

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

March 1, 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: January 26, 2016	✓	✓		1-4
• Planning & Finance: February 2, 2016	✓	✓		5-10
4. OMHAS CABHI FY 2016 Award - NPI	✓	✓	✓	11
5. OMHAS Access Success II Award-NPI Contract Amendment	✓	✓	✓	12
6. December FYTD FY 2016 Grant Spending	✓	✓	✓	13-16
7. Agencies' December FYTD FY 2016 Financial Results	✓			17-24
8. 120-Day Notice of Material Changes to Contract:	✓	✓		25
• TASC DYS Aftercare Program				
9. Unison "Hope is Real" Prevention Campaign	✓	✓	✓	25-26
10. Access to Treatment Workgroup Report	✓	✓		27
11. Recovery Council Update	✓			27
12. Open Session				
13. Adjournment				

PROGRAMS & SERVICES COMMITTEE MINUTES

January 26, 2016

Programs & Services Committee Members Attending:

Pastor Donald Perryman Scott D. Johnson Dr. Lois Ventura
Andrea Mendoza Loch Andre Tiggs

Programs & Services Committee Members Absent:

Dr. Mary Gombash Tony Pfeiffer Charlotte Cuno
Robin Reeves

Other Board Members Attending:

Audrey Weis-Maag

Visitors: Richard Arnold; Kathy Bihn, NPI; Geof Allan, UMADAOP; John DeBruyne, Rescue; Lisa Faber, Zepf; Carole Hood, Rescue; Johnetta McCollough, TASC; Jim Aulenbacher, Harbor; Annette Clark, FSNO; Joan Lozon, New Concepts; Wendy Sheehan, ARM; Jason Vigh, Rescue; Sara Meinecke, Adelante; Karen Wu, ABLE; Merisa Parker, Rescue; Pam Myers, Unison; Thomas Tiggs, Intern.

Staff: Tom Bartlett, Tim Goyer, Donna Robinson, Amy Priest, Camilla Roth Szirotnyak, Karen Olnhausen, Robert Kasprzak, Kristal Barham, Delores Williams, Cynthia Brown-Chery.

Pastor Perryman opened the meeting at 4:00 p.m.

Prior to the recognition of visitors, the meeting began with a “moment of silence” in tribute to Bob Arquette, former P&S Committee member and Recovery Council Chair who recently passed away.

Meeting Minutes: November 24, 2016

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

FY 2016 Community Mini-Grant Allocations

Ms. Barham stated that in November 2015, the MHR SB approved the community mini-grants proposal allocation in the amount of \$50,000. The MHR SB received 39 proposals and five were rejected for not meeting the minimum requirements. A sub-committee of seven individuals reviewed the 34 proposals independently and all of the scores were combined and ranked 1-34. Ms. Barham reviewed the top ranked 17 proposals included on pages 7-9 of the meeting packet as well as three proposals that ranked high, but didn't target the grass roots community level criteria (listed on page 10), and then requested feedback from the Committee.

Dr. Ventura asked for clarification of the “rolling balance” included in the report summary; Ms. Barham explained that it is an accumulative of each amount requested that in total equaled \$77,764.00 for all 17 proposals (all of the proposals received the same level of merit).

Ms. Weis-Maag questioned the Walker Funeral Home mini-grant project regarding the advertising of heroin/opiate education for addicts and their families which highlights Zepf and ARM. Ms. Barham stated that the advertising is focused on the heroin/opiate epidemic and lists Zepf's and Harbor's web

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sites as an avenue to seek treatment. The Committee recommended that Staff contact Walker Funeral Home to request that they list Recovery Helpline 211 telephone number as well as including the MHR SB's logo in their heroin/opiate education advertising campaign.

Pastor Perryman asked Ms. Barham how many and what percentage of the mini-grant proposals are going to minority run organizations in light of the Diversity Workgroup's extraordinary commitment of collaborating in minority communities. Ms. Barham indicated that information wasn't in the original proposal; however, she will review each of them and provide the feedback requested at the February 2, 2016 P&F Committee. Therefore, the P&S Committee delayed voting on the motion presented below pending feedback requested:

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

FY 2017-2018 Purchasing Plan

Mr. Goyer referred to pages 11-17 of the meeting packet for a review of the FY 2017-2018 Purchasing Plan and draft Application Letter. In addition, Mr. Goyer reviewed the assumptions and guidelines associated with development of the Purchasing Plan and the associated Timeline.

The Committee requested that the Program Descriptions and Outcomes Report be disseminated to the Trustees one week in advance again this year to allow more time for their review. Ms. Weis-Maag also requested that the amount the Board allocates and the total budget per program be included in the report, of which Board staff will supply.

Ms. Weis-Maag asked if the 120-Day Notices will be presented at February 2, 2016 Planning & Finance Committee. Mr. Goyer said Board staff is currently reviewing the Outcome Reports to identify places where there may be underserved targets or if a program failed to meet its outcomes, and indicated that the final second quarter agency financial reports are due at the end of January which will identify if there is program underspending which may warrant 120-Day Notices.

Mr. Goyer referred to page 11 of the meeting packet for a review of the five Staff recommendations in correlation with the Purchasing Plan. Discussion ensued with regard to a proposed two-year contract by Board Staff. Pastor Perryman asked if Staff has considered a one-year contract with a one-year renewal with a trigger to look at program outcomes. Mr. Goyer indicated that 120-Day Notice language only applies to non-renewal of the contract as there is a written clause to terminate the contract if poor performance, and if Medicaid rates change, a stipulation would be incorporated into the contract.

Mr. Goyer reviewed the Application Letter included on pages 16-17 of the meeting packet, noting two changes: 1) There is a 2% increase for grant funded programs if justified by spending and outcomes, and 2) Under the programs listed in the letter, the current allocation is stated and there is a column

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which allows agencies to provide a proposed annual allocation that supports their budget and fits within the MHR SB guidelines by March 11, 2016.

Ms. Weis-Maag expressed concern about not issuing a prevention RFP in response to the Commissioner's Review Panel in 2009 in which they criticized the Board as having a "closed system." Ms. Olnhausen explained that the Board staff is in the process of developing a comprehensive prevention plan which will incorporate an RFP process if the MHR SB de-funds an existing prevention program.

