

**MHR SB COMBINED PLANNING & FINANCE/  
PROGRAMS & SERVICES COMMITTEE MEETING**

**June 14, 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:				
• Programs & Services Committee: April 26, 2016	✓	✓		1-5
• Planning & Finance Committee: May 3, 2016	✓	✓		6-9
4. Treasurer's Report	✓	✓		10-18
• May 2016 Financial Statements				
5. FY 2017 Community Plan <i>(See Separate Attachment)</i>	✓	✓		19-20 (Pgs. 1- 18)
6. Engaging Families that Experience Mental Illness Proposal	✓	✓	✓	20-21
7. Medical Director Personnel Contract Renewal	✓	✓	✓	22
8. Civil Commitment Designations: Appointment of Pre-screeners and Attorneys	✓	✓		22
9. TASC DYS Aftercare 120-Day Notice	✓	✓		23
10. FY 2017 Purchasing Plan Proposed Additional Allocations	✓	✓	✓	23-28
11. FY 2016 Zepf Gambling Treatment Allocation	✓	✓	✓	29
12. NPI Recovery and Wellness Center	✓	✓	✓	29-30
13. Recovery Council Update	✓	✓		30-31
14. Open Session				
15. Adjournment				

---

**PROGRAMS & SERVICES COMMITTEE MINUTES****April 26, 2016**

---

**Programs & Services Committee Members Attending:**

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

**Programs & Services Committee Members Absent:**

Pastor Donald Perryman      Andrea Mendoza Loch      Charlotte Cuno  
Scott D. Johnson

**Other Board Members Attending:**

Dr. Tim Valko

**Visitors:** Richard Arnold; Geof Allan, UMADAOP; Jim Aulenbacher, Harbor; Wendy Sheehan, ARM; Jason Vigh, Rescue; Sara Meinecke, Adelante; Karen Wu, ABLE; Robin Isenberg, NAMI; Anita Zych, Unison; Kathy Didion, Zepf; Margaret Dobson, Zepf; Greg Collier, Recovery Council; Adam Nutt, Zepf; Lucy Wayton, LSS; Jill and John Hughes, T. Whitehead Recovery Center, Kevin Bellman, T. Whitehead Recovery Center.

**Staff:** Scott Sylak, Tom Bartlett, Tim Goyer, Donna Robinson, Camilla Roth Szirotnyak, Amy Priest, Kristal Barham, Cynthia Brown-Chery, Robert Kasprzak.

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

**Meeting Minutes: March 29, 2016**

*Dr. Ventura made a motion and it was seconded by Dr. Gombash. Following no discussion, the Committee voted unanimously (5-0) to approve the minutes.*

**Zepf Center FY 2016 AOD POS Underspending and Recovery Housing**

Mr. Sylak reported that on February 26, 2016, Zepf Center requested a reallocation of \$100,000 from their FY 2016 AOD POS underspending to their FY 2016 MH POS contract, as well as a request for an additional amount of \$20,000 for FY 16 start-up expenses related to the Youth Emergency Shelter that was approved by the MHRSB on April 19, 2016. In addition, on March 24, 2016, Zepf Center made a request that the Board re-allocate up to \$200,000 of Zepf Center's remaining \$280,000 in FY 2016 AOD POS underspending to their FY 2016 Recovery Housing grant. Upon review of this request, Board staff identified that Zepf's Recovery Housing project had an anticipated annual budget of \$1,138,752 and estimated that approximately \$800,000 of the Recovery Housing revenue is derived from profits realized by Zepf from the provision of treatment services. Mr. Sylak noted that additional Zepf revenue includes a modest amount of client fees and the FY 2016 MHRSB Recovery Housing grant of \$150,000.

---

## PROGRAMS & SERVICES COMMITTEE MINUTES

April 26, 2016

---

Following discussions between Zepf and Board staff, it was determined that the funding model for recovery housing cannot be maintained at its current level, and Staff stated that 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, Board staff proposed an alternative to Zepf that is outlined on pages 5 & 6 of the meeting packet. The Zepf Center agreed to the alternative funding model which would include board funds estimated at \$350,000 for full implementation as noted in the FY 2017 Purchasing Plan.

Mr. Sylak reported an error in the motion written on page six of the meeting packet which read: MHR SB reduces Zepf Center FY 2016 AOD POS allocation from \$1,040,336 to \$952,976 and Staff recommended a revision to the motion that should read: from \$1,020,336 to \$952,976.

After discussion from the Committee, the following revised motion was 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 \$1,020,336 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.*

*Dr. Ventura moved to approve the following motion and it was seconded by Ms. Reeves for discussion. The Committee voted unanimously (5-0) to approve the revised motion as presented.*

### **FY 2017 Purchasing Plan – Proposed Allocations**

Mr. Goyer presented the first draft of the FY 2017 Purchasing Plan with proposed allocations outlined in the FY 2017 Allocations Worksheet on pages 9-11 of the meeting packet. The worksheet included FY 2016 approved allocations, the amount that providers requested for FY 2017, and staff comments; the total proposed FY 2017 investment is \$20,315,670.

Mr. Goyer reviewed highlights from the Allocations Worksheet and indicated that there are several programs for which recommendations for funding have yet to be submitted that include programming for TASC in the Lucas County jail, the DYS program at TASC which has been provided a 120-Day Notice for termination, Harbor's request to fund ambulatory detox services, and UMADAOP's Outpatient AOD treatment project that is also subject to 120-Day Notice due to UMADAOP's inability to bill for services rendered through MACSIS as required by the contract.

Mr. Goyer reported that Family Service of Northwest Ohio (FSNO) and Harbor each submitted unsolicited requests for funding new projects and the Wernert Center requested additional funding related to their expansion. As done in FY 2016, Board staff included a line item on the Allocation Worksheet in the amount of \$850,000 as a reserve for new programs that may be considered throughout FY 2017. In addition, there were several Board, staff and other directed allocations listed on the worksheet for future consideration that Mr. Goyer reviewed prior to addressing the following questions and feedback from the Committee:

---

## PROGRAMS & SERVICES COMMITTEE MINUTES

April 26, 2016

---

Dr. Ventura asked why there is AOD POS underspending. Mr. Goyer said at Harbor it is a capacity issue due to lack of credentialed individuals to provide the services. Mr. Sylak said that to improve capacity, the Board hasn't reduced the AOD allocations to agencies to offset gains made due to Medicaid expansion, which has created POS underspending.

Dr. Gombash spoke about the multiple suicide prevention initiatives occurring through NAMI and the national rise in suicides, and questioned why the Staff isn't in support of honoring NAMI's request for additional funding. Mr. Goyer said that NAMI is part of the regional suicide prevention coalition and staff believes a coalition of funders should be established. The MHR SB should not be the only funding source. Ms. Isenberg explained the expanded program and stated that NAMI is listed as a contact on all of the literature, as well as an increased demand from schools to provide suicide prevention education. She said there is only 10 hours a week of NAMI staff to support this high demand program.

Mr. Pfeiffer asked if SCAT was the only community drug drop off program. Mr. Sylak stated that SCAT is the only community advertising agency for the drug drop off program, but there are 15 drop-off sites throughout Lucas County. Board staff will provide a list of the drug drop off sites to the Committee and post them on the MHR SB web site.

Dr. Gombash asked for clarification on the number of NPI coaches in their Peer Recovery program and the large allocation for this program. Mr. Goyer explained that there are four outreach coaches plus a supervisor that also provide assistance with apartment furnishings and other needs of NPI tenants. The Committee requested that the program name be changed to more accurately reflect the NPI Peer Recovery Program.

Ms. Reeves asked Staff for clarification of how the UMADAOP Healthy Workplace program functions. Mr. Sylak said it targets youth up to age 25 to help them develop employment skills and the program provides some treatment services; the outcomes are satisfactory and this program provides a unique service.

The following motion was 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.*

*Dr. Ventura moved to approve the motion and it was seconded by Dr. Gombash. Following discussion, the Committee requested that a change be made in the FY 2017 Allocations Worksheet under the NAMI Suicide Prevention Program, increasing the Board staff proposed allocation of \$31,212 to \$41,212 which will be reflected in the motion presented to the Board of Trustees. The Committee voted unanimously (5-0) to approve the motion.*

### **Health Officer Credentialing**

Ms. Priest stated that the Health Officer Credentialing Committee reviewed fifteen renewal candidates and five new candidates at their April 7, 2016 meeting, verifying that all of the individuals had the required licensure or certifications, experience in the field, and trainings as required by the MHRSB Designation of Health Officers 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 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, LPCC – 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*

*Mr. Pfeiffer moved to approve the following motion and it was seconded by Ms. Reeves for discussion. The Committee voted unanimously (5-0) to approve the motion.*

### **Recovery Council Update**

Ms. Barham reported that the Recovery Council met on April 19, 2016. The Council did not have a quorum, with four members in attendance. The outcome from the discussion at the meeting was to keep the current Recovery Council structure while recognizing the issues with membership and lack

---

## PROGRAMS & SERVICES COMMITTEE MINUTES

April 26, 2016

---

of a quorum at the Council meetings. Ms. Barham stated that the Recovery Council wants to focus on stronger leadership, seeking out members who are committed and more dedicated to be a voice for the recovery community. The Council will meet again in May for further discussions and with the hope of making a Council restructure recommendation to the P&S Committee on May 31, 2016.

### Open Session

- Ms. Isenberg announced the annual NAMI walk on May 14 at the UT main campus with a goal of raising \$100,000; she invited everyone to attend.
- Mr. Hughes from T. Whitehead Recovery Center encouraged everyone to attend an upcoming community fundraiser block party on June 4 to celebrate addiction recovery.
- Ms. Barham announced the annual MHRSB Recognition Awards ceremony on May 2, 8:30 a.m., at the Park Inn Hotel downtown, noting that there is still seating available for this free event.

### Adjournment

The meeting was adjourned at 5:08 p.m.

---

**PLANNING & FINANCE COMMITTEE MINUTES****May 3, 2016**

---

**Committee Members Present:**Linda Alvarado-Arce, Chair  
Dr. Tim ValkoLynn Olman, Vice Chair  
Audrey Weis-MaagPastor Waverly Earley  
Jim Stengle (Non-Trustee)**Committee Members Not Present:**

William Sanford

Chief George Kral

**Other Board Members Present:**

Tony Pfeiffer

**Visitors:** Richard Arnold; Larry Leyland, TASC; Jim Aulenbacher, Harbor; Paul Lewis, Recovery Council; Joe Durham; Amy Kobold, Unison; Fionne Wright, New Concepts; Annette Clark, FSNO; George Johnson, Rescue; Michele Bryant, NAOMI.

**Staff:** Scott Sylak, Tom Bartlett, Donna Robinson, Tim Goyer, Carolyn Gallatin, Cynthia Brown-Chery, Delores Williams.

Ms. Alvarado-Arce, Planning & Finance Committee Chair, opened the meeting at 4:00 p.m.; followed by an introduction of visitors.

**Meeting Minutes: April 5, 2016**

*Dr. Valko made a motion to approve the minutes and it was seconded by Pastor Perryman. There was no discussion and the minutes were approved by a voice vote.*

**Updated Board Financial Forecast**

Mr. Bartlett referred to pages 10-12 of the meeting packet for a review of the Updated Board Financial Forecast which covers FY 2014 – FY 2019, followed by an explanation of the 10 key assumptions that were used to develop the Forecast. In addition, Mr. Bartlett reviewed the spreadsheet on page 12 of the meeting packet which listed the FY 2014 – FY 2019 MHR SB revenue, expenses and surplus/deficits stating that for FY 2014, an actual Surplus of \$5,740,030; in FY 2015, an actual surplus of \$2,948,768; and the FY 2016 projected Board surplus is \$763,801. Mr. Bartlett reported that the FY 2016-FY 2019 Financial Forecast projects a deficit of \$3,125,990 in FY 2017; in FY 2018 a projected deficit of \$2,900,875 primarily due to the funding for the Wernert Center program expansion, as well as funding NPI's Peer Respite Housing operations. In FY 2019, the Board deficit is projected at \$2,968,598, bringing the Total Fund Balance down to \$7,762,705 which represents approximately 3.4 months of the Board's expenses. The OMHAS auditors stated that a reasonable fund balance is 3-5 months of the Board's operating funds. Mr. Bartlett stated that the updated Financial Forecast has been updated in conjunction with the FY 2017 Purchasing Plan, while noting that the Board can't continue to deficit spend at \$3 million per fiscal year indefinitely.

