11 of the meeting packet and indicated that 58% of the treatment programs are on track, 53% of the prevention programs are on track; and 63% of the supportive services programs are on track. A correction was made on page six of the meeting packet under the Outcome: Clients will receive psychiatric treatment services within seven calendar days of discharge from public or private hospitals; Zepf Center should read 39% of clients instead of 6% that did not appear for their scheduled post-hospital discharge appointment. The overall percentage was 60%.

The Committee asked if there has been a survey conducted to review statistics on case managers with regard to how often they are meeting with their clients face-to-face. Mr. Sylak said he would check into it and report back, and that he should be able to look at average billing rates and percentage of billing to look at productivity rates in order to identify how often a client is seen and the services provided. We can also talk with agencies to identify their protocol for "no show" clients, and look at billing data for hospital releases and the number of clients that get to their scheduled appointments. The Committee raised concern regarding the number of client "no shows", and asked if the case manager follows up with clients when they don't come to an appointment. Mr. Sylak noted that an adult may legally refuse treatment or choose not to take their medication.

It was recommended by Mr. Sylak that the Board conduct an organized meeting of the Providers and the MHRSB to conduct a detailed discussion about Outcomes Reporting.

Review of Current Program/Services Summaries (*See Separate Attachment*)

Mr. Goyer referred to the separate attachment which contained a list of the 2015 Program Summaries by Prevention, Treatment, and Support Services that were provided by the agencies as a resource in conjunction with the FY 2015 Purchasing Plan. Agencies provided changes to their programs and they will be compared to the previous program summaries in preparation for the FY 2016 allocation recommendations. Ms. Weis-Maag encouraged the Trustees' to keep this program summary as a resource when reviewing programs in the future.

Stakeholder Feedback

Mr. Goyer referred to page seven of the meeting packet which contained a summary of the Stakeholder Feedback received from various consumer and family forums related to the Behavioral Health System needs in Lucas County. He indicated that over the past year, a written survey was conducted at the African American Forum and at the Youth Task Force meeting with similar questions. Two additional written surveys are in process, one in collaboration with the Health Department concerning Heroin/Opiate issues (received 4,000 responses to date), and the other in collaboration with Family Council regarding issues that parents are dealing with related to children with mental illness or substance use disorders

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(received 600 responses to date). Moreover, the February 17, 2015 Annual Stakeholder Forum 5-minute presentations provided valuable information for future planning during this year's purchasing process, as well as valuable information gathered regarding the behavioral health needs within the criminal justice system compiled from the Behavioral Health/Criminal Justice Alternatives Committee.

Health Officer Credentialing

Mr. Goyer indicated that there are six renewal candidates and five new Health Officer candidates that were reviewed by the Health Officer Credentialing Committee who verified documentation that the individuals being considered have the required licensure or certifications, experience in the field, and trainings required by MHR SB policy.

The following motion was 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 of Designation:

Jennifer N. Emahiser, LISW-S, Unison, not to exceed April 30, 2017

Diann M. Hack, BA, LSW, Unison, not to exceed April 30, 2017

Leona Lewis, PCC-S, Unison, not to exceed April 30, 2017

Cathryn S. Ruffer, LISW-S, Unison, not to exceed April 30, 2017

Karen M. Stuetzer, BS, LSW, LCDCCIII, Unison, not to exceed April 30, 2017

Kenneth G. Teitlebaum, LPCC, Unison, not to exceed April 30, 2017

For New Designation:

Elizabeth A. Waterfield, PhD, PCC-S, Harbor, not to exceed April 30, 2017

Jessica M. Broz, MA, PCC-S, Rescue, not to exceed April 30, 2017

Sarah R. Hall, MA, PC, Unison, not to exceed April 30, 2017

Nicole R. Fritz, MSW, LISW, Zepf Center, not to exceed April 30, 2017

Luana F. Holub, LSW, Zepf Center, not to exceed April 30, 2017

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

Recovery Council Update

Ms. Barham provided an update on the "Gambling Awareness" Forum last Wednesday sponsored by the Recovery Council. It was advertised through social media, Face Book, door-to-door flyers handed out to various apartment complexes, and through the Wernert Center. Despite the low community attendance, the Board did receive good media coverage with a written story about the forum. The Recovery Council is still struggling to get attendance. There will be an upcoming consumer forum in May entitled: "Community Conversations on Mental Health." The Council will start advertising early in an attempt to increase attendance.