The following motion was recommended to the Board of Trustees:

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

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

Cognitive Enhancement Therapy (CET) Outcomes – FY 2015

Mr. Goyer referenced previous reporting on the CET Outcomes for the first 48-week cycle at the November 24, 2015 P&S Committee noting that they were not positive. Board staff contacted CET Cleveland for a revised report due to the poor reporting that is included on page 19 of the meeting packet showing very satisfactory results in the revised FY 2015 Year End CET Outcomes Report, and requested that future reporting be electronic. In addition, Board staff met with ARM, Harbor, Unison and Zepf staff who have CET programs to review their outcomes reported to CET Cleveland.

Pastor Perryman asked how the Board could compare our results nationally with a small sample size. Mr. Goyer said the national sample size includes about 140 people in 2015 who participated in CET in a couple of states with Lucas County being a significant CET Cleveland player. The Committee requested that in the future, that the total number of clients served be listed at the top of each column in correlation with the percentages reported within the CET Cleveland Report.

Health Officer Credentialing

Ms. Priest referred to page 20 of the meeting packet for a review of the Health Officer designations for three new candidate applications and one renewal candidate that were approved by the Health Officer Credentialing Committee as meeting the requirements and trainings to serve as a System Health Officer.

The following motion was recommended to the Board of Trustees:

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

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For New Designation:

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

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

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

For Renewal Designation:

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

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

Recovery Council Update

Ms. Barham said the Recovery Council met last week and they are starting to plan the forums for the upcoming year which will include another “Recovery is Beautiful” rally.

The Council is exploring new ways of disseminating their voice mail cards into the community so concerns may be expressed through the Council who will advocate on their behalf.

The Council discussed the newly funded Urgent Care Center and requested a progress report on the first three months of operations. Ms. Olnhausen stated that the Recovery Helpline and Urgent Care Center had a soft rollout in January, and indicated that both are still in the implementation stage. The Urgent Care Center is currently providing assessments and is recruiting prescribers with hopes of filling the positions by March 1.

Mr. DeBruyne said Rescue is negotiating with a few nurse practitioners and that recruitment has been a challenge due to the state-wide APN shortage. He indicated that there is a group of interested physicians, counselors and a pharmacy service. Clients are still utilizing Central Access for assessments during the transition and referrals are coming into Rescue from the Recovery Helpline. The equipment is in place to record data to monitor quality and timeliness of calls. Mr. DeBruyne expressed appreciation to the Board for their support and challenges, making this new model better.

Open Session

- Mr. Arnold acknowledged Bob Arquette’s passing and provided the Board with a summary of his mental health advocacy since they first met in 1989, acknowledging his involvement on many committees, the MHRSB Board and consumer advisory subcommittees, as well as serving as the current Recovery Council Chair. Mr. Arnold asked that the minutes reflect that Mr. Arquette is “completely irreplaceable” and feels everyone in the system owes him a debt of gratitude as one of the “faces” of mental illness. The Committee requested that the MHRSB provide acknowledgement of Mr. Arquette in light of his passing.

Adjournment

The meeting was adjourned at 4:56 p.m.

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Committee Members Present:

Linda Alvarado-Arce, Chair
William Sanford
Pastor Waverly Earley

Lynn Olman, Vice Chair
Dr. Tim Valko

Committee Members Not Present:

N/A

Other Board Members Present:

Audrey Weis-Maag

Tony Pfeiffer

Visitors: Richard Arnold; Larry Leyland, TASC; Jim Aulenbacher, Harbor; John DeBruyne, Rescue; Paul Lewis, Recovery Council; Kathi Cesen, Zepf; Robin Isenberg, NAMI; Ben Hackworth, NAMI; Ashley Kopaniasz, Unison; Jason Vigh, Rescue; Kathy Bihn, NPI; Wendy Shaheen, ARM; Matt Rizzo, ARM; Lisa Rioux, ARM; Johnny Mickler, Sr. BBBS; Amanda Forster, Rescue; Annette Clark, FSNO; Lucy Wayton, LSS; Carole Hood, Rescue; Merisa Parker, Rescue.

Staff: Scott Sylak, Tom Bartlett, Donna Robinson, Tim Goyer, Carolyn Gallatin, Karen Olnhausen, Amy Priest; Cami Roth Szirotnyak, Cynthia Brown-Chery; Robert Kasprzak, Delores Williams, Kristal Barham.

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

Meeting Minutes: December 1, 2015

There was consensus to approve the minutes as presented.

Updated Board Financial Forecast

Mr. Bartlett referred to page seven of the meeting packet for a review of the eight key assumptions associated with the FY 2014-FY 2019 MHRS Board Financial Forecast. In addition, Mr. Bartlett reviewed the report summary on page nine of the meeting packet which contained the MHRSB Financial Forecast depicting FY 2014 – FY 2019 Actual and Projected revenue, expenses, and surplus/deficit figures, as well as the projected Total Fund Balance for each fiscal year, and addressed questions from the Committee.

Dr. Valko asked if Staff predicts that the Central Pharmacy medication allocation will decrease due to Medicaid expansion. Mr. Bartlett said there is a modest increase in pharmacy expenses due to the proposed increase in the prescribing ability for the Board funded agencies.

Mr. Sanford asked Staff how underspending will impact the potential Board deficit moving into the future. Mr. Bartlett indicated the Board adjusted the MH POS allocations in FY 2014 & FY 2015 due to underspending, and in the first half of FY 2016, the AOD POS allocations were underspent, but the

MH POS allocations are on target. The FY 2017 forecast assumes a reduction of AOD POS allocations in light of estimated FY 2016 spending.

Ms. Weis-Maag asked if there is any chance Medicaid expansion could “go away?” Mr. Sylak said the benefits of Medicaid expansion are being highlighted throughout the State and there are few communities that aren’t showing substantive benefit from it, suggesting that it isn’t going away in Ohio.