**Zepf Center FY 2016 AOD POS Underspending and Recovery Housing**

Mr. Sylak indicated that on February 26, 2016, the Zepf Center requested that the Board reallocate \$100,000 of their FY 2016 AOD POS underspending to Zepf's FY 2016 MH POS contract, along with an additional request of \$20,000 for FY 2016 start-up expenses related to the Youth Emergency Shelter which was approved at the April 19, 2016 Board meeting. In addition, on March 24, 2016, Zepf Center made a request that the Board re-allocate up to \$200,000 of its remaining \$280,000 FY 2016 AOD POS underspending to their FY 2016 Recovery Housing grant. The anticipated annual budget for the AOD Recovery House is \$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 and additional modest revenue from client fees and the FY 2016 MHR SB Recovery Housing grant of \$150,000. Mr. Sylak reported that from September 2014-March 2016, the project provided shelter for 325 individuals (256 Lucas County residents) with an average length of stay at 112 days. The project currently has 104 residents (89 Lucas County) and is full.

The Zepf Center indicated that this funding model cannot be maintained at its current level, and the Board staff shared in Zepf's concerns. In order to preserve the Recovery Housing for Lucas County residents, Staff proposed an alternative model for Zepf's considerations outlined on pages 13 & 14 of the meeting packet, of which Zepf Center was agreeable. Mr. Sylak said the FY 2017 Purchasing Plan will include an estimated \$350,400 to support the proposed alternative funding model.

The Programs & Services Committee reviewed the proposed allocation at its April 26, 2016 meeting, and voted to support the motion that was 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 \$1,020,336 to \$932,976, 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.*

*Dr. Valko moved to make a motion and it was seconded by Pastor Earley for discussion. The Committee approved the motion unanimously by a voice vote.*

**FY 2017 Purchasing Plan – Proposed Allocations**

Mr. Goyer reviewed the FY 2017 Purchasing Plan as well as a detailed listing of all of the programs by agency on a worksheet with columns that depicted the FY 2016 Allocations, FY 2017 Agency Requests and Board staff Proposed FY 2017 Allocations totaling \$20,269,681. Board Staff reviewed outcomes reports through December 31, 2016 along with financial utilization, as well as third quarter outcomes for agencies that were questionable at the half-year prior to making its recommendations to the Board of Trustees.

Mr. Goyer reviewed highlights of the proposed FY 2017 Purchasing Plan outlined on pages 15 & 16 of the meeting packet and addressed questions regarding ambulatory detox from the Committee. Mr. Sylak stated that by September 2016, ambulatory detox will be a State requirement in each community, so continued discussions needs to occur in order to address the access issues in order to

---

## PLANNING & FINANCE COMMITTEE MINUTES

May 3, 2016

---

meet the needs of Lucas County residents. Mr. Sylak said there are “cutting edge” protocols that the can be established as a system to move people through the treatment process so that on the backend, clients are in a better position for full recovery.

The P&S Committee reviewed the proposed FY 2017 Allocations Worksheet at its April 26, 2016 meeting and approved it with one recommended change to grant NAMI the \$10,000 increase they requested for Suicide Prevention which is included in the Allocations Worksheet presented for the Committees consideration. Subsequent to the April 2016 P&S Committee meeting, staff made an increase of \$19,000 for peer support to the Wernert Center and an allocation of \$200,000 for the MHRSB Diversity/Health Equity Pool. Mr. Goyer reviewed the Board/Staff Directed Allocations also included on the FY 2017 Allocations Worksheet.

The following motion was recommended to the Board of Trustees:

*The Mental Health and Recovery Services Board of Lucas County allocates \$20,269,681 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.*

*Mr. Olman moved to make a motion and it was seconded by Pastor Earley. Following discussion, the Committee unanimously approved the motion by a voice vote.*

### **FY 2017 MHRSB Schedules of Subsidies**

Mr. Bartlett referred to pages 21-25 for a review of the FY 2017 MHRSB Schedule of Subsidies that is based on the U.S. Department of Health and Human Services’ 2016 Poverty Guidelines. Each fiscal year, the MHRSB uses the new Poverty Guidelines to update the Board’s Schedules of Eligibility by income and family size which becomes the Board’s Schedules of Subsidies effective for the following fiscal year. For FY 2017, there are no proposed changes to the FY 2017 MH and AOD Schedule of Subsidies (pages 24 & 25 of the meeting packet), except for updating the Board’s Subsidy support with the HHS’s 2016 Poverty Guidelines income and family size (page 23 of the meeting packet).

Mr. Bartlett noted that the State of Ohio is working with the Governor’s Office to move to a yet to be determined new Medicaid treatment billing schedule that would account for the licensure and credentials associated with the clinician who actually provides the treatment services. For FY 2017, the new rates will go into effect January 1, 2017 for those agencies that are willing to voluntarily accept the new Medicaid rates and it will be become mandatory by the State that these new rates are billed starting on July 1, 2017. Mr. Bartlett stated a further complication in that the MHRSB uses MACSIS for billing and OMHAS has indicated to those boards using MACSIS that the new billing rates are too complex to be accommodated within MACSIS, so the MHRSB will be faced with either going to a new billing software in order to accommodate the new rates, or consider grant allocations for treatment services.

---

**PLANNING & FINANCE COMMITTEE MINUTES****May 3, 2016**

---

Dr. Valko stated that he is a firm believer that the Board shouldn't subsidize above the established State Medicaid rates as private practice doctors are also challenged to accept the Medicaid rates. Mr. Sylak said there are 31 counties currently on the GOSH system, the three "C" Boards are on the Shares billing system, leaving the MHRSB as the largest county still on MACSIS. The Committee suggested assembling a sub-committee to work on the billing system challenge, utilizing the expertise from the Access to Treatment Workgroup to help identify a recommendation and then the Board should set a "firm" date to make the change and notification to its providers.

The following motion was recommended to the Board of Trustees:

*The Mental Health and Recovery Services Board of Lucas County approves the revised FY 2017 MH and AOD Services Schedules of Subsidies included in the May 17, 2016 MHRS Board packet to be effective July 1, 2016.*

*Dr. Valko moved to make a motion and it was seconded by Mr. Olman. Following discussion, the Committee amended the motion to reflect the rates to be in effect July 1, 2016 for the first six months of FY 2017. There was a unanimous voice vote to approve the motion as revised.*

**Open Session**

There were no comments made.

**Adjournment**

The meeting was adjourned at 5:33 p.m.

## **Treasurer's Report**

- **May 2016 Financial Statements**

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

For the month of May, expenditures exceeded revenues by \$308,610 which is \$2,692,310 favorable to the budget. Total Board revenues were \$2,300,305 better than budget due to receiving the state portion of the January property taxes and the receipt of OMHAS federal funds that were discussed in last month's Treasurer's report. Expenses were \$392,005 better than budget primarily due to lower grant and AOD POS spending.

On a May FYTD 2016 basis, revenues exceeded expenditures by \$1,891,105 which is \$1,906,758 favorable to the budget. Total Board revenues were \$416,684 below budget primarily due to lower than anticipated State's share of the levy property taxes and OMHAS federal revenues. It is anticipated that the OMHAS federal revenues will be close to the total year revenue budget by the end of the fiscal year, but it is probable that the Board will be approximately \$250,000 below the budgeted total year levy revenue.

Total May FYTD Board expenditures were \$2,323,442 less than budget due to underspending in almost all expense categories. Of particular significance, however, is that the MH POS actual spending has exceeded the May FYTD budget amount by \$40,589 for the first time this fiscal year. This negative variance is only 1.4% of the budgeted amount, but this actual expense exceeding the budgeted amount has not occurred in a number of years. MH POS has been trending in this way for the last six months and it is anticipated that MH POS actual spending will exceed the total fiscal year budget by a modest amount.

The other expense categories have positive variances. May FYTD 2016 AOD POS underspending was \$1,011,831 which is 45% below the May FYTD budget which is less than the April FYTD variance of 48%. May FYTD Grant Funded programs are \$1,039,962 under budget due to the continued lower targeted allocation spending. Pass Through program expenses are \$96,556 below the May FYTD budget which is only 3.0% below budget on a FYTD basis. Board Administrative spending is \$215,682 below the May FYTD budget.

The projected FY 2016 Board's operating results discussed in the updated Board's Financial Forecast at the May 3, 2016 Planning & Finance Committee meeting will probably be under the projected \$763,801 Increase in Net Assets (Surplus) due to the reduced levy revenue. The exact amount of the Board's Operating Surplus in FY 2016 is to be determined after all of the year end accruals are made but the Board should be in a surplus position for FY 2016.

---

**COMBINED PROGRAMS & SERVICES/  
PLANNING & FINANCE COMMITTEE MEETING  
June 14, 2016**

---

Claims and Voucher information for May is as follows:

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

<b>AGENCY</b>	<b>AOD</b>	<b>MH</b>	<b>TOTAL</b>
A RENEWED MIND	\$ 15,658.72	\$ -	\$ 15,658.72
HARBOR	\$ 19,185.21	\$ 67,367.44	\$ 86,552.65
NEW CONCEPTS	\$ 20,515.72	\$ 88.96	\$ 20,604.68
UNISON	\$ 41,070.85	\$ 156,915.33	\$ 197,986.18
ZEPF CENTER	\$ 96,069.22	\$ 157,270.72	\$ 253,339.94
Out of County	\$ -	\$ 756.32	\$ 756.32
<b>GRAND TOTAL</b>	<b>\$192,499.72</b>	<b>\$ 382,298.77</b>	<b>\$ 574,925.49</b>

- May Contract vouchers total \$2,788,860.77. Included in this amount are the sixth and final scheduled grant payments for FY 2016.
- May Miscellaneous vouchers total \$11,327.62. Included in this amount is \$1,127.00 to the Hancock County ADAMHS Board for CIT Dispatchers training.

The following motion is recommended to the Board of Trustees:

*The Mental Health & Recovery Services Board of Lucas County approves the May 2016 financial statements and the May 2016 voucher schedules of bills as presented in the June 21, 2016 Board packet.*

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

May 2016

	<u>May Actual</u>	<u>May FYTD Actual</u>	<u>May FYTD Budget</u>	<u>May FYTD Budget Variance</u>	<u>Annual Budget</u>
<b>Revenue</b>					
Local Levy Revenue	\$ 1,140,634	\$ 17,435,434	\$ 17,720,231	\$ (284,797)	\$ 17,720,231
Federal Grants Revenue	\$ 1,328,691	\$ 3,425,356	\$ 3,655,355	\$ (229,999)	\$ 3,718,568
State Revenue	\$ 558,492	\$ 2,025,147	\$ 1,982,743	\$ 42,404	\$ 2,064,332
HUD Revenue	\$ 66,108	\$ 601,301	\$ 549,260	\$ 52,041	\$ 659,112
BHJJ/OODRevenue	\$ 81,902	\$ 526,211	\$ 522,545	\$ 3,666	\$ 582,280
<b>Total Revenue</b>	<u>\$ 3,175,827</u>	<u>\$ 24,013,450</u>	<u>\$ 24,430,134</u>	<u>\$ (416,684)</u>	<u>\$ 24,744,523</u>
<b>Expenditures</b>					
Grant Funded Program Expenses	\$ 2,314,635	\$ 13,520,118	\$ 14,560,080	\$ 1,039,962	\$ 14,815,193
MH Non-Medicaid POS Expenses	\$ 382,713	\$ 2,917,346	\$ 2,876,758	\$ (40,589)	\$ 3,490,600
AOD Non-Medicaid POS Expenses	\$ 192,186	\$ 1,240,782	\$ 2,252,613	\$ 1,011,831	\$ 2,704,736
Pass Through Program Expenses	\$ 472,366	\$ 3,118,372	\$ 3,214,928	\$ 96,556	\$ 3,484,536
Board Administration Expenses	\$ 122,536	\$ 1,325,727	\$ 1,541,409	\$ 215,682	\$ 1,735,704
<b>Total Expenditures</b>	<u>\$ 3,484,437</u>	<u>\$ 22,122,345</u>	<u>\$ 24,445,787</u>	<u>\$ 2,323,442</u>	<u>\$ 26,230,769</u>
<b>Increase/(Decrease) in Net Assets</b>	<u>\$ (308,610)</u>	<u>\$ 1,891,105</u>	<u>\$ (15,653)</u>	<u>\$ 1,906,758</u>	<u>\$ (1,486,246)</u>

6/7/2016

**Mental Health and Recovery Services Board of Lucas County  
Consolidated Balance Sheet  
As of May 31, 2016**

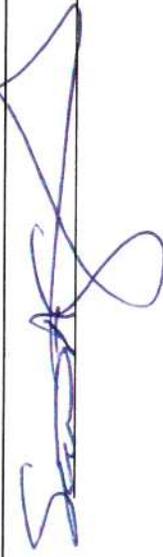
	<u>April 30, 2016</u>	<u>May</u>	<u>May 31, 2016</u>
	<u>Balance Sheet</u>	<u>Changes</u>	<u>Balance Sheet</u>
<b>ASSETS</b>			
<b>Current Assets</b>			
Total Cash	\$ 19,094,907	\$ (311,975)	\$ 18,782,932
Prepaid Expenses	\$ 1,560	-	\$ 1,560
<b>TOTAL ASSETS</b>	<u>\$ 19,096,467</u>	<u>\$ (311,975)</u>	<u>\$ 18,784,492</u>
<b>LIABILITIES &amp; FUND BALANCES</b>			
<b>Liabilities</b>			
Total Accounts Payable	\$ 324,904	\$ (3,365)	\$ 321,539
Total Accrued Employee Benefits	\$ 197,481	-	\$ 197,481
Deferred Revenue	\$ 380,000	-	\$ 380,000
<b>Total Liabilities</b>	\$ 902,385	\$ (3,365)	\$ 899,020
<b>Fund Balances</b>			
Disaster Response Board Designated	\$ 50,000	-	\$ 50,000
Wernert Center Board Designated	\$ 2,050,000	-	\$ 2,050,000
<b>Total Board Designated Funds</b>	<u>\$ 2,100,000</u>	<u>-</u>	<u>\$ 2,100,000</u>
<b>Total Other Board Fund Balances</b>	\$ 16,094,082	\$ (308,610)	\$ 15,785,472
<b>TOTAL LIABILITIES &amp; FUND BALANCES</b>	<u>\$ 19,096,467</u>	<u>\$ (311,975)</u>	<u>\$ 18,784,492</u>

6/7/2016

MHRBS of Lucas Co.