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The Recovery Council has voted Ms. Deb Angel in as the Chair, with a recommendation made to the P&S Committee for their consideration. Ms. Angel announced that she is on the Wernert Center Board of Trustees and will not be able to attend the P&S Committee meetings due to a conflict in the Wernert Center Board meeting which are held at the same time.

That the Programs & Services Committee approves Deb Angel for appointment as Chair of the Recovery Council to serve a term beginning 4/1/2015, not to exceed 6/30/2015.

There was a motion made by Dr. Ventura and a consensus by the Committee to approve Deb Angel's appointment as Recovery Council Chair, beginning 4/1/15, not to exceed 6/30/15.

Open Session

- Ms. Celeste Smith notified everyone that April is "Minority Health Month" and the kick-off is this Thursday, offering a "free" neighborhood health clinic. She provided fliers on upcoming events for Lucas County, as well as opiate/heroin surveys to fill out.
- Mr. Sylak congratulated Robert Kasprzak as the 2015 recipient of the "Evelyn Lundberg Stratton" CIT Champion of the Year Award that he will receive in Columbus on April 24, 2015.
- Ms. Barham was excited to announce that the new MHRSB web site went live. It is the same web site: www.lcmhrsb.oh.gov. There are links to the Recognition Ceremony and nomination forms.
- Ms. Weis-Maag acknowledged that Mr. Sylak's presentation yesterday was at a state-wide Opiate/Heroin Conference in Columbus. In previous years, the MHRSB didn't have the opportunity to present to the State, and things have positively changed in this regard.

Adjournment

The meeting was adjourned at 5:17 p.m.

FY 2016 Purchasing Plan – Proposed Allocations

Attached is a list of allocations that MHR SB staff proposes that the Board consider for FY 2016 funding. For comparative purposes, the list also includes FY 2015 approved allocations and the FY 2016 amount that providers requested. The total investment that is proposed at this meeting is \$19,612,003. It is noted that there are four items of indeterminate amounts for which recommendations are yet to be proposed. No allocation is listed for the Cognitive Enhancement Therapy (CET) training program that MHR SB funded in FY's 2014 and 2015. The program appears to have been successful, but we are waiting on a meeting with the providers and CET Cleveland on May 18 to determine what funding is required going forward and if there is justification to consider expanding the program. No allocation has been made for TASC criminal justice linkage and re-entry programming; a 120-day notice was issued for one of the elements because of utilization issues. Staff is in amicable negotiations with TASC and the Lucas County Jail to "right size" the program, but there remains some uncertainty as to the role that TASC will have in the jail programming. Zepf requested new funding for Recovery Housing in anticipation of an OhioMHAS grant expiring. There is now some indication that the state grant will be renewed, so no recommendation is being made for that program until that funding issue is resolved.

In addition to the three programs for which a recommendation for funding may be forthcoming, a line item on the allocation worksheet sets aside \$1,800,000 as a reserve for new programming that will be sought through an RFP process. [The amount is an estimate and may vary depending on allocations yet to be made and/or underspending amounts in FY 2015.] 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, 2014, 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:

- Earlier this year, Mercy St. Vincent's and Swanton Area Community Coalition (SACC), received 120-Day Notices for their prevention programs. Staff reviewed their appeals and supporting documentation, and now recommends funding Mercy's Mother and Child Dependency Program at a reduced amount, and funding SACC at the same amount as last year in partnership with the Four-County ADAMHS Board.
- Allocations for MH Outpatient Treatment (non-Medicaid) are reduced by \$1,200,000 (26%) from FY 2015 allocations due to projected under-utilization in FY 2015.