120-Day Notices of Material Change to Contracts

Mr. Goyer indicated that if the MHR SB does not intend to renew a contract or materially change it, the Ohio Revised Code requires that the Board notify the agency at least 120-days in advance, and stated that there is an appeals process available to agencies if there is a possibility of making the necessary changes to make it a viable program. Staff recommended that the following four agencies receive a 120-Day Notice: 1) Big Brothers/Big Sisters Mentoring Triad Prevention Program, 2) UMADAOP AOD Outpatient Treatment, 3) Family Service of Northwest Ohio Breaking the Cycle, and 4) Rescue Incorporated Inpatient Doctor Services. Before addressing questions from the Committee, Mr. Goyer made a correction to the FY 2017 allocation for Inpatient Doctor Services to be reduced to \$225,000 in the first half and \$125,000 in the second half for a total allocation of \$350,000 for FY 2018 instead of \$375,000 as written in the meeting packet.

Ms. Alvarado-Arce inquired about previous Board resistance surrounding physician fees. Mr. Sylak said the Crisis Committee Report recommended that the Board re-evaluate the way inpatient doctors conduct their business with the preferred level of care being the hospital inpatient care units. However, the way clients are admitted into the hospital systems have changed which has led to the opportunity to reduce the doctor’s responsibility for board funded clients by creating a different structure for hospital admissions which is being discussed by the Prescreening and Involuntary Commitment Committee.

The following motion was recommended to the Board of Trustees:

The Mental Health & Recovery Services Board of Lucas County, in compliance with the Ohio Revised Code, Section 340.03, issues a 120-Day Notice of the MHR SB’s intent not to renew all or portions of its FY 2016 contracts with Big Brothers/Big Sisters, UMADAOP, Family Service of Northwest Ohio and Rescue Incorporated. The MHR SB Executive Director is authorized to prepare and deliver letters to that effect.

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

FY 2016 Community Mini-Grant Allocations

Ms. Barham stated that in October 2015, the MHR SB approved the implementation of a community mini-grant process that would allocate \$50,000 for innovative projects by grass roots organizations that will provide programming that offer skills, strengths, resources, and supports in the communities

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they serve. The Board received 39 proposals for funding; five were eliminated because they didn't meet eligibility requirements. A sub-committee of seven individuals reviewed the 34 proposals independently and all of the scores were combined and ranked 1-34. Ms. Barham reviewed the top ranked 17 proposals included on pages 13-16 of the meeting packet as well as three proposals that ranked high, but didn't target the grass roots community level criteria. Ms. Barham indicated that Board staff is seeking an additional \$27,764 to go with the previously approved \$50,000 to fund the 17 projects since the original intent was to administer this process twice annually and allocate up to \$100,000.

The P&S Committee reviewed the 17 proposals on January 26, 2016 and requested additional information related to minority run and women owned businesses prior to making a recommendation at the February 2, 2016 P&F Committee meeting (provided on page 12 of the meeting packet). Mr. Sylak stated that the information was provided to Pastor Perryman and met with his satisfaction. Mr. Sylak also mentioned that he consulted with the Prosecutor's office and was told that if the Board wishes to target minority led and women owned business for funding, it should be clearly defined in any of the request for proposal notices.

Dr. Valko asked for clarification of the rolling balance in the Mini-grant Summary of Programs. Ms. Barham explained that it is an accumulative figure of each amount requested.

Ms. Weis-Maag recognized that the Toledo-Lucas County Health Department isn't a grass roots organization, and that it wasn't selected to receive mini-grant funds, but the Syringe Access Program seemed to have merit as the Board has expressed concern about syringes being reused. Mr. Sylak said this program was pulled because it was for sharp containers only; however, he contacted the Health Department and encouraged them to re-submit a request to the MHR SB for partially funding the Syringe Exchange program. He discussed an application of approximately \$20,000 of the \$100,000 necessary to run the project with other community partners clearly identified.

Mr. Olman identified Walker Funeral Home as a "for profit" organization and asked if there was any difficulty with funding it. Mr. Sylak said the MHR SB can authorize funding for either non-profit or for profit organizations, however, a "for profit" organization will receive a 1099 which will require that taxes be paid from the allocation received by the Board. Therefore, this stipulation will be taken into consideration for any future community based organization proposals.

The following motion was recommended to the Board of Trustees:

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

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

Engagement and Preventing Psychiatric Emergencies (PPE) Evaluator Proposal

Mr. Goyer stated that in October 2015, the Board of Trustees requested that Staff issue a RFI regarding professional services to evaluate two of the Board's funded programs: Engagement and Preventing Psychiatric Emergencies that are performed at Harbor, Unison and Zepf. In November 2015, an RFI was issued by Staff; 15 applicants nationwide expressed interest and they submitted their CV. An informational conference call was conducted by Staff, and proposals were accepted until January 22, 2016. Four applicants responded (two local and two out-of-state) ranging from \$21,000-\$44,000; however, none of them were certified in MBE.

Board staff independently reviewed and ranked each proposal and then met as a group to compare their strengths and weaknesses. Great Lakes Marketing Research was most cost-effective and comprehensive, and they are a Toledo firm. Mr. Goyer reviewed the nine phases of the evaluation project outlined on page 17 of the meeting packet for the Committee's consideration.

The following motion was recommended to Board of Trustees:

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

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

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

Ms. Olnhausen stated that due to the underspending of POS allocations throughout the system, Board staff asked agencies to consider re-purposing these funds to meet identified needs and gaps within the community primarily with Peer Support, Assertive Community Treatment (ACT), and Ambulatory Detox. New Concepts, Unison and Zepf submitted proposals for Board staff's consideration that included three proposals for Peer Support, one proposal to expand the PACT team and one proposal to expand the AOD benefit limits for IOP services and urinalysis. The State is rolling out their peer support initiative, so Board staff recommended delaying finalization of peer recovery services until the State does their rollout. In addition, staff believes the expansion of AOD benefit limits should be systemic and recommended waiting for feedback from the Access to Treatment Workgroup on this topic.

Ms. Olnhausen explained the reallocation of Unison's projected POS underspending to expand its existing PACT team, adding two additional FTE's and expanding their capacity to serve 25-30 additional in outreach and engagement for new/current clients who are SPMI and who are involved in the criminal justice system.

The following motion was recommended to the Board for their consideration:

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

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

A Renewed Mind Non-Medicaid FY 2016 POS Allocation

Ms. Olnhausen indicated that in November 2015, ARM sent a request to the Board to consider additional funding for AOD POS, new MH POS and Youth Residential Services for five uninsured/underinsured youth and room/board cost associated with the Synergy Residential Program. Board staff met with ARM in December 2015 and attended an open house to see the unit and gain a better understanding of the treatment methodologies. Upon review of the various funding requests, Board staff recommended increasing ARM's AOD POS allocation by an additional \$50,000 to fund income eligible clients which includes individuals in the Synergy Residential Program.