May 2016 - Purchase of Service

PAYMENT DATE	VENDOR	VOUCHER	AMOUNT	DESCRIPTION
5/19/2016	Behavioral Connections	461727	108.05	CLAIMS WK 5/9/16
5/11/2016	City of Compassion	460465	15,658.72	MAT Rx MARCH-MAY
5/10/2016	Firelands Counseling	460097	216.09	CLAIMS WK 4/25/16
5/13/2016	Firelands Counseling	461369	432.18	CLAIMS WK 5/2/16
5/10/2016	Harbor	460087	18,922.55	CLAIMS WK 4/25/16
5/11/2016	Harbor	460462	5,277.84	MAT Rx MARCH
5/11/2016	Harbor	460463	19,708.57	CLAIMS WK 5/2/16
5/19/2016	Harbor	461729	17,974.23	CLAIMS WK 5/9/16
5/25/2016	Harbor	462861	24,669.46	CLAIMS WK 5/16/16
5/10/2016	New Concepts	460098	2,902.35	CLAIMS WK 4/25/16
5/11/2016	New Concepts	460470	5,667.75	CLAIMS WK 5/2/16
5/19/2016	New Concepts	461732	4,243.53	CLAIMS WK 5/9/16
5/25/2016	New Concepts	462862	7,791.05	CLAIMS WK 5/16/16
5/10/2016	Unison	460088	79,462.82	CLAIMS WK 4/25/16
5/11/2016	Unison	460468	20,281.35	CLAIMS WK 5/2/16
5/19/2016	Unison	461734	519.87	CLAIMS WK 5/9/16
5/25/2016	Unison	462864	91,191.43	CLAIMS WK 5/16/16
5/25/2016	Unison	462866	6,530.71	MAT Rx APRIL
5/10/2016	Zepf	460090	86,603.23	CLAIMS WK 4/25/16
5/10/2016	Zepf	460100	330.51	BAD DEBT
5/11/2016	Zepf	460467	59,488.95	CLAIMS WK 5/2/16
5/19/2016	Zepf	461736	39,697.07	CLAIMS WK 5/9/16
5/25/2016	Zepf	462870	57,268.99	CLAIMS WK 5/16/16
5/25/2016	Zepf	462871	9,951.19	MAT Rx APRIL
			<b>574,898.49</b>	<b>TOTAL</b>

 Executive Director

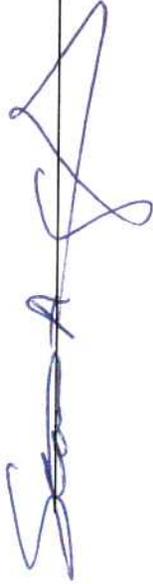
MHRBS of Lucas Co.

May 2016 - Contractual

PAYMENT DATE	VENDOR	VOUCHER	AMOUNT	DESCRIPTION
5/10/2016	Able	460052	35,090.05	FY16 GRANT -MAY/JUN
5/10/2016	Adelante	460054	41,759.54	FY16 GRANT -MAY/JUN
5/10/2016	Big Brothers Big Sisters	460055	7,520.35	FY16 GRANT -MAY/JUN
5/19/2016	Christina L. Shaynak	461724	262.50	CONTRACT REVIEW - MARCH
5/19/2016	Christina L. Shaynak	461726	1,015.00	CONTRACT REVIEW - APRIL
5/10/2016	City of Compassion	460093	4,500.00	FY16 GRANT -MAY/JUN
5/10/2016	Court Diagnostic	460057	56,745.00	FY16 GRANT -MAY/JUN
5/11/2016	Erie County	460459	38,856.51	Q3 STRONG FAM/SAFE COMM
5/10/2016	Family Service Of NW Ohio	460058	6,046.35	FY16 GRANT -MAY/JUN
5/9/2016	Great Lakes Marketing	460051	5,000.00	PROGRAM EVAL - APR
5/25/2016	Great Lakes Marketing	462833	5,000.00	PROGRAM EVAL - MAY
5/10/2016	Harbor	460060	214,300.46	FY16 GRANT -MAY/JUN
5/11/2016	Lucas County FC	460461	16,227.60	Q3 STRONG FAM/SAFE COMM
5/10/2016	Motto Forth LLC	460456	4,000.00	NALAXONE ADVERTISING
5/25/2016	Motto Forth LLC	462889	500.00	NALAXONE ADVERTISING
5/10/2016	Nami of Greater Toledo	460063	52,885.35	FY16 GRANT -MAY/JUN
5/9/2016	Neighborhood Properties	460050	22,369.75	CABHI GRANT -MAR
5/10/2016	Neighborhood Properties	460064	446,128.30	FY16 GRANT -MAY/JUN
5/19/2016	Neighborhood Properties	461723	74,000.00	PRIVATE MK. RENTAL ASSIST.
5/25/2016	Neighborhood Properties	462839	66,108.13	HUD APRIL
5/26/2016	Neighborhood Properties	462841	4,711.00	ACCESS 2 SUCCESS MAR-JUNE
5/11/2016	NORTH CENTRAL OHIO	460460	15,891.07	Q3 STRONG FAM/SAFE COMM
5/10/2016	Rescue Mental Health	460065	706,034.71	FY16 GRANT -MAY/JUN
5/11/2016	Sandusky County	460458	29,483.29	Q3 STRONG FAM/SAFE COMM
5/10/2016	St Paul's Community Center	460067	90,644.15	FY16 GRANT -MAY/JUN
5/10/2016	St. Vincent Medical	460068	11,971.50	FY16 GRANT -MAY/JUN
5/10/2016	Swanton Area Comm. Coal.	460096	4,440.34	FY16 GRANT -MAY/JUN
5/10/2016	SCAT	460074	21,418.15	FY16 GRANT -MAY/JUN
5/10/2016	TASC of Northwest Ohio	460077	245,032.25	FY16 GRANT -MAY/JUN
5/10/2016	The Learning Club	460061	18,292.35	FY16 GRANT -MAY/JUN
5/10/2016	Thomas M Wernert Center	460082	96,985.00	FY16 GRANT -MAY/JUN
5/10/2016	Thread Information	460091	2,242.50	RECOVERY HELPLINE
5/10/2016	Unison	460081	127,703.31	FY16 GRANT -MAY/JUN

MHRBS of Lucas Co.  
 May 2016 - Contractual

PAYMENT DATE	VENDOR	VOUCHER	AMOUNT	DESCRIPTION
5/10/2016	United Way	460085	7,195.00	FY16 GRANT -MAY/JUN
5/9/2016	UMADAOP	460080	58,183.50	FY16 GRANT -MAY/JUN
5/25/2016	UMADAOP	462831	10,000.00	FY16 GRANT MAY/JUN
5/10/2016	Zepf	460084	214,202.54	FY16 GRANT -MAY/JUN
5/25/2016	Zepf	462830	26,115.22	RTW - MARCH
			<b>2,788,860.77</b>	<b>TOTAL</b>

 Executive Director

MHRBS of Lucas Co.  
 May 2016 - Miscellaneous

PAYMENT DATE	VENDOR	VOUCHER	AMOUNT	DESCRIPTION
5/10/2016	Amy J Priest	460121	55.00	CELL PHONE -MAY
5/19/2016	Carolyn Gallatin	461740	56.21	TRAVEL/SUPPLIES REIMB.
5/25/2016	Carolyns Person. Catering	462884	311.50	CIT LUNCHEON - MAY
5/26/2016	Cdw Government , Inc	462857	196.72	RENEWAL - GUEST INTERNET
5/19/2016	Cynthia P. Brown-Chery	461742	54.86	TRAVEL REIMB
5/25/2016	DAVID BROWNING	462888	150.00	MUSIC - RECOG CEREMONY
5/10/2016	Delores C Williams	460113	55.00	CELL PHONE -MAY
5/11/2016	Delores C Williams	460451	47.10	TRAVEL REIMB MAR/APR
5/11/2016	Donna M Robinson	460446	71.09	COMPUTER ACCESSORY
5/25/2016	Donna M Robinson	463010	147.02	TRAVEL REIMB MAY
5/26/2016	Donna M Robinson	462882	63.87	TRAVEL REIMB
5/10/2016	Enterprise Rent-A-Car	460130	61.61	RENTAL CAR APRIL
5/10/2016	Enterprise Rent-A-Car	460131	98.56	RENTAL CAR APRIL
5/25/2016	Enterprise Rent-A-Car	463035	74.07	RENTAL CAR MAY
5/25/2016	Enterprise Rent-A-Car	463036	79.32	RENTAL CAR MAY
5/26/2016	Enterprise Rent-A-Car	462885	20.12	RENTAL CAR MAY
5/26/2016	Enterprise Rent-A-Car	462887	147.84	RENTAL CAR MAY
5/10/2016	Gold Ribbon Trophies	460448	309.40	RECOGNITION AWARDS
5/10/2016	Hancock County	460453	1,127.00	CIT TRAINING
5/10/2016	Joe Saad	460120	55.00	CELL PHONE -MAY
5/10/2016	Karen Olnhausen	460122	55.00	CELL PHONE -MAY
5/25/2016	Karen Olnhausen	463027	30.89	TRAVEL REIMB JAN
5/25/2016	Karen Olnhausen	463028	43.52	TRAVEL REIMB MAY
5/25/2016	Karen Olnhausen	463030	86.07	TRAVEL REIMB JAN-APR
5/10/2016	Keystone Printing	460447	225.00	MHFA BROCHURES
5/26/2016	Keystone Printing	462872	540.00	SUPPLIES - LOGO FOLDER
5/10/2016	Kristal Barham	460124	55.00	CELL PHONE -MAY
5/10/2016	Kristal Barham	460125	880.59	COMM ENGAGE. REIMB APRIL
5/25/2016	Kristal Barham	463022	257.62	TRAVEL REIMB MAY
5/10/2016	Kwik Parking	460452	650.00	GUEST PARKING -APR
5/26/2016	LEAF Commercial Capital	462852	437.00	COPIER LEASE MAY
5/25/2016	Michael's Gourmet	463032	50.00	CIT GRADUATION
5/25/2016	Michelle S Glanville	463025	22.38	TRAVEL REIMB OCT-MAY

MHRBS of Lucas Co.