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- Allocations for AOD Treatment services are down 3%. Under-utilization of FY 2015 allocations was offset by increases in Medication Assisted Treatment (MAT) for opiates at Harbor, New Concepts, Unison, and Zepf. Allocations to A Renewed Mind, Lutheran Social Services and UMADAOP that were made from the 507 Rapid Response funding in FY 2015 are recommended for continuation in FY 2016.
- AOD allocations to Zepf reflect the following significant changes from past years:
 - First, it is recommended that MHR SB provide an allocation for Methadone Administration for non-Medicaid clients. In the past, clients were required to pay for this service regardless of their income. The Board's allocation would be subject to current eligibility requirements.
 - Second, because of limitations to the utilization of their 16-bed inpatient facility, Zepf Center has decided to take a different approach to what was previously called "Short Term Residential Treatment Service;" in FY 2016, clients will be housed in the new Recovery Housing program and will be transported to the Ashland Avenue office for intensive treatment. This change is reflected in the elimination of the "Residential Treatment" line item and an increase in "AOD Outpatient Treatment." Similarly, what was previously billed as "Inpatient Detox" will now be billed as AOD outpatient treatment.
- Twenty-seven (27) programs are recommended for a 2% increase which added a total of just over \$115,000 additional. These were all grant funded programs that were meeting the agreed upon outcomes in FY 2015.
- Three (3) programs have been recommended for allocation increases based on programmatic needs or increased demand that was identified in the application process; they were Community Senior Prevention (Harbor), Creative Expressions (NAMI) and Winter Crisis (St. Paul's Community Center).
- Allocations to CCNO and the Lucas County Jail for medication upon release were reduced by \$25,000 each based upon utilization.

As noted above, allocations for CET and TASC's reentry/linkage programming will be forthcoming, and possibly an allocation for Zepf's Recovery Housing as well. Also noted earlier, \$1,800,000 has been set aside as "Targeted Allocations." Staff intends to identify a small number of initiatives for which it will solicit proposals from providers and/or vendors in order to develop new projects in FY 2016. These amounts are included in the Board's Financial Forecast.

The following motion is recommended to the Board of Trustees:

The Mental Health and Recovery Services Board of Lucas County allocates \$19,612,003 to fund the purchase of prevention, treatment, and other supportive services in FY 2016. The Board's Executive Director is authorized to execute appropriate FY 2016 Provider Agreements with the Agencies and for the amounts listed on the FY 2016 Allocations Worksheet included in the May 19, 2015 Board Meeting Packet in the amount of \$17,812,003 and the remaining \$1,800,000 is set aside for supplemental allocations in FY 2016. FY 2016 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 2016 Allocations Worksheet