The following motion was recommended to the Board of Trustees:

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

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

FY 2017-2018 Purchasing Plan

Mr. Goyer referred to pages 20-24 of the meeting packet for review of the FY2017-2018 Purchasing Plan and the Timeline that was established to help guide in meeting the Board's goals and provide guidance to Staff in moving forward recommendations to the Board of Trustees for their consideration. Mr. Goyer explained new legislation under ORC 340.033 that will go into effect on 9/15/2016 which describes the necessary array of treatment and support services for all levels of opioid and co-occurring drug addiction that will be considered in FY 2017-18 purchasing decisions to the extent the services exist in Lucas County. Mr. Goyer reviewed Staff's recommendations outlined in the five bullet points on page 20 of the meeting packet, and noted that the P&S Committee approved the motion at its January 26, 2016 meeting.

Ms. Weis-Maag asked the Staff to define Ambulatory Detox and asked if people should be at home when going through detoxification. Mr. Sylak responded that it can be medically managed in a day

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setting and people can go home with comfort medication during detox. He also said it is in response to the IMD exclusion that limits 16 detox beds and the subsequent lack of capacity, so there has to be other alternatives. OMHAS will be checking with all Boards to see what their continuum of care is, and ambulatory detox is a community gap that the Board needs to address.

Dr. Valko asked Staff if the two-year contract POS rates will follow the standard Medicaid rates as they will change dramatically over the next year. Mr. Goyer confirmed that language addressed in the contract explains how rates will be set.

The following motion was recommended to the Board of Trustees:

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

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

Open Session

- Mr. Arnold said at next Thursday's Planning Commission, they will hear from Margaret Tisdale of Naomi Transitional House, who operates a five-bed adult women substance abuse facility on Warren. She is requesting a special permit and zoning change.
- Mr. Arnold said Laila Carter purchased 444 West Bancroft Street from a land bank two years ago and wants to put in a 16-bed group home for mentally ill adults and she is asking for a zoning change.
- Mr. Sylak reminded the Committee of the "Heart and Soul" event sponsored by the Wernert Center on February 6, 2016 at 6:30 p.m. at the Mud Hens Stadium; proceeds benefit the Wernert Center and NOPH.

Adjournment

The meeting was adjourned at 5:05 p.m.

OMHAS CABHI FY 2016 Award - NPI

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

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

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

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

On December 31, 2015, OMHAS issued the Notice of Sub-award (NOSA) to MHR SB for \$316,064, for the period of September 30, 2015 through June 30, 2016. On February 11-12, 2016, OMHAS provided a CTI training (without which the project was unable to start). NPI has hired staff and is moving forward; in order for MHR SB to reimburse NPI with grant funds, it is necessary to amend their FY 2016 Provider Agreement.

The following motion is recommended for consideration:

The Mental Health and Recovery Services Board of Lucas County authorizes its Executive Director to accept the grant award of \$316,064 from OMHAS for the CABHI Enhancement program, and further authorizes the Executive Director to amend the Board's FY 2016 Provider Agreement with NPI by increasing the amount in Section 6.2.2 (Pass Through Grants) from \$160,551 to \$476,615, effective October 1, 2015.

OMHAS Access Success II Award-NPI

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

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

The following motion is recommended for consideration:

The Mental Health and Recovery Services Board of Lucas County authorizes its Executive Director to accept the grant award of \$23,000 from OMHAS for the Access Success II program, and further authorizes the Executive Director to amend the Board's FY 2016 Provider Agreement with NPI by increasing the amount in Section 6.2.2 (Pass Through Grants) from \$476,615 to \$499,615, effective February 10, 2016.

December FYTD FY 2016 Grant Spending

The MHRSB funded agencies report on a quarterly basis their fiscal year-to-date actual grant spending by program. Attached is a three-page report which details the first six months actual spending by agency, by grant program, and compares actual spending to the total fiscal year grant allocation.

In general, the agencies have actual spending commensurate with the Board's allocations. Not surprisingly, there are some exceptions to this observation. Notable underspending is occurring in TASC's Linkage and Community Re-entry Program, UMADAOP's Heroin Prevention Program, Unison's Preventing Psychiatric Emergencies, Zepf's Recovery to Work Program, Lucas County Jail Medication, and CCNO's Medication programs.

Making the assumption that the agencies should have used 50% of their grant allocations through December, total FY 2016 grant underspending is estimated at \$400,823, or 3% of the total Board FY 2016 grant allocations. This amount of projected underspending is consistent with the Board's Updated Financial Forecast which assumes 2.5% underspending.

The United Way's Social/Emotional Learning Program was granted a \$24,000 grant allocation as part of the FY 2016 Purchasing Plan approved at the May 19, 2015 MHRS Board meeting. Subsequent to that grant allocation, this program was transferred from United Way to the Toledo Public Schools (TPS). It is the Staff's recommendation that this \$24,000 allocation included in the FY 2016 Purchasing Plan be rescinded.

The following motion is recommended to the Board of Trustees:

The Mental Health and Recovery Services Board of Lucas County rescinds the United Way \$24,000 Social/Emotional Learning allocation that was part of the \$17,480,606 FY 2016 Purchasing Plan approved at the May 19, 2015 Board meeting which was reduced to \$17,434,393 at the August 18, 2015 Board meeting. The adjusted total FY 2016 Purchasing Plan allocation is \$17,410,393, a reduction of \$24,000.