May 2016 - Miscellaneous

PAYMENT DATE	VENDOR	VOUCHER	AMOUNT	DESCRIPTION
5/10/2016	Office Max Contract	460102	12.86	OFFICE SUPPLIES APRIL
5/10/2016	Office Max Contract	460103	0.94	OFFICE SUPPLIES APRIL
5/10/2016	Office Max Contract	460106	7.50	OFFICE SUPPLIES APRIL
5/20/2016	Office Max Contract	462476	19.91	OFFICE SUPPLIES APRIL
5/25/2016	Office Max Contract	462877	6.50	OFFICE SUPPLIES MAY
5/26/2016	Office Max Contract	462873	4.19	OFFICE SUPPLIES MAY
5/26/2016	Office Max Contract	462874	16.09	OFFICE SUPPLIES MAY
5/26/2016	Office Max Contract	462876	190.17	CIT SUPPLIES MAY
5/10/2016	Ohio Business Machines	460101	14.50	TONER - APRIL
5/10/2016	Ohio Business Machines	460444	184.32	COPIER COVERAGE -APRIL
5/26/2016	Ohio Business Machines	462849	14.50	TONER - MAY
5/25/2016	One Day Sign	462879	19.00	BD MEMBER TABLE TENT
5/10/2016	P&A Photo	460129	700.00	RECOG AWARDS BANQUET
5/10/2016	Park Inn Toledo	460128	621.60	RECOG AWARDS BANQUET
5/10/2016	Robert Kasprzak	460132	336.87	MHFA TRAINING REIMB APRIL
5/10/2016	Scott A. Sylak	460115	55.00	CELL PHONE -MAY
5/19/2016	Scott A. Sylak	461745	251.44	TRAINING REIMB MARCH
5/19/2016	Scott A. Sylak	461746	211.89	TRAVEL REIMB DEC
5/19/2016	Scott A. Sylak	461747	187.38	TRAVEL REIMB JAN/FEB
5/19/2016	Scott A. Sylak	461756	120.26	TRAVEL REIMB APRIL
5/20/2016	Scott A. Sylak	462365	427.19	TRAVEL REIMB FEB/MARCH
5/10/2016	Sprint	460127	107.22	WIRELESS -APRIL
5/10/2016	Steve Spinelli	460116	55.00	CELL PHONE -MAY
5/10/2016	Steve Spinelli	460117	60.33	SAFE DEP BOX -ANNUAL FEE
5/10/2016	Steve Spinelli	460119	240.31	DOMAIN/SSL CERT RENEWALS
5/10/2016	Superior Uniform Sales	460449	296.94	CIT EMBLEMS
5/19/2016	Telesystem	461738	396.35	TELESYSTEM APRIL
5/10/2016	The Blade	460111	150.00	EXHIBITION BOOTH
5/10/2016	Timothy Goyer	460123	55.00	CELL PHONE -MAY
5/12/2016	Zepf	460455	50.00	FWD COMMUNITY DONATION
			<b>11,327.62</b>	<b>TOTAL</b>

 Executive Director

### FY 2017 Community Plan

On April 18, 2016, OMHAS released their reporting requirements for the SFY 2017 Community Plan. The format of the document, which is due back to the State by June 30, 2016, is prescribed similar to ones done in prior years. The State uses the Boards' submissions to inform its Strategic Plan to align local, state and federal priorities as a basis for future OMHAS initiatives, and it holds out that funding to the local Boards contingent upon satisfactory completion of this reporting requirement. One new driver for the Community Plan this year is the Minimum Treatment and Support legislation (ORC 340.033) that will now go into effect July 1, 2017. This change to the law requires that boards have a defined continuum of care for the treatment of "all levels of opioid and co-occurring drug addiction" disorders. In order to ensure that boards are in compliance (or plan to be), OMHAS required a rather extensive spreadsheet be completed that inventories all services in the community whether board funded or not.

In the plan document there are 12 pre-defined sections to which the Board is asked to respond:

- Section 1 asks respondents to define the environmental context of the current state. In addition to discussing the demographics and economics of the community, we cite the financial strength of our system based on community support and contrast that with the "unknown" related to the Medicaid Redesign, including managed care, which board areas will face during this next biennium.
- Section 2 seeks to learn from boards what processes were employed to assess needs, gaps and disparities in the local service area. This report demonstrates that a significant amount of effort has been made during the past two years to gather feedback from consumers, families, stakeholders, and the community.
- Sections 3-5 give opportunities for boards to highlight strengths and weaknesses as they relate to the system of care in our county. This document cites a mature provider network, a well-developed housing system, increased investments in prevention and recovery supports, and collegial relationships with stakeholders as strengths, while the volatility of Medicaid funding methodologies and a shortage of qualified mental health and substance use professionals in the workforce are called out as weaknesses. With regard to cultural competency, the plan cites the recent efforts of the Diversity Workgroup and the Board's intentions to implement the recommendations put forth in its final report.
- Sections 6-7 are discussions of board priorities as they relate to state priorities. OMHAS identifies in the pre-populated sections of this portion of the report which of the federal priorities (Substance Abuse Prevention & Treatment Block Grant, SAMHSA, and Mental Health Block Grant) they are identifying as state priorities. In this section, boards are asked to identify which of those priorities are local priorities. In completing this section, though Lucas County has some activity/programming in most of the state's defined areas, staff only selected those areas in which MHR SB has a defined emphasis. There were areas in which boards were allowed to enter priorities that were unique to a local system, and/or priority areas which board areas would like to address if funds were available.

- Sections 8-9 seek information as to how the boards are working with collaboration with other local systems. We cite a great deal of involvement with the criminal justice system, including application for state funding to support local programs. We have collaborated with other boards in the implementation of the Recovery Helpline as well as with prevention programming. With regard to working with local hospital systems, a number of initiatives were cited.
- Sections 10-12 are optional; however, staff chose to use this section as an opportunity to highlight our community mini-grant program as an innovative effort, and to remind the Department of the difficulties that the IMD Exclusion Rule presents when a community is trying to expand its capacity for inpatient detox and/or treatment services.

Attached is the Community Plan that requires the signature of both the Board Chair and its Executive Director. Correspondingly, the following motion is recommended to the Board of Trustees:

***The Mental Health and Recovery Services Board of Lucas County approves the document entitled "Community Plan SFY 2017" as presented at its June 21, 2016 Board Meeting, and authorizes its Chair and Executive Director to sign the document for submission.***

### **Engaging Families that Experience Mental Illness Proposal**

For over one year, the MHRSB has been discussing the importance of hearing directly (and regularly) from persons affected by mental illness and/or addiction, either those who actually experience it (consumers), or family members who are impacted by it. While staff driven forums or surveys have gathered some information from these populations, Board members continued to express concern that we were not getting a broad enough cross section of Lucas County. As a result, staff was authorized to issue an RFI to learn if there were professional firms who would propose a process to better engage family members and consumers in Lucas County in order to determine their perception of need.

On February 22, 2016, Board staff widely distributed an RFI to which there were seven respondents. The request asked specifically that in addition to analyzing surveys, facilitating focus groups, and synthesizing feedback into a formal report, that the process that is developed would be clearly defined and easily replicable. Of the seven applicants that responded to the Board's request; five were local, one was from Columbus Ohio, and one was from out-of-state. The estimated costs ranged from \$12,618 to \$139,000.

A small group of five Board staff and one Board member independently reviewed and ranked the proposals, and then met together to discuss their comparative strengths and weaknesses. There was consensus that RAMA Consulting, a firm from Columbus, Ohio offered the option that best fit MHRSB's needs. The references provided were very positive about the company's diligence in meeting their clients' needs and about the products that resulted from their engagements. The

agency is a certified Minority Business Enterprise, and their proposal was very strong in its focus on including underserved and diverse populations.

After talking with references, staff contacted RAMA to let them know the review committee's recommendation, to refine a couple of elements in their original submission, and to get a best and final cost quote. Their final proposal is attached, and the amount for which they wish to contract is \$49,650. If the Board approves an allocation at its June 21, 2016 meeting, RAMA agrees to complete its work by November 2016.

The following motion is recommended for consideration by the Board of Trustees:

*The Mental Health and Recovery Services Board of Lucas County allocates \$49,650 for the purpose of purchasing consulting services to design and implement a needs assessment process for engaging families that experience mental illness, and further authorizes its Executive Director to enter into a contractual agreement with RAMA Consulting of Columbus, Ohio to perform those services.*

### Medical Director Personnel Contract Renewal

During FY 2016, the MHRSB contracted with Siva Yechoor, MD to be the Medical Director of the Board. Given Dr. Yechoor's broad, extensive experience, it is recommended that Dr. Yechoor's contract be renewed for FY 2017.

In the FY 2017 Board Administrative Budget that will be presented for approval at the June 21, 2016 Board meeting, there is \$50,000 included for professional services – clinical services to be provided by Dr. Yechoor.

The following motion is recommended to the Board of Trustees:

*The Mental Health and Recovery Services Board of Lucas County allocates an amount not to exceed \$50,000 (400 hours) from its Administrative Budget for the services of a Medical Director position and authorizes its Executive Director to execute a Personal Services Agreement with Dr. Siva Yechoor for the period of July 1, 2016 through June 30, 2017.*

### Civil Commitment Designations: Appointment of Pre-screeners and Attorneys

Each fiscal year pursuant to the Ohio Revised Code, the Board must designate providers eligible to receive commitments from Probate Court and attorneys designated to carry out hearing responsibilities.

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

*For the period of July 1, 2016 through June 30, 2017 the Mental Health and Recovery Services Board of Lucas County designates Harbor, Rescue Inc., Unison Behavioral Health Group and Zepf Center to receive commitments from Probate Court under ORC 5122.15 (C)(4) and fulfill the requirements of ORC 5122.15 (F), (L) and (M). In addition, the aforementioned agencies are designated to:*

- a. Complete evaluations of voluntary admission under ORC 5122.02;*
- b. Complete evaluations of involuntary admission under ORC 5122.05 (A);*
- c. Complete evaluations of affidavits under ORC 5122.13.*

*and*

*For the period of July 1, 2016 through June 30, 2017, the Mental Health and Recovery Services Board designates Attorneys Carla B. Davis and Keith L. Mitchell to carry out the responsibilities of:*

- a. Timely hearings under ORC 5122.141(B);*
- b. Hearing for involuntary commitments under ORC 5122.15 (A) (10) and (H);*
- c. Hearing procedures under ORC 5122.15.*

### TASC DYS Aftercare 120-Day Notice

In the original Purchasing Plan, there was no allocation recommended for the TASC DYS Aftercare program in FY 2017. The program had received a 120-Day Notice for spending and performance concerns. Furthermore, OMHAS had indicated that there would be no grant allocations for that program. TASC appealed the 120-Day Notice letter on April 5, 2016.

On June 10, 2016, OMHAS notified the Board that Lucas County is receiving an allocation for \$194,486 for the DYS Aftercare program. It is Board staff's recommendation that MHRSB does not renew its contract with TASC for the current DYS Aftercare program. In lieu, an RFI will be issued to consider alternative programs to engage youth who are returning to the community from DYS. In the interim, staff proposes extending the DYS Aftercare section of the FY 2016 TASC contract to ensure that current and returning clients have continuity of care. Funding for that extension will come from that program's previous years' underspending. This recommendation has been made in consultation with TASC's Executive Director.

The following motion is recommended to the Board of Trustees:

*The Mental Health and Recovery Services Board of Lucas County upholds the 120 Day notice provided to TASC's DYS Aftercare Program but amends their FY 2016 contract to extend the terms of the DYS Aftercare program from July 1, 2016 through October 31, 2016 using prior years' underspending in an amount not to exceed \$43,331.*

### FY 2017 Purchasing Plan Proposed Additional Allocations

At the May 17, 2016 MHRS Board meeting, the FY 2017 Purchasing Plan was approved in the amount of \$20,344,374. At that time, there were some outstanding potential allocations that needed to be considered by the Board which were not included in the May 17 FY 2017 Purchasing Plan.

The revised FY 2017 Purchasing Plan is attached and there has been two changes from the May 17, 2016 Board approved plan. The most significant change is the TASC FY 2017 allocations by program which totals \$756,863. There have been some dollar changes to the Jail Re-entry and Release to Recovery programs to better reflect the services provided by these two programs. A new FY 2017 allocation of \$20,000 is recommended for TASC to provide Diagnostic Assessments to clients involved in the recently created Adult Drug Court.

The other change made to the FY 2017 Purchasing Plan was the inclusion of RAMA's Family and Consumer Engagement proposal of \$49,650 which was discussed previously in this meeting packet.

The revised FY 2017 Purchasing Plan is now \$21,150,887, an increase of \$806,513 from the May 17, 2016 Board meeting Purchasing Plan approval. TASC represents \$756,863 of this amount and RAMA represents \$49,650 of the total change.