Agency	Program	Approved FY 2015 Allocations	Agency Requested FY 2016 Allocations	Board Staff Proposed FY 2016 Allocations	Comments
A Renewed Mind	Cognitive Enhancement	\$ 53,000	\$ 41,010	\$ -	Pending 5/18 Meeting
A Renewed Mind	AOD Outpatient Treatment	\$ 50,000	\$ 153,000	\$ 50,000	Increase not Recommended
A Renewed Mind	LCCC Vivitrol Program	\$ 100,000	\$ 100,000	\$ 100,000	
Total ARM		\$ 203,000	\$ 294,010	\$ 150,000	
ABLE	MH Impact Project	\$ 132,177	\$ 132,176	\$ 132,176	
ABLE	Government Benefits	\$ 76,925	\$ 71,925	\$ 73,364	2% increase
Total ABLE		\$ 209,102	\$ 204,101	\$ 205,540	
Adelante	Buena Vida	\$ 90,000	\$ 90,000	\$ 91,800	2% increase
Adelante	Nosotras	\$ 28,200	\$ -	\$ -	120 Day Notice
Total Adelante		\$ 118,200	\$ 90,000	\$ 91,800	
Big Brothers BS	Mentoring Triad	\$ 45,122	\$ 45,122	\$ 46,024	2% increase
FSNO	Breaking the Cycle	\$ 162,703	\$ 36,278	\$ 36,278	Decreased thru Appeal
Harbor	MH Outpatient Treatment	\$ 1,205,000	\$ 1,182,413	\$ 900,000	
Harbor	AOD Outpatient Treatment	\$ 100,000	\$ 170,735	\$ 200,000	Add Suboxone
Harbor	Suboxone	\$ -	\$ 57,360	\$ -	Consolidated above
Harbor	Mental Health First Aid		\$ 25,752	\$ -	Increase not Recommended
Harbor	Engagement Services	\$ 245,000	\$ 249,900	\$ 249,900	2% increase
Harbor	Preventing Psych. Emerge.	\$ 153,856	\$ 159,242	\$ 156,933	2% increase
Harbor	Cognitive Enhancement	\$ 53,000	\$ 30,000	\$ -	Pending 5/18 Meeting
Harbor	School/Comm. Prevention	\$ 360,000	\$ 367,200	\$ 367,200	2% increase
Harbor	Early Childhood Prevention	\$ 79,000	\$ 81,054	\$ 80,580	2% increase
Harbor	Community Senior Prev.	\$ 154,026	\$ 205,016	\$ 205,000	Requested increase.
Harbor/UMADAOP	Heroin Prev. Education	\$ 100,000	\$ 102,890	\$ 102,000	2% increase
Total Harbor		\$ 2,449,882	\$ 2,631,562	\$ 2,261,613	
Learning Club	After School Programming	\$ 107,602	\$ 107,602	\$ 109,754	2% increase
Lutheran Social Svcs	AOD Outpatient Treatment	\$ 50,000	\$ 50,000	\$ 50,000	
Mercy St. Vincent's	Mother & Child Dependency	\$ 143,565	\$ 71,829	\$ 71,829	Decreased thru Appeal
NAMI	Suicide Prevention	\$ 30,000	\$ 30,000	\$ 30,600	2% increase
NAMI	Education/Outreach/Advoc.	\$ 102,900	\$ 102,900	\$ 104,958	2% increase
NAMI	Creative Expressions	\$ 40,996	\$ 79,754	\$ 79,754	Requested increase.
NAMI	Family Navigator	\$ 100,000	\$ 100,000	\$ 102,000	2% increase
Total NAMI		\$ 273,896	\$ 312,654	\$ 317,312	
New Concepts	MH Outpatient Treatment	\$ 75,000	\$ 75,000	\$ 25,000	
New Concepts	AOD Outpatient Treatment	\$ 598,054	\$ 598,054	\$ 640,000	Add Suboxone
Total New Concepts		\$ 673,054	\$ 673,054	\$ 665,000	
NPI	ACF Operations	\$ 986,315	\$ 986,315	\$ 1,006,041	2% increase.
NPI	Rental Assistance	\$ 780,060	\$ 780,060	\$ 795,661	2% increase.
NPI	PATH (Match)	\$ 53,517	\$ 53,517	\$ 53,517	
NPI	Road to Recovery	\$ 105,000	\$ 105,000	\$ 105,000	
NPI	PSH Modernization	\$ 600,000	\$ 250,000	\$ 250,000	
NPI	Peer Recovery Coaching	\$ 300,000	\$ 300,000	\$ 306,000	2% increase.
Total NPI		\$ 2,824,892	\$ 2,474,892	\$ 2,516,220	