December FYTD Actual Grant Spending vs. Allocation By Agency By Program

<u>Agency</u>	<u>Program</u>	<u>Approved FY 2016 Allocations</u>	<u>Actual Dec. FYTD Spending</u>	<u>% Of FY 2016 Allocation Used</u>	<u>Projected FY 2016 Under Spending Based on December FYTD Actual Spending</u>
A Renewed Mind	Cognitive Enhancement	\$ 27,000	\$ 3,049	11.3%	\$ 7,000
ABLE	MH Impact Project	\$ 132,176	\$ 95,729	72.4%	\$ -
ABLE	Government Benefits	\$ 78,364	\$ 33,713	43.0%	\$ -
Total ABLE		\$ 210,540	\$ 129,442	61.5%	\$ -
Adelante	Buena Vida	\$ 91,800	\$ 43,796	47.7%	\$ -
Adelante	Los Ninos	\$ 16,949	\$ 8,703	51.3%	\$ -
Adelante	Nosotras	\$ 11,430	\$ 5,623	49.2%	\$ -
Total Adelante		\$ 120,179	\$ 58,122	48.4%	\$ -
Big Brothers BS	Mentoring Triad	\$ 45,122	\$ 31,765	70.4%	\$ -
CCNO	Medication	\$ 40,000	\$ -	0.0%	\$ 30,000
Family Council	Pooled Funds	\$ 228,000	\$ -	0.0%	\$ -
FSNO	Breaking the Cycle	\$ 36,278	\$ 16,514	45.5%	\$ -
Harbor	Engagement Services	\$ 249,900	\$ 115,210	46.1%	\$ 10,000
Harbor	Preventing Psych. Emerg.	\$ 156,933	\$ 73,501	46.8%	\$ 3,000
Harbor	Cognitive Enhancement	\$ 37,000	\$ 13,520	36.5%	\$ 5,000
Harbor	School/Comm. Prevention	\$ 367,200	\$ 176,647	48.1%	\$ 6,000
Harbor	Early Childhood Prevention	\$ 79,000	\$ 32,826	41.6%	\$ 8,000
Harbor	Community Senior Prevention	\$ 205,000	\$ 92,219	45.0%	\$ 10,000
Harbor	Ind. Placement & Support	\$ 44,385	\$ -	0.0%	\$ -
Harbor/UMADAOP	Heroin Prev. Education	\$ 102,000	\$ 57,623	56.5%	\$ -
Total Harbor		\$ 1,241,418	\$ 561,546	45.2%	\$ 42,000
LC Adult Probation	Forensic Monitor	\$ 60,730	\$ 17,925	29.5%	\$ -
LC Sheriff - Jail	Medication	\$ 40,000	\$ -	0.0%	\$ 35,000
Learning Club	After School Programming	\$ 109,754	\$ 41,416	37.7%	\$ -
Mercy	Mother & Child Dependency	\$ 71,829	\$ 29,225	40.7%	\$ 7,000
MHRS Board	Mini Grants	\$ 50,000	\$ -	0.0%	\$ -
MHRS Board	Mental Health First Aid	\$ 50,000	\$ 8,909	17.8%	\$ 10,000
NAMI	Suicide Prevention	\$ 30,600	\$ 12,936	42.3%	\$ -
NAMI	Education/Outreach/Advocacy	\$ 104,958	\$ 49,883	47.5%	\$ -
NAMI	Creative Expressions	\$ 79,754	\$ 36,164	45.3%	\$ -
NAMI	Family Navigator	\$ 102,000	\$ 50,370	49.4%	\$ -
Total NAMI		\$ 317,312	\$ 149,353	47.1%	\$ -

December FYTD Actual Grant Spending vs. Allocation By Agency By Program

Agency	Program	Approved FY 2016 Allocations	Actual Dec. FYTD Spending	% Of FY 2016 Allocation Used	Projected FY 2016 Underspending Based on December FYTD Actual Spending
NPI	ACF Operations	\$ 1,006,041	\$ 519,238	51.6%	\$ -
NPI	Rental Assistance	\$ 795,661	\$ 407,924	51.3%	\$ -
NPI	PATH (Match)	\$ 53,517	\$ 27,936	52.2%	\$ -
NPI	Road to Recovery	\$ 105,000	\$ 54,151	51.6%	\$ -
NPI	PSH Modernization	\$ 250,000	\$ 125,000	50.0%	\$ -
NPI	Peer Recovery	\$ 306,000	\$ 128,157	41.9%	\$ 15,000
Total NPI		\$ 2,516,219	\$ 1,262,406	50.2%	\$ 15,000
Ohio Empowerment	Peer Support Trainings	\$ 10,000	\$ 5,000	50.0%	\$ -
Rescue	Adult CS Unit	\$ 500,000	\$ 290,083	58.0%	\$ -
Rescue	Outreach/Emergency Services	\$ 1,358,808	\$ 692,157	50.9%	\$ -
Rescue	Child/Adolescent CS Unit	\$ 560,000	\$ 312,234	55.8%	\$ -
Rescue	Inpatient Doctors	\$ 450,000	\$ 229,223	50.9%	\$ -
Rescue	Central Access	\$ 265,000	\$ 248,660	93.8%	\$ -
Rescue	Recovery Helpline	\$ 267,583	\$ -	0.0%	\$ -
Rescue	Urgent Care	\$ 443,407	\$ -	0.0%	\$ -
Rescue	Juvenile Detention/Assess.	\$ 137,400	\$ 77,577	56.5%	\$ -
Total Rescue		\$ 3,982,198	\$ 1,849,934	46.5%	\$ -
St. Paul's	Winter Crisis	\$ 55,000	\$ -	0.0%	\$ -
St. Paul's	Shelter Beds	\$ 230,375	\$ 105,665	45.9%	\$ -
St. Paul's	Payee Program	\$ 203,490	\$ 110,460	54.3%	\$ -
St. Paul's	Outreach Coordinator	\$ 55,000	\$ 27,500	50.0%	\$ -
Total St. Paul's		\$ 543,865	\$ 243,625	44.8%	\$ -
Swanton Area CC	Parent & Comm. Involvement	\$ 26,642	\$ 14,626	54.9%	\$ -
Sylvania CAT	Community Drug Drop Off	\$ 18,000	\$ 9,049	50.3%	\$ -
Sylvania CAT	Parent Training & Education	\$ 110,509	\$ 43,966	39.8%	\$ 10,000
Total Sylvania CAT		\$ 128,509	\$ 53,015	41.3%	\$ 10,000
TASC	Linkage & Comm. Reentry	\$ 512,550	\$ 163,009	31.8%	\$ 33,823
TASC	Release to Recovery	\$ 33,000	\$ 18,439	55.9%	\$ -
TASC	Family Drug Court	\$ 70,110	\$ 36,216	51.7%	\$ -
TASC	GAIN Short Screener	\$ 40,785	\$ -	0.0%	\$ -
TASC	DYS	\$ 129,992	\$ 47,370	36.4%	\$ 15,000
Total TASC		\$ 786,437	\$ 265,034	33.7%	\$ 48,823
Toledo/LC Health	Naloxone Distribution	\$ 120,000	\$ -	0.0%	\$ -
UMADAOP	Healthy Workplace	\$ 51,000	\$ 25,821	50.6%	\$ -
UMADAOP/Harbor	Heroin Prevention	\$ 150,000	\$ 41,153	27.4%	\$ 25,000
UMADAOP	Star Quest	\$ 29,411	\$ 13,940	47.4%	\$ -
UMADAOP	First Haven	\$ 13,440	\$ 3,859	28.7%	\$ 2,000
UMADAOP	Healthy Lifestyles	\$ 14,659	\$ 5,482	37.4%	\$ 2,000
Total UMADAOP		\$ 258,510	\$ 90,255	34.9%	\$ 29,000