The following motion is recommended to the Board of Trustees:

*The Mental Health and Recovery Services Board of Lucas County allocates an additional \$806,513 to its FY 2017 Purchasing Plan bringing the total to \$21,150,887 for FY 2017. The Board's Executive Director is authorized to execute FY 2017 Provider Agreements with the Agencies and for the amounts listed on the revised FY 2017 Purchasing Plan Allocations included in the June 21, 2016 Board meeting packet.*

## FY 2017 Purchasing Plan Allocations

Agency	Program	Approved FY 2016 Allocations	FY 2017 Agency Requests	Approved FY 2017 Allocations
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
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
<b>Total ARM</b>		<b>\$ 287,000</b>	<b>\$ 352,000</b>	<b>\$ 315,620</b>
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
<b>Total ABLE</b>		<b>\$ 210,540</b>	<b>\$ 218,184</b>	<b>\$ 214,651</b>
Adelante	Buena Vida	\$ 91,800	\$ 93,636	\$ 93,636
<b>Total Adelante</b>		<b>\$ 91,800</b>	<b>\$ 93,636</b>	<b>\$ 93,636</b>
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	\$ -
FSNO	MH POS	\$ -	\$ 25,000	\$ 25,000
<b>Total FSNO</b>		<b>\$ 36,278</b>	<b>\$ 68,068</b>	<b>\$ 46,766</b>
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	\$ -
Harbor	Engagement Services	\$ 249,900	\$ 430,975	\$ 249,900
Harbor	Preventing Psych. Emerge.	\$ 156,933	\$ 312,295	\$ 156,933
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
Harbor	SUD Clinical Training		\$ 70,260	\$ -
Harbor	Heroin Prev. Education	\$ 102,000	\$ 127,800	\$ 104,040
<b>Total Harbor</b>		<b>\$ 2,341,418</b>	<b>\$ 3,042,769</b>	<b>\$ 2,282,258</b>
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

## FY 2017 Purchasing Plan Allocations

Agency	Program	Approved FY 2016 Allocations	FY 2017 Agency Requests	Approved FY 2017 Allocations
NAMI	Suicide Prevention	\$ 30,600	\$ 41,212	\$ 41,212
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
<b>Total NAMI</b>		<b>\$ 317,312</b>	<b>\$ 333,658</b>	<b>\$ 333,658</b>
New Concepts	MH Outpatient Treatment	\$ 25,000	\$ 34,711	\$ 34,711
New Concepts	AOD Outpatient Treatment	\$ 640,000	\$ 565,289	\$ 565,289
<b>Total New Concepts</b>		<b>\$ 665,000</b>	<b>\$ 600,000</b>	<b>\$ 600,000</b>
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	\$ 53,210
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	\$ 306,000	\$ 312,120	\$ 312,120
<b>Total NPI</b>		<b>\$ 2,540,220</b>	<b>\$ 2,738,965</b>	<b>\$ 2,738,658</b>
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	\$ -	\$ -
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
<b>Total Rescue</b>		<b>\$ 3,982,198</b>	<b>\$ 4,187,332</b>	<b>\$ 4,187,332</b>
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
<b>Total St. Paul's</b>		<b>\$ 543,865</b>	<b>\$ 554,743</b>	<b>\$ 554,743</b>
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
<b>Total SCAT</b>		<b>\$ 128,509</b>	<b>\$ 130,719</b>	<b>\$ 130,719</b>

## FY 2017 Purchasing Plan Allocations

Agency	Program	Approved FY 2016 Allocations	FY 2017 Agency Requests	Approved FY 2017 Allocations
TASC	Drug Court Diagnostic Asses.	\$ -	\$ -	\$ 20,000
TASC	Jail Reentry Program	\$ 512,550	\$ 409,335	\$ 293,693
TASC	Family Drug Court	\$ 70,110	\$ 96,748	\$ 86,745
TASC	GAIN Short Screener	\$ 40,785	\$ 203,925	\$ 203,925
TASC	DYS Aftercare	\$ 129,992	\$ 161,917	\$ -
TASC	Release to Recovery	\$ 33,000	\$ 33,000	\$ 152,500
<b>Total TASC</b>		<b>\$ 786,437</b>	<b>\$ 904,925</b>	<b>\$ 756,863</b>
UMADAOP	AOD Outpatient Treatment	\$ 50,000	\$ 50,000	\$ 50,000
UMADAOP	Healthy Workplace	\$ 51,000	\$ 52,020	\$ 52,020
UMADAOP	Heroin Prevention	\$ 150,000	\$ 150,000	\$ 140,000
<b>Total UMADAOP</b>		<b>\$ 251,000</b>	<b>\$ 252,020</b>	<b>\$ 242,020</b>
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
Unison	Preventing Psych. Emerge.	\$ 152,578	\$ 155,630	\$ 152,578
Unison	Residential Support	\$ 123,420	\$ 123,420	\$ 123,420
Unison	PACT Engagement	\$ 40,234	\$ 120,701	\$ 120,701
Unison	Cognitive Enhancement	\$ 37,000	\$ 12,650	\$ 16,200
Unison	Prevention Services	\$ 129,560	\$ 201,151	\$ 201,151
<b>Total Unison</b>		<b>\$ 2,335,752</b>	<b>\$ 2,391,571</b>	<b>\$ 2,387,010</b>
Wernert Center	Operations/Club Room	\$ 261,834	\$ 306,567	\$ 286,081
Wernert Center	Peer Enrichment Program	\$ 320,076	\$ 363,569	\$ 326,478
<b>Total Wernert Center</b>		<b>\$ 581,910</b>	<b>\$ 670,136</b>	<b>\$ 612,559</b>
Zepf	MH Outpatient Treatment	\$ 1,400,000	\$ 1,365,693	\$ 1,365,693
Zepf	MH ACT Team	\$ -	\$ 120,000	\$ 120,000
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
Zepf	Preventing Psych. Emerge.	\$ 153,000	\$ 156,060	\$ 153,000
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
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
<b>Total Zepf</b>		<b>\$ 3,381,891</b>	<b>\$ 3,389,844</b>	<b>\$ 3,569,380</b>

## FY 2017 Purchasing Plan Allocations

Agency	Program	Approved FY 2016 Allocations	FY 2017 Agency Requests	Approved FY 2017 Allocations
<b><i>Board/Staff Directed Allocations</i></b>				
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
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.	\$ -	\$ -	\$ 49,650
MHRS Board	Peer Support Trainings	\$ 10,000	\$ 10,000	\$ 10,000
Toledo/LC Health	Naloxone Distribution	\$ 120,000	\$ 90,000	\$ 105,000
United Way	211 Recovery Helpline	\$ 21,080	\$ 41,134	\$ 41,134
<b>FY 2016 &amp; 2017 Allocations</b>		<b>\$ 19,532,200</b>	<b>\$ 20,961,506</b>	<b>\$ 20,173,460</b>
<b><u>Other Allocations</u></b>				
OOD	Recovery to Work	\$ 265,000	\$ 307,786	\$ 177,427
Targeted Allocations	Estimated	\$ -	\$ -	\$ 600,000
MHRS Board	Diversity/Health Equity Pool	\$ -	\$ -	\$ 200,000
<b>FY 2016 &amp; FY 2017 Purchasing Plan</b>		<b>\$ 19,797,200</b>	<b>\$ 21,269,292</b>	<b>\$ 21,150,887</b>
<b>May FY 2017 Purchasing Plan</b>		<b>\$ 19,850,200</b>	<b>\$ 21,269,292</b>	<b>\$ 20,344,374</b>
<b>Change from May FY 2017 Purchasing Plan</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ 806,513</b>
- Added TASC Allocations				
- Changed timing for the Family/Consumer engagement proposal from FY 2016 to FY 2017.				

Updated on 06/08/2016

### **FY 2016 Zepf Gambling Treatment Allocation**

With funds received from the OMHAS for the provision of Gambling Prevention and Treatment, in FY 2016, the MHRSB allocated \$20,000 to Zepf Center for gambling treatment. Gambling treatment funds are designated for individuals who present with problem or pathological gambling who are uninsured or underinsured and family members. Through efforts to raise awareness of problems associated with gambling, the Zepf Center has experienced an increase in self-referrals from both individuals and family members which has resulted in Zepf exceeding their FY 2016 allocation. At this time, Zepf Center has requested to transfer \$20,000 of unused AOD non-Medicaid dollars to the gambling treatment program.

In FY 2016, the claims for gambling treatment have increased from \$6,600 in FY 2015 to \$22,520 to-date in FY 2016. This increase could be attributed to an increase in the number of individuals and family members served. Zepf provided treatment services for about the same number of individuals at the half year point in FY 2016 as they did at year's end in FY 2015. Additionally, in past years, the Zepf Center utilized part of their \$50,000 OMHAS pass thru grant for treatment services. In FY 2016, instead of treatment services, Zepf utilized these same funds for the purchase of treatment curriculums, marketing efforts and other non-billable items. Continued growth in the program for persons with a gambling disorder and family members is also expected in 2017.

Staff supports this request and is recommending the following motion for consideration by the combined Programs & Services and Planning & Finance Committees:

*The Mental Health and Recovery Services Board of Lucas County transfers \$20,000 from Zepf Center unused non-Medicaid AOD allocation to the Gambling Treatment Program and authorizes its Executive Director to amend Zepf Center's FY 2016 Mental Health and Addiction Services Provider Agreement to reflect this change.*

### **NPI Wellness and Recovery Center**

In FY 2015, OMHAS awarded the Board one-time funding for three projects, one of which was \$400,000 to purchase property for a peer-run respite center. Board staff reached out to Neighborhood Properties (NPI), a provider whose business is property acquisition and management, and that was already receiving Board funding for peer supporter services, to present a proposal to provide a site and manage of this project. In December 2014, NPI responded with an outline of a program which was in-line with the original intent of the project. At the January 20, 2015 MHRS Board meeting, the Board allocated \$20,000 to NPI to cover initial acquisition costs such as architectural, environmental and legal fees, as well as costs to visit other peer run respite centers for input into developing the project.

Since that time, NPI formed a "steering committee" of consumers and staff (NPI and MHRSB) to provide input into the project and to think about the kind of a facility that would be most appropriate. The group traveled to Canton, Ohio to visit Foundations, one of only a few true peer run 29

respite centers in the country. NPI has actively researched/investigated a number of properties to determine their feasibility, and has kept Board staff informed of options and progress. The search was put on hold temporarily as Board staff considered the possibility of using the current Wernert Center as a respite center which was contingent on the Wernert Center acquiring a different property and a new building instead of remodeling. When that option did not materialize, NPI was again charged with locating a site for the project. In the meantime, Board staff requested and received from OMHAS an extension on the deadline to spend the money until June 30, 2016.

In December, 2015, NPI recommended a former florist shop on 2611 Glendale Avenue in Toledo as a possible site. After discussion with staff, it was agreed that the location was good, the price was reasonable, and NPI was encouraged to make a commitment for the property. An architect was engaged, and with Board staff input, proposed a building solution that could be built within budget and would provide a comfortable four bedroom respite center. Another delay arose when community leaders determined that a zoning change would be required. Board and NPI staff worked with city officials as well as with members of City Council, and a community meeting was held for the purpose of getting comments from residents in the neighborhood. The zoning change is scheduled for a vote at the Zoning and Planning Commission meeting on June 15, 2016, and there is no opposition of which staff is aware.

In order to encumber the money available within the deadline and contingent upon the successful zoning change, staff recommends that the Board now allocate the remaining \$380,000 to NPI to purchase the property on Glendale Avenue and for construction of the proposed building. If approved, it is estimated that the Wellness and Recovery Center (new name) will open by July 1, 2017. The FY 2017 Purchasing Plan included \$38,613 for NPI staff to manage the opening of the center.

The following motion is recommended to the Trustees for consideration:

***The Mental Health and Recovery Services Board of Lucas County allocates \$380,000 to Neighborhood Properties Inc. (NPI) for the purpose of purchasing and renovating appropriately zoned real estate to establish a Wellness and Recovery Center in Lucas County. The Board's Executive Director is authorized to amend NPI's FY 2016 Provider Agreement to that effect.***

### Recovery Council Update

At the March 2016 Programs & Services Committee meeting, the re-organization of the Recovery Council was discussed. In addition to being out of compliance with the Ohio Public Meeting Act requirements, the Recovery Council has struggled with high turnover in its membership and leadership, and low attendance at its membership meetings and community forums. It was noted at that time, that Board staff will work with the Recovery Council membership to develop a viable reorganization plan, presenting it to the Programs & Services Committee meeting in May 2016. During that period, Board staff met with the Recovery Council leadership and selected members to

discuss options for re-organization. It was agreed that the Recovery Council would discuss their options internally and present a recommendation to Board staff for presentation to the MHR SB Programs & Services Committee.

The Recovery Council met on April 19, 2016 to continue their discussion; however a lack of quorum prohibited official business from occurring. The Recovery Council met again on May 17, 2017 to reconsider their options. With a quorum of members in attendance, the majority of the six members present voted to dissolve the Council in its current form and re-establish its efforts with the leadership and support of the MHR SB Executive Director. The 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. They were in agreement that by eliminating the need for self-administering the Council, they would be able to focus on representing the voice of the consumer. The Recovery Council understood that their vote would dissolve the Council's By-laws and result in the Programs & Services Committee withdrawing their Charter. At the conclusion of the meeting, two members submitted letters of withdrawal from the Council.

Given the actions noted, it is Board Staff's recommendation that the Programs & Services Committee take action to withdrawal the Recovery Council's Charter, and is providing the following motion for consideration.