FY 2016 Allocations Worksheet

Agency	Program	Agency		Board Staff	Comments
		Approved FY 2015 Allocations	Requested FY 2016 Allocations	Proposed FY 2016 Allocations	
Rescue	Adult Crisis Stabilization Unit	\$ 500,000	\$ 500,000	\$ 500,000	
Rescue	Outreach/Emergency Svcs.	\$ 1,358,808	\$ 1,358,808	\$ 1,358,808	
Rescue	Child/Adolescent CSU	\$ 560,000	\$ 560,000	\$ 560,000	
Rescue	Inpatient Doctors	\$ 450,000	\$ 450,000	\$ 450,000	
Rescue	Central Access	\$ 530,000	\$ 530,000	\$ 530,000	
Rescue	Juvenile Detention/Assess.	\$ 122,000	\$ 137,400	\$ 137,400	
Total Rescue		\$ 3,520,808	\$ 3,536,208	\$ 3,536,208	
St. Paul's	Winter Crisis	\$ 38,500	\$ 55,000	\$ 55,000	Requested amount.
St. Paul's	Shelter Beds	\$ 230,375	\$ 230,375	\$ 230,375	
St. Paul's	Payee Program	\$ 199,500	\$ 199,500	\$ 203,490	2% increase.
St. Paul's	Outreach Coordinator	\$ 55,000	\$ 55,000	\$ 55,000	
Total St. Paul's		\$ 523,375	\$ 539,875	\$ 543,865	
Swanton Area CC	Parent & Community	\$ 26,642	\$ 26,642	\$ 26,642	
Sylvania CAT	Community Drug Drop Off	\$ 18,000	\$ -	\$ 18,000	120 Day Notice
Sylvania CAT	Parent Training & Education	\$ 82,882	\$ 110,509	\$ 110,509	
Total Sylvania CAT		\$ 100,882	\$ 110,509	\$ 128,509	
TASC	Community Transition	\$ 220,000	\$ 220,000		Pending Discussion
TASC	Forensic Linkage	\$ 158,550	\$ 158,550		"
TASC	Release to Recovery	\$ 8,000	\$ 8,000		"
TASC	Community Innovations	\$ 89,333	\$ -		"
TASC	Family Drug Court	\$ 70,110	\$ 70,110	\$ 70,110	
TASC	Operations	\$ 48,728	\$ 48,728	\$ 24,364	
Total TASC		\$ 594,721	\$ 505,388	\$ 94,474	
UMADAOP	AOD Outpatient Treatment	\$ 50,000	\$ 50,000	\$ 50,000	
UMADAOP	Healthy Workplace	\$ 50,000	\$ 50,000	\$ 51,000	2% increase.
UMADAOP/Harbor	Heroin Prevention	\$ 150,000	\$ 150,000	\$ 153,000	2% increase.
UMADAOP	Circle of Recovery	\$ 6,932	\$ 6,932	\$ 3,466	
Total UMADAOP		\$ 256,932	\$ 256,932	\$ 257,466	
Unison	MH Outpatient Treatment	\$ 1,792,000	\$ 1,792,000	\$ 1,200,000	
Unison	Dual Disorder Treatment	\$ 268,625	\$ 268,625	\$ 400,000	Consolidate Allocation
Unison	Adult AOD Treatment	\$ 200,000	\$ 200,000		Add Suboxone
Unison	Engagement Services	\$ 248,000	\$ 248,000	\$ 252,960	2% increase.
Unison	Preventing Psych. Emerge.	\$ 149,586	\$ 149,586	\$ 152,578	2% increase.
Unison	Residential Support	\$ 121,000	\$ 121,000	\$ 123,420	2% increase.
Unison	Cognitive Enhancement	\$ 53,000	\$ 53,000	\$ -	Pending 5/18 Meeting
Unison	Prevention Services	\$ 78,000	\$ 78,000	\$ 79,560	2% increase.
Total Unison		\$ 2,998,639	\$ 2,910,211	\$ 2,208,518	
Wernert Center	Operations/Club Room	\$ 256,700	\$ 261,834	\$ 267,071	2% increase.
Wernert Center	Peer Enrichment Program	\$ 313,800	\$ 320,076	\$ 326,478	2% increase.
Total Wernert Center		\$ 570,500	\$ 581,910	\$ 593,548	

FY 2016 Allocations Worksheet

Agency	Program	Approved FY 2015 Allocations	Agency Requested FY 2016 Allocations	Board Staff Proposed FY 2016 Allocations	Comments
Zepf	MH Outpatient Treatment	\$ 1,553,000	\$ 1,553,000	\$ 1,300,000	
Zepf	AOD Outpatient Treatment	\$ 417,981	\$ 1,288,524	\$ 908,269	Unbundled rate
Zepf	AOD - SASI Methadone	\$ 131,024	\$ -	\$ -	
Zepf	MAT - Suboxone	\$ 203,700	\$ -	\$ -	
Zepf	Residential Treatment	\$ 392,272	\$ -	\$ -	
Zepf	Inpatient Detox	\$ 143,547	\$ -	\$ -	Unbundled rate
Zepf	Methadone Administration		\$ 232,000	\$ 232,067	New Payable Service
Zepf	Inpatient Detox - Food		\$ 70,000	\$ -	<i>Increase not Recommended</i>
Zepf	Engagement Services	\$ 100,000	\$ 100,000	\$ 102,000	2% increase
Zepf	Preventing Psych. Emerge.	\$ 150,000	\$ 150,000	\$ 153,000	2% increase
Zepf	Preventing Psych. Emerg.		\$ 73,000	\$ -	<i>Increase not Recommended</i>
Zepf	Cognitive Enhancement	\$ 53,000	\$ 122,000	\$ -	Pending 5/18 Meeting
Zepf	Residential Support	\$ 393,828	\$ 393,828	\$ 401,705	2% increase.
Zepf	Womens Set Aside	\$ 36,766	\$ 36,766	\$ 18,383	
Zepf	Recovery Housing		\$ 150,000	\$ -	
Zepf	Recovery to Work	\$ 265,000	\$ 289,025	\$ 265,000	
Zepf	Gambling Prevention	\$ 58,250	\$ 58,250	\$ 58,250	
Zepf	Gambling Treatment	\$ 20,000	\$ 70,000	\$ 20,000	
Total Zepf		\$ 3,918,368	\$ 4,586,393	\$ 3,458,674	