December FYTD Actual Grant Spending vs. Allocation By Agency By Program

<u>Agency</u>	<u>Program</u>	<u>Approved FY 2016 Allocations</u>	<u>Actual Dec. FYTD Spending</u>	<u>% Of FY 2016 Allocation Used</u>	<u>Projected FY 2016 Under Spending Based on December FYTD Actual Spending</u>
Unison	Engagement Services	\$ 252,960	\$ 107,091	42.3%	\$ 15,000
Unison	Preventing Psych. Emerg.	\$ 152,578	\$ 37,313	24.5%	\$ 60,000
Unison	Residential Support	\$ 123,420	\$ 55,287	44.8%	\$ 9,000
Unison	Cognitive Enhancement	\$ 37,000	\$ 7,091	19.2%	\$ 14,000
Unison	Prevention Services	\$ 79,560	\$ 46,072	57.9%	\$ -
Total Unison		\$ 645,518	\$ 252,854	39.2%	\$ 98,000
United Way	Social/Emotional Learning	\$ 24,000	\$ -	0.0%	\$ -
United Way	211 Recovery Helpline	\$ 21,080	\$ -	0.0%	\$ -
Total United Way		\$ 45,080	\$ -	0.0%	
Wernert Center	Operations/Club Room	\$ 261,834	\$ 132,320	50.5%	\$ -
Wernert Center	Peer Enrichment Program	\$ 320,076	\$ 159,326	49.8%	\$ -
Total Wernert Center		\$ 581,910	\$ 291,646	50.1%	\$ -
Zepf	Engagement Services	\$ 102,000	\$ 51,052	50.1%	\$ -
Zepf	Preventing Psych. Emerg.	\$ 153,000	\$ 74,228	48.5%	\$ -
Zepf	Residential Support	\$ 401,705	\$ 225,262	56.1%	\$ -
Zepf	Recovery Housing	\$ 150,000	\$ 69,029	46.0%	\$ -
Zepf	Cognitive Enhancement	\$ 32,000	\$ 32,733	102.3%	\$ -
Zepf	Recovery to Work	\$ 265,000	\$ 90,572	34.2%	\$ 76,000
Zepf/Compass	Gambling Prevention	\$ 62,850	\$ 36,245	57.7%	\$ -
Total Zepf		\$ 1,166,555	\$ 579,121	49.6%	\$ 76,000
Total Purchasing Plan Grant Programs		\$ 13,459,605	\$ 5,954,782		\$ 400,823

% of Projected Grant Program Under Spending

3.0%

Updated on 2/8/2016

Agencies' December FYTD FY 2016 Financial Results

Attached are the FYTD agencies' financial results which have been expanded to include 20 agencies which receive Board funding. This analysis covers the first six months of the fiscal year and it provides a picture of how the MHRS Board funded agencies are performing through this time period.

For the first six months of FY 2016, fourteen of the twenty agencies had Increases in Net Assets (Surpluses). Zepf Center, Unison, A Renewed Mind, NPI, ABLE, St. Paul's Community Center and UMADAOP had excellent financial results through December FYTD. A Renewed Mind reported a 110% increase in revenue of \$6.8 million with a surplus of \$1.05 million for this six month period.

Only six agencies experienced a Reduction of Net Assets (Deficits) for the first six months. Family Service of Northwest Ohio, Rescue and NAMI had the most significant reductions given their respective sizes. These three agencies have significant fund balances, so their current operations are not in question. However, if these losses continue at their current level, it may affect their ability to provide the same level of services at some point in the future. TASC and Swanton Area Community Coalition had fairly minor deficits in the first six months.

The final agency that has a Reduction in Net Assets (Deficit) is Big Brothers Big Sisters (BBBS). Through December 2015, BBBS had a Deficit of \$48,007 against Total Revenues of \$99,649 which is an extremely large deficit. Comparing their December FYTD FY 2016 financial performance with the same time periods in FY 2012 through FY 2015, BBBS has experienced steadily reducing revenues and consistent Deficits results. Given the magnitude of BBBS' December FYTD FY 2016 Deficit, continuation of these operating results into the future cannot not be sustained for very long. At this level of deficit spending, BBBS will exhaust their cash within 12 to 15 months.

MHRS Board Agency Dec. FYTD FY 2012 Through FY 2016 Financial Results
Statement of Revenues and Expenditures and Financial Ratios