*The Programs & Services Committee withdraws the Recovery Council's Charter previously approved on August 26, 2014, effective immediately.*

It should be noted that Board staff is planning to meet with the members of the recovery community including any past members of the Recovery Council who wish to remain involved. This meeting is scheduled for June 21, 2016 at 2:00 pm. The agenda for this meeting will include selection of a new meeting date and time, review of the MHR SB Community Plan, and discussion of potential advocacy efforts including the development of a more robust "Recovery is Beautiful" campaign.

## Community Plan SFY 2017

### Mental Health and Recovery Services Board of Lucas County

**NOTE:** OhioMHAS is particularly interested in update or status of the following areas: (1) Trauma informed care; (2) Prevention and/or decrease of opiate overdoses and/or deaths; and/or (3) Suicide prevention.

#### Environmental Context of the Plan/Current Status

**1. Describe the economic, social, and demographic factors in the board area that will influence service delivery.**

Lucas County, according to population is the 6<sup>th</sup> largest county in Ohio (<http://quickfacts.census.gov> – 2015 estimated figures) with a population of approximately 434,000; a decline of 1.8% from the 2010 census. It is home to Toledo, the fourth most populous city. Of the top 10 counties by population, Lucas County continues to have the highest percentage of poverty. Of those same 10 counties, Lucas is number 9 in median household income, per capita income, and persons with health insurance. Lucas has the second highest percentage of persons with Hispanic origin at nearly twice the state average. According to The Bureau of Labor Statistics (<Http://BLS.gov>), as of March 2016, Lucas County's unemployment rate is 5.4%. That is a significant improvement over the 8.0% that was reported in the planning process in 2014, and is only slightly higher than the state average. Those numbers do not take into account a steadily declining number of people in the workforce in Lucas County.

Despite the economic difficulties in Lucas County, its citizens have been very supportive of this Board's efforts to serve persons with mental illness and addiction. In November 2012, for the first time in 24 years, voters passed a new 1.0 mill levy that added to the two existing levies, totaling 1.5 mills. The new levy has afforded the Mental Health and Recovery Services Board the opportunity to expand services in the county; since the passage of the levy, the Board has funded over 40 new or expanded programs within the provider network, including contracting with a number of new agencies for the first time.

The provider network in the county continues to be financially strong, but several environmental changes have affected the Board's relationships with them. The largest providers are expanding into other counties, forming relationships with local hospital systems, or expanding facilities and services within Lucas County. As noted above, we now have contractual relationships with several smaller agencies in the county, and we have been working with a for-profit agency to provide certain services. The elevation and expansion of Medicaid has also affected relationships with the providers and changed the Board's focus as MHR SB funding now constitutes only 8% of treatment services in Lucas county. As providers and the provider network continue to grow, competition for licensed workers and psychiatrists continues to be a challenge we face.

With respect to the new Continuum of Care requirements, the only service that the County does not have is ambulatory detox for opiates. While the Board desires to have that service in place in Lucas County and has solicited providers through an RFI process, none have expressed willingness to provide the service at a rate that approximates the Medicaid allowable rate.

Once again, communities are being thrust into the unknown, this time with the Medicaid redesign. Changes to the billing procedures will certainly require cost and effort on the part of the providers, but it will also be burdensome to the Boards as OMHAS has indicated that it will not maintain a centralized billing system. MHR SB will be required

to invest a significant amount of resource if it wants to be able to process billings for services that are not covered by Medicaid. An even more dramatic impact will be felt when the state moves to managed care. At this moment, it is difficult to guess what effect it will have on the levels of service that Medicaid clients will receive or the outcomes of that service. The Board has been working to assure that all Lucas County residents have equitable levels of service, and these changes make it probable that clients who do not have Medicaid or private insurance will be disadvantaged, which is unacceptable to MHR SB. The Board is considering alternative methodologies to fund services to the non-Medicaid population such as value based purchasing.

## Assessment of Need and Identification of Gaps and Disparities

### 2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gaps in services and disparities, if any.

In preparation for the FY 2015 and FY 2016 funding cycles, MHR SB of Lucas County commenced its formal planning process. Both years included a formal Purchasing Plan including a strict timeline approved by the Board in January 2015 and January 2016. Each year's plan was linked directly to the Board's Strategic Plan. In addition, two community workgroups led by the MHR SB emerged: 1) Access to Treatment Workgroup: met over a 13-month period to discuss and debate how to improve accessibility to mental health and addiction treatment services for the residents of Lucas County; and 2) Diversity Workgroup: met over a 13-month period to recommend strategies that will lead to the elimination of the disparities in Lucas County by increasing diversity and expanding inclusion throughout the continuum of care. Finally, substantive data-collection projects were administered in an effort to capture the many voices of the community throughout both years; those efforts are detailed herein.

#### African American Forum (2014) and Hispanic Leadership Breakfast (2015)

At two scheduled events, one designated as the Second Annual African American Forum on Mental Health (2014) and the other a Hispanic Leadership Breakfast (2015), MHR SB asked to have attendees complete a brief survey on paper. Its intent was primarily to learn if African Americans and Hispanic Americans have different priorities than the general population concerning mental health. When asked to whom they would go for advice, respondents overwhelmingly chose a CMHC or a PCP. When asked what would influence their choice of provider, personal recommendation and experience of the provider were the overwhelming responses. Very few said that gender of the clinician or race of the clinician would influence their decision. When asked why respondents thought that people would not seek treatment, the overwhelming response was stigma.

#### Stakeholder Forum (Early 2015)

Community members were encouraged to speak at a forum at the McMaster Center in February 2015. The participants that addressed the Board were contract providers, professionals representing the Hispanic/Latino Community, professionals representing stakeholder interests (DD, human trafficking, private psychiatry, and property management), and consumers of mental health services. The overwhelming number of comments had to do with increased attention to serving persons with limited English proficiency. The most frequent suggestion was to increase the number of Spanish-speaking MH workers in the system.

#### Youth Task Force Survey (Spring 2015)

The Youth Task Force, an assembly of mental health providers, juvenile justice professionals, and other stakeholders who work with youth, was issued a paper survey at a scheduled meeting in spring 2015. When asked

what was the greatest problem youth faced with MH issues, most indicated parents with MH/AOD issues and/or violence in the home. They reported that the greatest unmet needs are MH screening in schools and AOD mentors for youth. The majority indicated that 90+ day residential treatment centers are needed.

#### **Lucas County Pain Medication/Heroin Survey (Spring 2015)**

In early 2015, MHRSB and the Lucas County Health Department promulgated a survey designed to identify community attitudes toward opiate/heroin usage in the county. It was administered on paper and electronically. There were 4,032 respondents. 50% said that they had been negatively affected in some way by heroin/opiates; 47% said they had family members or friends who were affected. Most respondents indicated awareness of the problem in the community with opiate/heroin use/abuse. A significant majority expressed support for spending money on solving drug-related problems: Prevention (89% favorable); treatment (87% favorable); monitoring prescribers (76% favorable); MAT (65% favorable); law enforcement (64% favorable); syringe exchange programs (54% favorable). 90% of respondents identified that they know that pain medications can lead to heroin use and addiction, but 57% said they don't know where to call for resources.

#### **Heroin Opiate Summit (Summer 2015)**

In mid-2015, MHRSB convened a summit to learn about, identify, and problem-solve the issues in Lucas County. In attendance were treatment providers, prevention providers, clinicians, law enforcement, government employees, community members, family members, and consumers. The Law Enforcement/First Responder Subgroup recommended getting defendants into structured environment and mental health services; supplying police departments with Narcan and training them on administering it; and giving assessments upon being taken into custody. The Medical Subgroup recommended education for survivors and users; implementing the Dawn Project; reducing the rate of babies born addicted to illicit drugs; influencing hospitals/doctors not to "over-treat"; increasing the number of MAT prescribers; and implementing a needle exchange program. The Prevention Subgroup recommended increasing the awareness of the permanent drug drop boxes; information dissemination to parents; and working with senior centers for safe storage and disposal. The Treatment and Recovery Subgroup recommended 24/7 access; and increased communication on harm reduction, under 18 programs, sober hangouts, standard referral/intake processes, and access to Naloxone.

#### **Family Parent Survey (Summer 2015)**

MHRSB collaborated with Lucas County Family Council to conduct a survey of parents throughout the county to learn their needs related to mental health and addiction services. There were 537 respondents. When asked as family members what their greatest needs are in relation to their children's mental health and/or addiction issues, 28% responded education, 25% responded quicker access in crisis, and 17% identified parent support groups as a need. When asked how people with MH or AOD issues can be better served in the community, themes included accessibility (location, available services, clinicians); specific services such as outreach, peer support, and family support; and education/awareness (MH/AOD, anti-stigma, resources available, community education).

#### **Lucas County NAMI Surveys (FY 2015)**

Lucas County NAMI administered feedback surveys to its program participants, volunteers, and support groups in FY 2015. There were 131 families, teens/young adults, and consumers that submitted responses to the various NAMI surveys. When asked to share any challenges that families have faced recently or gaps that respondents have found while in the course of their or their family member's treatment, the following themes emerged: need for awareness (of illnesses and the continuum of care) and need for greater system navigation for families or consumers. Teens/young adults as well as adult consumers specified need for help with the MH system

(accessibility, knowledge, affordability, awareness) and more social/environmental opportunities (employment, recreation, life skills classes).

### **Stakeholder Forum (Early 2016)**

Community members spoke at a forum at the McMaster Center in February 2016. The participants that addressed the Board were contract providers, faith-based community, advocates in recovery from opiate/heroin addiction, and consumers of mental health services. Work force development was mentioned several times; in particular was an emphasis on training and hiring more peer supporters, but also in the context of a shortage of psychiatrists and certified prevention specialists. There were a number of comments calling for increased prevention efforts, specifically for more “universal” efforts for youth regarding drugs and alcohol and for a campaign to prevent FASD in newborn children. Education and stigma reduction are often mentioned together, and several presenters highlighted this as an area that continues to present opportunities.

- a. Child service needs resulting from finalized dispute resolution with Family and Children First Council [340.03(A)(1)(c)].

MHR SB staff actively participates in the Service Coordination Mechanism as part of the Lucas County Family and Children First Council. In FY 2015 and FY 2016, there were no disputes requiring resolution.

- b. Outpatient service needs of persons currently receiving treatment in State Regional Psychiatric Hospitals [340.03(A)(1)(c)].

Discharge planning is defined within the Continuity of Care Agreement with NOPH and community mental health centers. Additionally, MHR SB participates in the Hospital Utilization Management Committee to discuss community trends, barriers, and opportunities. The most prevalent issue is housing at discharge.

- c. Service and support needs determined by Board Recovery Oriented System of Care (ROSC) assessments.

The Ohio Association of Community Behavioral Health Authorities (OACBHA) designed a survey that was to be administered by all Boards to various community stakeholders. MHR SB promulgated the survey electronically to a wide variety of stakeholders, and 246 providers, consumers, criminal justice staff, health workers, family members, and MHR SB Board members and staff responded. Results indicated that it was generally unknown if interim services were available for people on waiting lists or who are not ready for treatment, and questions dealing with the availability of prevention and treatment services generally scored high while questions relating to access showed a slightly lower score.

- d. Needs and gaps in facilities, services and supports given the Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)].

MHR SB staff met to complete a gaps analysis regarding treatment and support services for all levels of opioid and co-occurring substance use disorders in Lucas County’s continuum of care. While there may be capacity issues, particularly in the areas of Suboxone administration and sub-acute detoxification, It was determined that there are gaps for all populations with respect to ambulatory detoxification, peer mentoring, and residential treatment services. Additionally, there are gaps in sub-acute detoxification, medication assisted treatment services, and 12-step approaches for juveniles.

- 2A. Complete Table 1: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. (Table 1 is an Excel spreadsheet accompanying this document)

## Strengths and Challenges in Addressing Needs of the Local System of Care

In addressing questions 3, 4, and 5, consider service delivery, planning efforts, and business operations when discussing your local system. Please address client access to services and workforce development.

3. What are the strengths of your local system that will assist the Board in addressing the findings of the need assessment?

Lucas County's service treatment system is continually growing. Harbor, the CMHC with the largest budget, affiliated with ProMedica, which strengthens its organizational capacity. Zepf, another large CMHC, merged with Compass, a major AOD provider, and has added new facilities and programs, including a wellness center and recovery housing, as it expands in the community. Unison has partnered with Mercy St. Charles Behavioral Health Institute to provide mental health intensive out-patient and partial hospitalization, and New Concepts has grown to the point that it now serves the largest number of the Board's non-Medicaid AOD clients. In addition to these well-established agencies, during the past year the Board has expanded treatment capacity by contracting for the first time in years with UMADAOP, Family Service of Northwest Ohio, and Lutheran Social Services. All but one of these agencies are fully accredited and all but one are dually certified to serve mental health and AOD clients. Between these agencies there is a robust continuum to serve children, transition aged youth and adults. MHR SB funds a 16-bed crisis service center which is a great asset to the community, and though the Board currently does not contract with them, the county is fortunate to have a rich network of private hospitals with psychiatric services as well as the Northwest Ohio Psychiatric Hospital which is incorporated into the local system of care.