The following did not receive requests to submit FY 2016 Proposals:

CCNO	Medication	\$ 65,000	\$ 65,000	\$ 40,000	
Family Council	Pooled Funds	\$ 228,000	\$ 228,000	\$ 228,000	
LC Adult Probation	Forensic Monitor	\$ 60,730	\$ 60,730	\$ 60,730	
LC Sheriff - Jail	Medication	\$ 65,000	\$ 65,000	\$ 40,000	
MHRS Board	Mental Health First Aid	\$ 50,000	\$ 50,000	\$ 50,000	
United Way	Social/Emotional Learning	\$ 24,000	\$ 24,000	\$ 24,000	
Targeted Allocations	To Be Determined	\$ 1,087,885	\$ -	\$ 1,800,000	Estimated Amount
Total Purchasing Plan Program Allocations		\$ 21,352,499	\$ 20,537,902	\$ 19,612,003	

Allocations Pending:

- CET Continuation/Expansion
- TASC - Forensic Linkage and Reentry Allocation
- Zepf - Recovery Housing Grant Allocation

Updated on 4/23/2015

FY 2016 Coordination of Benefits Language Discussion

At the April 14, 2015 Governance Committee meeting, the Board staff shared the first draft of the FY 2016 Provider Agreement. During the discussion on this draft FY 2016 Provider Agreement, some of Committee members felt the Coordination of Benefits language was confusing and that the current Board practice of supplementing insurance payments needed to be reviewed.

To provide some context to this Coordination of Benefits language, a brief summary has been prepared of the discussions which led to the current FY 2015 Coordination of Benefits language. At the May 6, 2014 Planning & Finance Committee meeting, a draft of the FY 2015 Provider Agreements was first reviewed. A number of Committee members expressed concern regarding the Coordination of Benefits language. The primary concern expressed at the May 6 meeting was that the Board would pay in excess of the insurance company's payment in certain situations. In particular, the Board would make a payment in excess of the insurance company payment for clients who have not met their deductible amount obligation (insurance payment would be zero in these cases) and the agencies would be paid for the clients' co-payment amount for individuals who meet the Board's criteria for Board funding (Board's Subsidy Schedules).

Based on the concern expressed at the May 6, 2014 Planning & Finance Committee meeting, the Board staff met with Harbor, Unison and Zepf Center on May 28, 2014 to review the Coordination of Benefits proposed language. At that meeting, the proposed Coordination of Benefits language was discussed and the agencies supported the proposed language in concept, but they had minor suggestions to the proposed language.

At the June 3, 2014 combined Planning & Finance/Programs & Services Committee meeting, this topic was once again discussed. A handout was provided to the Committee members which was titled "Agency Non-Medicaid Billing Scenarios under the Proposed FY 2015 Coordination of Benefits Contract Language." Board staff discussed this document and answered the questions that the Committee members had. A copy of this document is attached to this summary which reflects the actual FY 2015 Coordination of Benefits language.

After considerable discussion, the Committee members, by consensus, recommended to the full Board to approve the proposed Coordination of Benefits language. Of particular note, the Committee members were in agreement that when the agency received a non-negotiated payment from an insurance carrier (e.g. UCR) that is less than the Board's allowed rate, the Board may be billed for the difference between the insurance payment and the Board allowed rate for that service.