December FYTD	FY 2016	FY 2015	FY 2014	FY 2013	FY 2012	Target
Harbor						
- Total Revenues	\$21,588,247	\$19,603,968	\$15,108,572	\$13,957,707	\$10,076,664	
- Total Expenditures	\$21,448,711	\$19,319,659	\$13,415,882	\$10,957,625	\$10,647,260	
- Net Surplus/(Deficit)	\$ 139,536	\$ 284,309	\$ 1,692,690	\$ 3,000,082	\$ (570,596)	
- Total Revenue/Total Expenses	1.01	1.01	1.13	1.27	0.95	1.00
- Fund Balance Reserve	6.47	4.16	5.46	2.83	2.66	1 or higher
- Working Capital Days	160.78	121.77	120.95	81.52	61.84	30 or higher
- Quick Ratio	6.20	5.34	5.34	3.33	2.20	1.00
- Debt as % of Fund Balance	0.12	0.12	0.11	0.22	0.32	Less than .75
- Line of Credit Balance	\$0	\$0	\$0	\$0	\$0	
Zepf						
- Total Revenues	\$18,176,943	\$17,751,425	\$13,321,604	\$11,118,073	\$ 7,666,802	
- Total Expenditures	\$17,710,186	\$16,656,773	\$11,769,293	\$ 8,927,927	\$ 7,231,135	
- Net Surplus/(Deficit)	\$ 466,757	\$ 1,094,652	\$ 1,552,311	\$ 2,190,146	\$ 435,667	
- Total Revenue/Total Expenses	1.03	1.07	1.13	1.25	1.06	1.00
- Fund Balance Reserve	4.60	4.22	3.89	2.91	1.69	1 or higher
- Working Capital Days	110.77	115.12	84.82	60.68	40.97	30 or higher
- Quick Ratio	6.22	3.85	4.05	3.06	2.10	1.00
- Debt as % of Fund Balance	0.00	0.03	0.07	0.17	0.48	Less than .75
- Line of Credit Balance	\$0	\$0	\$0	\$0	\$0	
Unison						
- Total Revenues	\$10,325,162	\$ 9,617,483	\$ 8,695,782	\$ 7,468,167	\$ 5,701,144	
- Total Expenditures	\$10,055,096	\$ 9,162,116	\$ 7,622,014	\$ 5,682,775	\$ 5,539,237	
- Net Surplus/(Deficit)	\$ 270,066	\$ 455,367	\$ 1,073,768	\$ 1,785,392	\$ 161,907	
- Total Revenue/Total Expenses	1.03	1.05	1.14	1.31	1.03	1.00
- Fund Balance Reserve	4.06	3.81	4.55	2.77	1.14	1 or higher
- Working Capital Days	69.19	67.94	73.97	41.27	7.53	30 or higher
- Quick Ratio	3.35	2.71	3.19	2.30	1.19	1.00
- Debt as % of Fund Balance	0.06	0.07	0.10	0.57	1.03	Less than .75
- Line of Credit Balance	\$0	\$0	\$0	\$0	\$0	

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MHRS Board Agency Dec. FYTD FY 2012 Through FY 2016 Financial Results
Statement of Revenues and Expenditures and Financial Ratios

December FYTD	FY 2016	FY 2015	FY 2014	FY 2013	FY 2012	Target
Rescue						
- Total Revenues	\$ 3,718,984	\$ 4,008,082	\$ 3,839,099	\$ 3,493,358	\$ 4,740,733	
- Total Expenditures	\$ 3,829,661	\$ 4,014,125	\$ 3,778,504	\$ 3,779,809	\$ 4,295,344	
- Net Surplus/(Deficit)	\$ (110,677)	\$ (6,043)	\$ 60,595	\$ (286,451)	\$ 445,389	
- Total Revenue/Total Expenses	0.97	1.00	1.02	0.92	1.10	1.00
- Fund Balance Reserve	3.93	3.79	3.00	3.70	4.13	1 or higher
- Working Capital Days	88.24	81.71	51.14	78.88	80.20	30 or higher
- Quick Ratio	4.97	3.60	2.90	3.08	3.84	1.00
- Debt as % of Fund Balance	0.00	0.00	0.00	0.00	0.00	Less than .75
- Line of Credit Balance	\$0	\$0	\$0	\$0	\$0	
NPI						
- Total Revenues	\$ 3,829,668	\$ 3,725,195	\$ 3,648,090	\$ 3,448,041	\$ 3,328,388	
- Total Expenditures	\$ 3,626,901	\$ 3,519,853	\$ 3,375,724	\$ 3,380,709	\$ 3,253,810	
- Net Surplus/(Deficit)	\$ 202,767	\$ 205,342	\$ 272,366	\$ 67,332	\$ 74,578	
- Total Revenue/Total Expenses	1.06	1.06	1.08	1.02	1.02	1.00
- Fund Balance Reserve	7.23	7.43	7.38	6.35	6.29	1 or higher
- Working Capital Days	44.50	23.02	12.44	8.99	9.15	30 or higher
- Quick Ratio	5.28	1.08	1.65	1.67	1.29	1.00
- Debt as % of Fund Balance	1.13	1.41	1.58	2.05	2.32	Less than .75
- Line of Credit Balance	\$0	\$0	\$0	\$0	\$0	
A Renewed Mind						
- Total Revenues	\$ 6,820,720	\$ 3,250,397	N/A	N/A	N/A	
- Total Expenditures	\$ 5,773,973	\$ 2,845,443	N/A	N/A	N/A	
- Net Surplus/(Deficit)	\$ 1,046,747	\$ 404,954	N/A	N/A	N/A	
- Total Revenue/Total Expenses	1.18	1.14	N/A	N/A	N/A	1.00
- Fund Balance Reserve	1.03	1.24	N/A	N/A	N/A	1 or higher
- Working Capital Days	26.90	23.51	N/A	N/A	N/A	30 or higher
- Quick Ratio	2.30	3.15	N/A	N/A	N/A	1.00
- Debt as % of Fund Balance	1.00	0.00	N/A	N/A	N/A	Less than .75
- Line of Credit Balance	\$130,000	\$0	N/A	N/A	N/A	

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MHRS Board Agency Dec. FYTD FY 2012 Through FY 2016 Financial Results
Statement of Revenues and Expenditures and Financial Ratios