In addition to a strong treatment system, Lucas County benefits from a number of support providers that contribute to a recovery oriented system of care. The Thomas Wernert Center (TWC) is a Consumer Operated Service (COS) that offers not only training in leadership, skill building and utilization of recovery tools, it also provides tremendous opportunities for socialization through weekly programming and special events. In FY 2017, MHR SB will be partnering with OMHAS (through a capital grant) to nearly double the size of the center which will enable TWC to serve more people and expand the types of programming it offers to become an even more valuable community resource. Funded agencies such as NAMI (education and support) and ABLE (assistance with benefits) also play a key role in the spectrum of recovery supports.

Lucas County identifies the housing continuum as a strong point of the system of care. Much of the housing stock is owned/managed by a single board-contracted provider, Neighborhood Properties. Many of the properties were funded in part with capital grants from OMHAS (then ODMH) and the agency currently has approximately 500 units that are available exclusively to persons with mental illness. MHR SB has recently invested a significant amount of local resources to "modernize" a number of the units so that they will continue to be a community resource. Clients receive rental support from HUD, LMHA, and MHR SB. In addition there are currently 92 licensed Adult Care facilities in Lucas County; through its contract agency NPI, the Board funds 123 placements for persons with mental illness in approximately 40 of those homes. In the past two years, the county has benefitted from the addition of about 120 recovery housing beds to support persons in their recovery from drugs and alcohol. MHR SB also has a contractual relationship with St. Paul's Community Center, a shelter for homeless individuals that provides shelter while assisting clients to move to permanent supportive housing. St. Paul's also manages the Winter Crisis Program that provides over-night accommodations and two meals to homeless individuals during select winter months.

MHR SB has increased its efforts in prevention programs and services, in particular to address the prevention of addiction to alcohol and other drugs (AOD), problem gambling and the promotion of mental health. The MHR SB places a strong emphasis on prevention services for individuals at various stages across the lifespan, from early childhood through late adulthood. Funded programs target specific population based problems and behaviors that are determined by local data and current mental, emotional and behavioral issues and trends in Lucas County. All

of the MHR SB prevention programs are evidence-based and include either education or environmental strategies (CSAP Strategies) and more than one prevention service delivery strategy. Additionally, MHR SB is heavily invested in Mental Health First Aid training.

Though difficult to quantify, the collegial relationships MHR SB enjoys with variety of stakeholders and providers is a strength in Lucas County. Over the past two years the Board has put together at least 3 major groups that convened on a regular basis; the Behavioral Health Criminal Justice Workgroup that met to look for ways to divert clients with mental illness from incarceration through the Sequential Intercept Model, the Access to Treatment Workgroup that looked at ways to ensure that all clients would get the treatment they need on a timely basis, and the Diversity and Inclusion Workgroup that studied to identify areas in which there was disparity, and worked to formulate policy statements for adoption by the Board. We believe these demonstrations of community engagement will help clarify the findings of the needs assessments as well addressing their resolution.

**Identify those areas, if any, in which you would be willing to provide assistance to other boards and/or to state departments.**

MHR SB's Information Systems department has developed an interactive scheduling system that allows staff at the Recovery Helpline to schedule appointments to clients at 8 participating agencies. Providers assign open slots (dates and times), define their insurance panels, identify the types of services available (MH or AOD) and indicate the locations at which the service is offered. MHR SB would be willing to share information regarding the system.

**4. What are the challenges within your local system in addressing the findings of the needs assessment, including the Board meeting the Ohio Revised Code requirements of the Continuum of Care?**

The volatility of Medicaid administration continues to challenge the system's ability to plan effectively. With the elevation of Medicaid, it was easier to plan for Board spending, but there arose a "disconnect" between the agencies providing services for Medicaid clients and the Board who is tasked to plan for services in the entire community. With the expansion of Medicaid, the "disconnect" grew even larger, but the Board now has more money with which to contract for specialized treatment, support, and prevention services. Adding and monitoring those services placed additional administrative burden on the Board's staff. With the pilot of Medicaid Health Homes in Lucas County (4 agencies) there were new demands placed on the system, particularly in the area of human resources as qualified clinicians were recruited to provide these services, often leaving a void in the positions and/or agencies from which they came, frequently resulting in a loss of treatment capacity for all populations. Medicaid redesign now presents what could be the most difficult challenge yet with the advent of a new billing system and managed care.

A shortage of prescribers who are willing to work in the public system has presented a challenge. Recently MHR SB funded an agency to open a Behavioral Health Urgent Care center, but it has not been able to open on schedule because of the inability to hire staff with prescribing authority.

As mentioned earlier, we have solicited proposals for the provision of ambulatory detox for opiates, but we are not finding providers that can or will deliver the service at the rates prescribed by Medicaid.

**a. What are the current and/or potential impacts to the system as a result of those challenges?**

With respect to Medicaid redesign, MHR SB's goal has been to ensure that all clients receive the advantage of the same benefit package. Since Medicaid's package is outside of the Board's control, we will try to ensure that at a minimum, non-Medicaid clients are able to access the same level of service. It seems impossible to measure that impact however because we are uncertain as to what Medicaid benefits will look like, especially as we move into managed care. The Board will stay true to its goal and will look for ways to keep the service levels equitable.

**b. Identify those areas, if any, in which you would like to receive assistance from other boards and/or state departments.**

MHR SB would be interested in learning how other Boards gather information, particularly with regard to outcomes, both at a program level and at the community level. We would be very interested to know if OhioMHAS will be providing guidance/assistance (e.g. the Behavioral Health Information System), or if communities will be left to design and implement their own proprietary systems.

**5. Cultural Competency**

**a. Describe the board's vision to establish a culturally competent system of care in the board area and how the board is working to achieve that vision.**

The Mental Health and Recovery Services Board (MHR SB) and staff have made significant progress in its response to the changing demographics in the county and the current data available regarding behavioral health inequities among its underserved populations. The MHR SB envisions that diversity, inclusion and health equity and the provision of culturally & linguistically appropriate care will become:

- The key strategic priority to reduce health care inequities throughout our MHR SB system.
- Part of a sustainable organizational effort that is carried out in a strategic and intentional process with an appropriate infrastructure and measures.
- A model in addressing health inequity through diversity and inclusion activities and in the provision of culturally and linguistically appropriate services.
- A culture throughout the MHR SB of Lucas County system of care.

In February 2015 the Board commissioned a work group of 32 representatives from a cross section of the community including the system's credentialed behavioral health professionals, faith leaders, local law enforcement, Advocates for Basic Legal Equality, health care systems, the community organizations that uniquely serve the community's underserved populations and others, to review available research and study strategies with the expected goal of a recommended plan of action. It was the vision of the Board of Trustees that a plan of action would be developed to guide the organization forward towards reducing behavioral health disparities among its consumer base. The Diversity Workgroup presented its report, Diversity and Inclusion, Moving Forward: Reducing Health Inequities through a Culturally Responsive System of Care, to the Board of Trustees for action. The report, which contains 24 strategic recommendations that serve as actions to be undertaken that will move the system towards a more culturally responsive system of care, was approved by the Board in March 2016. The recommendations included in the report are well aligned with the revised National Standards for Culturally and Linguistically Appropriate Services (CLAS) and include the development of an office and, hiring a Manager of

Inclusion and Health Equity. The Manager has begun the work of helping the board towards achieving its vision and also serves on the Ohio Mental Health and Addiction Services Disparities and Cultural Competence (DACC) Advisory Committee, supporting the effort to eliminate disparities and achieve health equity through its four key objectives. These key state objectives serve as an additional touchstone and a resource for best practice approaches for the board. It is hoped that OhioMHAS will come forth with a “vision” for a culturally competent system of care to guide Boards and communities in their efforts to ensure that all citizens are equitably included in the behavioral healthcare system.

### Priorities

6. Considering the board’s understanding of local needs, the strengths and challenges of the local system, what has the board set as its priorities for service delivery including treatment and prevention and for populations?

Below is a table that provides federal and state priorities.

Please complete the requested information only for those federal and state priorities that are the same as the board’s priorities, and add the board’s unique priorities in the section provided. For those federal and state priorities that are not selected by the board, please check one of the reasons provided, or briefly describe the applicable reason, in the last column.

Most important, please address goals and strategies for any gaps in the Ohio Revised Code required service array identified in the board’s response to question 2.d. in the “Assessment of Need and Identification of Gaps and Disparities” section of the Community Plan [ORC 340.03(A)(11) and 340.033].

Priorities for Mental Health and Recovery Services Board of Lucas County

Substance Abuse & Mental Health Block Grant Priorities

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>SAPT-BG:</b> Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe local planning efforts did not substantiate additional need.
<b>SAPT-BG:</b> Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): local planning efforts did not substantiate additional need.
<b>SAPT-BG:</b> Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Parents would not lose permanent custody of their children as a result of their SUD.	MHRBS continues to fund a program that primarily targets substance-using parents. Further, MRHSB doubled its capacity for case management for the Family Drug Court which is a primary referral source for the program.	Number of clients served by the program, and number of clients successfully completing the program.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>SAPT-BG:</b> Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS,HIV, Hepatitis C, etc.)				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): lack of appropriate data to substantiate local need.
<b>MH-BG:</b> Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

<p><b>MH-BG:</b> Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</p>	<p>Persons who are not eligible for Medicaid will have access to the same benefits as do those who are eligible.</p>	<p>Align non-Medicaid benefit plan with new Medicaid billing rules and/or managed care plans.</p>	<p>Cost per client of non-Medicaid client will approximate the cost of serving a Medicaid client.</p>	<p><input type="checkbox"/> No assessed local need  <input type="checkbox"/> Lack of funds  <input type="checkbox"/> Workforce shortage  <input type="checkbox"/> Other (describe):</p>
<p><b>MH-Treatment:</b> Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing</p>	<p>Reduce the numbers of SPMI clients who are waiting for permanent supporting housing.</p>	<p>Extend the life of existing housing stock by funding agency to modernize units. Provide funding for private market leasing to expand available housing.</p>	<p>Numbers of SPMI clients on waiting list for permanent supportive housing will be reduced.</p>	<p><input type="checkbox"/> No assessed local need  <input type="checkbox"/> Lack of funds  <input type="checkbox"/> Workforce shortage  <input checked="" type="checkbox"/> Other (describe): local planning efforts did not substantiate additional need.</p>
<p><b>MH-Treatment:</b> Older Adults</p>				<p><input type="checkbox"/> No assessed local need  <input type="checkbox"/> Lack of funds  <input type="checkbox"/> Workforce shortage  <input checked="" type="checkbox"/> Other (describe): local planning efforts did not substantiate additional need.</p>

Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p>MH/SUD Treatment in Criminal Justice system – in jails, prisons, courts, assisted outpatient treatment</p>	<p>Decrease the penetration of individuals with MH/SUD into the criminal justice system.</p>	<p>Screen all clients for MH/SUD at booking.  Link all appropriate offenders to outpatient services at release and provide them with medication or a prescription.  Create specialized services for CJ population such as ACT Teams  Administer Gain SS at booking in jail to facilitate diversion and linkage</p>	<p>Number of people who have appointments with CMHC upon release.  Number of people who have medication upon release.  Number of people who have been seen in jail/prison that recidivate.</p>	<p><input type="checkbox"/> No assessed local need  <input type="checkbox"/> Lack of funds  <input type="checkbox"/> Workforce shortage  <input type="checkbox"/> Other (describe)</p>
<p>Integration of behavioral health and primary care services</p>				<p><input type="checkbox"/> No assessed local need  <input checked="" type="checkbox"/> Lack of funds  <input type="checkbox"/> Workforce shortage  <input type="checkbox"/> Other (describe):</p>

Recovery support services for individuals with mental or substance use disorders; (e.g. housing, employment, peer support, transportation)	Increase opportunities for socialization and training for peer supporters.	Double the capacity (building project of the existing COS.) Funding for formal training leading to certification as peer supporter. Establish Peer Run Respite Center	Number of people participating in Wernert Center activities. Number of people certified as Peer Supporters. Numbers of people who use the center and are not hospitalized.	No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Reduce health care inequities throughout the MHRSB system and become more culturally responsive.	Maintain the Inclusion Council and implement the recommendations of the FY 2016 Diversity Workgroup.	Number of recommendations implemented.	No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention and/or decrease of opiate overdoses and/or deaths	Reduce the number of overdoses that result in death. Create greater awareness of the risks associated with the misuse of heroin and opiates.	Partner with the Lucas County Health Department to distribute Narcan kits. Expand social marketing campaign targeting adolescents. Convene prevention providers to address heroin/opiate strategies.	Numbers of deaths resulting from opiate overdoses.	No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Promote Trauma Informed Care approach				No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): local planning efforts appear consistent with community need.