The majority of the Committee members agreed with the Board staff that any insurance payments for treatment services are beneficial from the Board's perspective. Under the Coordination of Benefits language which was subsequently approved at the June 17, 2014 Board meeting, the Board offsets the insurance payments received by the agencies to

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determine the “net” amount payable to that agency. The Board protects the agencies from loss, up to the Board allowed rate, so the agencies are encouraged to accept insurance payments.

Item B in the FY 2015 Coordination of Benefits (Commercial Insurance Primary) language protects the MHR SB that if an agency agrees to a unique rate schedule with an insurance company, the Board has no liability to pay unless the client has a deductible amount to be paid or has a client co-payment obligation. In no cases can the agencies receive more than the negotiated insurance company rates (insurance payment and net Board payment, if any).

To put this FY 2015 Coordination of Benefits language in perspective, the Board saved \$310,766 in FY 2014 and has saved \$157,858 in FY 2015 by accepting insurance payments. The lessor amount for FY 2015 is due to Medicaid expansion and that FY 2015 is not complete. This contract language encourages the agencies to contract with insurance providers to establish insurance rates (Item B), as well as to accept payments from insurance companies with whom the agencies don’t have a contractual agreement (Item C –Commercial insurance payment from non-contracted carrier).

The insurance companies provide funding assistance to the clients which meet the Board’s criteria for Board funding. This language represents a rare situation where both the agencies and the Board benefit from accepting insurance payments.

The draft FY 2016 Coordination of Benefits language has not changed from the FY 2015 Provider Agreement. Since the topic was fully vetted by the Committee members last year in multiple meetings, and that the Board benefits by the current language, the Board staff needs guidance on this subject. If the Committee’s position has changed on this subject and it wants specific changes to the Coordination of Benefits language, the staff can make the language changes suggested by the Committee.

**Agency Non-Medicaid Billing Scenarios Under the Proposed FY 2015
Coordination of Benefits Contract Language**

6.1.4 Proposed Coordination of Benefits FY 2015 Contract Language

(a) Medicare primary - The Board may be billed for the Medicare Allowed Rate less any Medicare Payments.

Specific Billing Examples:	Client has a 20% co-payment.	Client has a Deductible To Be Paid
Billed Amount	\$ 100.00	\$ 100.00
Contractual Adjustment Amount	\$ (20.00)	\$ (20.00)
Medicare Allowed Amount	\$ 80.00	\$ 80.00
Medicare Paid Amount (80%)	\$ 64.00	\$ -
Board Permitted Billing	\$ 16.00	\$ 80.00

(b) Commercial Insurance primary - The Board may be billed for the lesser of the contracted insurance rate or the Board's allowed rate less any payments received from the insurance company.

Specific Billing Examples:	Client has a 20% co-payment.	Client has a Deductible To Be Paid
Agency's Contracted Insurance Rate	\$ 75.00	\$ 90.00
Board's Allowed Rate	\$ 80.00	\$ 80.00
Actual Insurance Payment Amount	\$ 60.00	\$ -
Client's Responsibility	\$ 15.00	\$ -
Board Permitted Billing	\$ -	\$ 80.00

If the client fails to pay the 20% co-payment, the agency may bill the Board for the \$15.00 if this client obligation is unpaid after 90 days under Article 6.3.4 (a).

(c) Commercial Insurance payment from non-contracted carrier - When the agency receives a non-negotiated payment from a carrier (e.g. UCR) that is less than the Board's allowed rate, the Board may be billed for the difference.

Specific Billing Examples:	Insurance Payment Scenario #1	Insurance Payment Scenario #2
Actual Insurance Payment Amount	\$ 50.00	\$ 90.00
Board's Allowed Rate	\$ 80.00	\$ 80.00
Board Permitted Billing	\$ 30.00	\$ -

Recovery Council Update

The Recovery Council Forum Planning Committee will hold a “Community Conversations about Mental Health” Forum on Friday, May 29, 2015 at The United Way of Greater Toledo from 2:00 - 4:00 p.m. The Council plans to advertise the forum in agency newsletters, in community calendars, on social media, and flyer distribution. The goal of this forum will be to engage the community in an authentic conversation around mental health and to help eliminate the negative stigma attached to mental illness. The Council held a similar forum last year which generated a lot of great discussion. The Recovery Council will follow Substance Abuse and Mental Health Services Administrations (SAMHSA) facilitators guide on how to increase education and awareness about mental health.