**Prevention Priorities**

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>Prevention:</b> Ensure prevention services are available across the lifespan with a focus on families with children/adolescents	Address unique prevention/education needs of all ages; priority is on age of onset for children/adolescents.	Formulation of a comprehensive prevention plan.	Plan is completed and published.	No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Prevention:</b> Increase access to evidence-based prevention				No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Prevention:</b> Suicide prevention	Educate the community to the danger signs of suicide ideation.	Expand investment in Suicide Coalition. Continue to invest in Mental Health First Aid.	Number of presentations in schools. Number of persons trained in MH First Aid	No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage

				Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): local planning efforts did not substantiate additional need.

Board Local System Priorities (add as many rows as needed)				
Priorities	Goals	Strategies	Measurement	
Access to care: information.	All people in the community will know how and where to get help for opiate addiction as well as general help for MH and SUD.	Fund the Recovery Helpline in collaboration with 211; 24 hour operation to provide information and or referral; integrated scheduling software for appointments; community based advertising campaign to heighten awareness.	Numbers of people calling for information. Number of appointments scheduled within 48 hours of call.	
Access to care: urgent	Establish a Behavioral Health Urgent Care Center with extended hours to provide immediate access. Expand the availability of Medication Assisted treatment for opiate/heroin abuse. Decrease the incidences of babies born with neonatal abstinence syndrome.	Develop and fund the Urgent Center to be located at Rescue Mental Health Services. Provide injectable Vivitrol in jail followed by linkage to outpatient treatment. Provide case management and support for pregnant women who are addicted to opiates by connecting them to Medication Assisted Treatment (Methadone).	Numbers of people who use the Urgent Care Center instead of going to the ER. Number of people involved in CJ system who leave jail on Vivitrol. Number of babies born free of NAS	
Reduce the impact of opiate/heroin use in our community.				

**Priorities (continued)**

7. What priority areas would your system have chosen had there not been resource limitations, and why? If you provide multiple priority areas, please prioritize.

Priority if resources were available	Why this priority would be chosen
(1) Increase access to evidence-based prevention across the life span	MHRSB recognizes that the need for treatment could be reduced/minimized if there were adequate prevention efforts that resulted in abstinence or delayed onset.
(2) Integration of behavioral health and primary care services	Currently Medicaid Health Homes are providing access to these services for Medicaid eligible clients; if funds were avail MHRSB would seek to make the same services available to non-Medicaid clients.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	

8. Describe the board's accomplishments achieved through collaborative efforts with other systems, consumers and/or the general public during the past two years. (Note: Highlight collaborative undertakings that support a full continuum of care. Are there formal or informal arrangements regarding access to services, information sharing, and facilitating continuity of care at a systems level?)

Perhaps driven by the heroin/opiate epidemic, collaboration has increased dramatically in this community. The County Commissioners, Sheriff, local providers and MRHSB have been involved in the planning and formation of a special law-enforcement team that reaches out to persons who have overdosed. They have access to emergency services (including naloxone and inpatient detox), recovery housing, case management, education, information, and treatment. MHRBSB and the Lucas County Health Department formed a collaboration whereby MHRBSB agreed to fund Naloxone kits and the LCHD agreed to be the distribution channel for anyone wanting Naloxone as a means of preventing death from overdose.

A survey administered by MRHSB and the Lucas County Health Department indicated that a majority of the people in Lucas County did not know where to find help for opiate users. Hearing that there were similar problems in Hancock and Wood Counties, MHRBSB collaborated with those two county boards to develop a "Helpline" that anyone in those counties could access by calling an easily recognizable number (211) and reaching a centralized triage agency (United Way) that would divert calls for AOD and/or MH issues to a call center. The Boards joined together in joint effort to develop and fund a marketing campaign that would get the word to residents of the 3 counties that they could call either for information and or help. As part of the initiative, MHRBSB developed a scheduling software system to be administered by the Recovery Helpline. Eight local providers agreed to input available time slots and accept appointments scheduled directly from the Helpline with the goal of having clients seen within 48 hours.

As part of an effort to minimize the population in the Lucas County Jail, MHRBSB has collaborated with the Lucas County Commissioners and the Sheriff to provide screening at booking and linkage prior to release. Funding was provided by a BHCJ grant from OMHAS. From the Behavioral Health standpoint, the project tries to identify clients who would benefit from treatment and to connect those individuals to resources so that they will not be arrested prior to their next hearing, and that they will attend all hearings for which they The Board has also worked with the Municipal Courts to look for ways to provide information regarding offenders who would be better served by treatment rather than incarceration.

In the last biennium, MHRBSB partnered with Four-County ADAMHS Board to fund a prevention project in Swanton. This is a village whose boundaries cross over Lucas and Fulton Counties. The Swanton Area Community Coalition had recently had a federal prevention grant that expired, and the two Boards collaborated to help the agency address some infrastructure issues and then provided funding in order for them to provide programming in that community.

In FY 2016, MHRBSB collaborated with other child-serving systems such as Juvenile Court, Child Welfare, and a local provider (Zepf), as well as the Lucas County Commissioners, the City of Toledo, The United Way, and local foundations (i.e., Toledo Community Foundation, The Andersons, and Stranahan Supporting Organization) to fund and implement an Emergency Youth Shelter. Having the shelter up and running positions the county to apply for

federal funding through the Family and Youth Services Bureau. This is the first time that Lucas County has had a shelter for youth since 2009.

MHR SB staff participates in the Lucas County Trauma Coalition. The coalition works together to educate the community on trauma, identify gaps and barriers to trauma informed and trauma-specific services, and to increase collaboration among larger systems. Staff also leads a collaboration of community mental health providers in a Disaster Work Group that developed a Behavioral Health Disaster Response Plan and meets regularly to coordinate to train responders and consider the activation protocols for deployment of the response team. Staff also participates in the Lucas County Integrated Healthcare Steering Committee.

### Inpatient Hospital Management

**9. Describe the interaction between the local system’s utilization of the State Hospital(s), Private Hospital(s) and/or outpatient services and supports. Discuss any changes in current utilization that is expected or foreseen.**

Since the state’s decision to take back the financial responsibility for inpatient stays at the state hospital, MHR SB and its contract agencies have worked hard to minimize utilization at Northwest Ohio Psychiatric Hospital. Civil days are currently about 30% lower than the 3-year average. Forensic days, which are not directly under the Board or providers’ control, are higher than the average for the same time period.

MHR SB employs different strategies to try to minimize the utilization of hospital bed days, public and private. The HUM (Hospital Utilization Management) Committee meets every other month. The meetings are collaborative in nature, and representatives meet to discuss, from a clinical perspective, specific issues and frequently specific cases in order to facilitate discharge when possible, or to problem solve difficult cases/clients. The Committee consists of representatives from the adult psychiatric units from the hospital systems (Mercy Behavioral Health Institute, ProMedica, Northwest Ohio Psychiatric Hospital, and Arrowhead Behavioral Health), the three largest community mental health agencies in our county (Harbor, Unison, and Zepf), Rescue, Inc. (crisis services and pre-screening), Neighborhood Properties (housing), and the Mental Health and Recovery Services Board. Each agency/hospital has opportunity to discuss their current census or any trends they are experiencing. The HUM meeting has provided our system of care with a mechanism to communicate with each other and to enhance continuity of care. Agencies are given the opportunity to report out any new services that are available and to monitor existing services.

Two years ago, the Board funded Harbor, Unison, and Zepf to provide hospital engagement services. These grant funds allowed the CMHCs to provide services in the hospital without having to worry about billing through Medicaid or other POS funders. Agency representatives serve clients, either new or existing, by providing assessments that enable them to open cases and/or book appointments at the agency before the client is discharged. The goal is to ensure that agency clients are seen by a prescriber within 7 days of discharge. This opportunity to engage with patients before they are discharged helps to improve compliance and reduce re-admission back into the hospital. The hospitals are cooperative, and the parties utilize the HUM meeting as a way to discuss and problem solve any issues that may come up in this program.

A third “tool” MHR SB uses to manage hospital utilization is another meeting the Board facilitates known as the Prescreening of Involuntary Commitments meeting. This group also meets every other month, and is attended by many of the same entities; however, its representation is more administrative. Hospitals, CMHCs, the Board and Probate Court meet to consider efficiencies in the prescreening for involuntary commitment process, hospital admissions, continuity of care, etc. The group has also done some work around the topic of civil outpatient commitment.

### Innovative Initiatives (Optional)

10. Many boards have implemented innovative programs to meet local needs. Please describe strategies, policy, or programs implemented during the past two years that increase efficiency and effectiveness that is believed to benefit other Ohio communities in one or more of the following areas:

a. Service delivery

**Community Mini-Grants:** in an effort to foster broader community involvement, and to incorporate ideas coming from grass-roots community agencies, MHRSB funded 17 agencies (from a pool of 39 applicants) in the amount of \$77,764 for a wide range of proposals that were consistent with and contributed to the Board's mission. The applications were not open to agencies that were certified mental health/AOD providers, and the maximum amount of a mini-grant was \$5,000. It is the Board's plan to increase these allocations to \$100,000 in FY 2017.

b. Planning efforts

c. Business operations

d. Process and/or quality improvement

Please provide any relevant information about your innovations that might be useful, such as: How long it has been in place; any outcomes or results achieved; partnerships that are involved or support it; costs; and expertise utilized for planning, implementation, or evaluation.

**NOTE:** The Board may describe Hot Spot or Community Collaborative Resources (CCR) initiatives in this section, especially those that have been sustained.

### Advocacy (Optional)

11. Please share a story (or stories) that illustrate the vital/essential elements you have reported on in one or more of the previous sections.

### Open Forum (Optional)

12. Please share other relevant information that may not have been addressed in the earlier sections. Report any other emerging topics or issues, including the effects of Medicaid Expansion, which is believed to be important for the local system to share with the department or other relevant Ohio communities.

The limitations imposed by the IMD Exclusion rule (16 – beds) continue to hamper efforts to expand inpatient detox and residential services. Local hospitals have not recognized the need to provide acute detox in their settings; the Northwest Ohio Hospital Council has begun to facilitate discussions with the Board and its member hospitals to problem solve. This will not, however, address the capacity issues for sub-acute detox created by the IMD Exclusion.

## Community Plan Appendix 1: Alcohol & Other Drugs Waivers

### A. Waiver Request for Inpatient Hospital Rehabilitation Services

Funds disbursed by or through OhioMHAS may not be used to fund inpatient hospital rehabilitation services. Under circumstances where rehabilitation services cannot be adequately or cost-efficiently produced, either to the population at large such as rural settings, or to specific populations, such as those with special needs, a board may request a waiver from this policy for the use of state funds.

To request a waiver, please complete this form providing a brief explanation of services to be provided and a justification. **Medicaid-eligible recipients receiving services from hospital-based programs are exempted from this waiver as this waiver is intended for service expenditure of state general revenue and federal block funds.**

A. HOSPITAL	UPID #	ALLOCATION

### B. Request for Generic Services

Generic services such as hotlines, urgent crisis response, referral and information that are not part of a funded alcohol and other drug program may not be funded with OhioMHAS funds without a waiver from the department. Each ADAMHS/ADAS board requesting this waiver must complete this form and provide a brief explanation of the services to be provided.

B.AGENCY	UPID #	SERVICE	ALLOCATION

SIGNATURE PAGE

Community Plan for the Provision of  
Mental Health and Addiction Services  
SFY 2017

---

Each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, Alcohol and Drug Addiction Services (ADAS) Board and Community Mental Health Services (CMHS) Board is required by Ohio law to prepare and submit to the Ohio Mental Health and Addiction Services (OhioMHAS) department a community mental health and addiction services plan for its service area. The plan is prepared in accordance with guidelines established by OhioMHAS in consultation with Board representatives. A Community Plan approved in whole or in part by OhioMHAS is a necessary component in establishing Board eligibility to receive State and Federal funds, and is in effect until OhioMHAS approves a subsequent Community Plan.

The undersigned are duly authorized representatives of the ADAMHS/ADAS/CMHS Board.

\_\_\_\_\_  
ADAMHS, ADAS or CMH Board Name (Please print or type)

\_\_\_\_\_  
ADAMHS, ADAS or CMH Board Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
ADAMHS, ADAS or CMH Board Chair

\_\_\_\_\_  
Date

[Signatures must be original or if not signed by designated individual, then documentation of authority to do so must be included (Board minutes, letter of authority, etc.)].