The Recovery Council accepted the resignation of Michael Harvey on April 21, 2015 due to other obligations.

The revised By-laws were approved by the Recovery Council at the April 21, 2015 meeting and are attached for the Committee’s consideration. The following motion is recommended to Committee:

That the Programs & Services Committee approves the Recovery Council By-laws (dated 4/21/15) included in the P&S Committee meeting packet.

MENTAL HEALTH & RECOVERY SERVICES BOARD OF LUCAS COUNTY
RECOVERY COUNCIL BY-LAWS
Revised 4/21/15

I. Mission

The Recovery Council is committed to promoting wellness, recovery and resiliency for individuals receiving mental health, and/or addiction services.

II. Membership

The Recovery Council shall be comprised of thirteen members. Terms of membership begin July 1 and will be four years in length. A member may serve two full terms (and a partial term if appointed before July 1). After serving the maximum of two terms, a member must be off Recovery Council for one full year before reapplying for appointment. The Recovery Council will establish a process for soliciting applications for membership and making recommendations to the Programs & Services Committee for appointment.

Membership of the Recovery Council should reflect, as closely as possible, the diversity of individuals who utilize services within the Mental Health and Recovery Services system. Recovery Council will recruit individuals participating in mental health, addiction, and/or support services. Family members of individuals who are receiving services will also be considered for membership on the Recovery Council.

III. Officers

The Recovery Council will elect a Chair, Vice Chair, and Recording Secretary every two years. Elections will be held at the June meeting preceding the expiration of the terms of officers; nominations may be submitted in advance or be made by members present at that meeting, and officers will be elected by a simple majority vote of Recovery Council members present at the meeting.

The Chair of the MHR SB of Lucas County will appoint the Recovery Council Chair and Vice Chair as members of the Programs & Services Committee.

Terms of officers begin July 1 subsequent to election, and duties include:

- Chair – the Chair will establish the agenda for all official Recovery Council meetings and will preside at those meetings. The Chair will represent the Recovery Council as a member of the Programs & Services Committee and report all activities of the Recovery Council to the Programs & Services Committee. The Chair will be in attendance of all Recovery Council committee meetings.

- Vice-Chair – the Vice-Chair will fulfill the duties of the Chair in her/his absence, will participate in setting the agenda for meetings, and will serve as a member of the Programs & Services Committee. Vice Chair will be in attendance at Recovery Council committee meetings when the Chair is unable to attend said meetings.
- Recording Secretary – the Recording Secretary will check the Recovery Council voice mailbox for meeting absence notifications, keep an accurate record of meeting attendance, and ensure draft meeting minutes are provided to the MHRSB staff liaison.

IV. Committees

The Recovery Council Chair may establish standing and any ad-hoc committees as needed. Ad-hoc Committees serve with limited durations for specific purposes. The Recovery Council Chair may appoint and remove chairs of all committees at their discretion.

V. Meeting Schedules/Attendance

Recovery Council meetings will be held monthly unless otherwise notified. A schedule for the meetings will be established and widely distributed. Each council member is advised that all meetings of the Recovery Council will be subject to digital recording.

Recovery Council members are expected to attend each regularly scheduled Recovery Council meeting and committees as appropriate. If a member is unable to attend a regularly scheduled Recovery Council meeting, it is that member's responsibility to provide advance notice via the Recovery Council's voice mailbox. Four absences from a regularly scheduled Recovery Council meeting in a rolling calendar year will result in the Recovery Council providing notification of the member's attendance record to the Programs & Services Committee.

With or without regard to attendance, at the Recovery Council's discretion (subject to 50% approval of the sitting Recovery Council membership), a recommendation regarding a member's continued membership on Recovery Council may be forwarded to the Programs & Services Committee for consideration.

VI. Quorum

50% plus one of the Recovery Council members must be present to conduct business.

VII. Amendments

By-laws are subject to changes by a 2/3 vote of the membership of the Recovery Council and approval by the Programs & Services Committee.