December FYTD	FY 2016	FY 2015	FY 2014	FY 2013	FY 2012	Target
ABLE						
- Total Revenues	\$ 2,441,099	\$ 2,362,324	\$ 1,665,838	\$ 1,687,717	\$ 944,289	
- Total Expenditures	\$ 2,297,229	\$ 2,134,862	\$ 1,652,956	\$ 1,664,624	\$ 881,101	
- Net Surplus/(Deficit)	\$ 143,870	\$ 227,462	\$ 12,882	\$ 23,093	\$ 63,188	
- Total Revenue/Total Expenses	1.06	1.11	1.01	1.01	1.07	1.00
- Fund Balance Reserve	5.30	9.38	16.00	16.79	26.08	1 or higher
- Working Capital Days	(79.47)	(49.13)	10.11	260.94	294.17	30 or higher
- Quick Ratio	0.10	0.60	1.03	2.07	6.26	1.00
- Debt as % of Fund Balance	0.64	0.38	0.31	0.50	0.33	Less than .75
- Line of Credit Balance	\$0	\$0	\$0	\$0	\$0	
St. Paul's						
- Total Revenues	\$ 908,757	\$ 837,833	\$ 855,585	\$ 821,104	\$ 807,707	
- Total Expenditures	\$ 780,552	\$ 843,237	\$ 783,753	\$ 815,626	\$ 784,542	
- Net Surplus/(Deficit)	\$ 128,205	\$ (5,404)	\$ 71,832	\$ 5,478	\$ 23,165	
- Total Revenue/Total Expenses	1.16	0.99	1.09	1.01	1.03	1.00
- Fund Balance Reserve	11.05	6.28	7.34	6.39	8.63	1 or higher
- Working Capital Days	98.45	110.14	136.25	135.23	194.55	30 or higher
- Quick Ratio	4.05	6.45	8.59	7.56	9.35	1.00
- Debt as % of Fund Balance	0.02	0.00	0.00	0.05	0.00	Less than .75
- Line of Credit Balance	\$90,000	\$0	\$0	\$0	\$0	
TASC						
- Total Revenues	\$ 744,518	\$ 813,619	\$ 758,968	\$ 754,195	\$ 987,977	
- Total Expenditures	\$ 747,967	\$ 843,533	\$ 775,847	\$ 767,563	\$ 910,502	
- Net Surplus/(Deficit)	\$ (3,449)	\$ (29,914)	\$ (16,879)	\$ (13,368)	\$ 77,475	
- Total Revenue/Total Expenses	1.00	0.96	0.98	0.98	1.09	1.00
- Fund Balance Reserve	5.79	3.98	4.29	4.69	4.45	1 or higher
- Working Capital Days	42.16	121.61	127.66	116.42	113.50	30 or higher
- Quick Ratio	2.28	4.65	21.54	16.44	23.45	1.00
- Debt as % of Fund Balance	0.05	0.09	0.11	0.11	0.11	Less than .75
- Line of Credit Balance	\$0	\$0	\$0	\$0	\$0	

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MHRS Board Agency Sept. FYTD FY 2012 Through FY 2016 Financial Results
Statement of Revenues and Expenditures and Financial Ratios

December FYTD	FY 2016	FY 2015	FY 2014	FY 2013	FY 2012	Target
Family Service						
- Total Revenues	\$2,883,664	\$ 3,257,280	\$2,443,847	N/A	N/A	N/A
- Total Expenditures	\$3,241,243	\$ 3,182,847	\$2,538,845	N/A	N/A	N/A
- Net Surplus/(Deficit)	(\$357,579)	\$ 74,433	(\$94,998)	N/A	N/A	N/A
- Total Revenue/Total Expenses	0.89	1.02	0.96	N/A	N/A	1.00
- Fund Balance Reserve	0.78	1.40	1.06	N/A	N/A	1 or higher
- Working Capital Days	1.68	13.97	3.29	N/A	N/A	30 or higher
- Quick Ratio	1.03	1.65	1.06	N/A	N/A	1.00
- Debt as % of Fund Balance	2.65	1.50	0.00	N/A	N/A	Less than .75
- Line of Credit Balance	\$0	\$0	\$0	N/A	N/A	N/A
Lutheran Social Services						
- Total Revenues	\$1,357,207	N/A	N/A	N/A	N/A	N/A
- Total Expenditures	\$1,176,150	N/A	N/A	N/A	N/A	N/A
- Net Surplus/(Deficit)	\$181,057	N/A	N/A	N/A	N/A	N/A
- Total Revenue/Total Expenses	1.15	N/A	N/A	N/A	N/A	1.00
- Fund Balance Reserve	4.35	N/A	N/A	N/A	N/A	1 or higher
- Working Capital Days	81.55	N/A	N/A	N/A	N/A	30 or higher
- Quick Ratio	4.98	N/A	N/A	N/A	N/A	1.00
- Debt as % of Fund Balance	0.00	N/A	N/A	N/A	N/A	Less than .75
- Line of Credit Balance	\$0	N/A	N/A	N/A	N/A	N/A
SCAT						
- Total Revenues	\$111,603	\$ 102,718	N/A	N/A	N/A	N/A
- Total Expenditures	\$93,891	\$ 88,543	N/A	N/A	N/A	N/A
- Net Surplus/(Deficit)	\$17,712	\$ 14,175	N/A	N/A	N/A	N/A
- Total Revenue/Total Expenses	1.19	1.16	N/A	N/A	N/A	1.00
- Fund Balance Reserve	10.50	10.83	N/A	N/A	N/A	1 or higher
- Working Capital Days	259.61	267.23	N/A	N/A	N/A	30 or higher
- Quick Ratio	21.30	2.10	N/A	N/A	N/A	1.00
- Debt as % of Fund Balance	0.00	0.00	N/A	N/A	N/A	Less than .75
- Line of Credit Balance	\$0	\$0	N/A	N/A	N/A	N/A

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MHRS Board Agency Dec. FYTD FY 2012 Through FY 2016 Financial Results
Statement of Revenues and Expenditures and Financial Ratios

December FYTD	FY 2016	FY 2015	FY 2014	FY 2013	FY 2012	Target
Philio New Concepts						
- Total Revenues	\$ 902,728	\$ 663,551	\$ 431,060	\$ 449,611	\$ 372,783	
- Total Expenditures	\$ 845,586	\$ 547,445	\$ 457,059	\$ 448,201	\$ 365,023	
- Net Surplus/(Deficit)	\$ 57,142	\$ 116,106	\$ (25,999)	\$ 1,410	\$ 7,760	
- Total Revenue/Total Expenses	1.07	1.21	0.94	1.00	1.02	1.00
- Fund Balance Reserve	1.25	1.83	0.60	0.57	0.63	1 or higher
- Working Capital Days	31.59	52.63	15.56	12.56	14.68	30 or higher
- Quick Ratio	4.31	9.45	1.44	1.52	1.51	1.00
- Debt as % of Fund Balance	0.49	0.03	0.27	0.41	0.60	Less than .75
- Line of Credit Balance	\$7,000	\$0	\$0	\$0	\$0	
UMADAOP						
- Total Revenues	\$ 656,414	\$ 409,324	\$ 367,197	\$ 321,921	\$ 367,326	
- Total Expenditures	\$ 560,028	\$ 414,612	\$ 329,183	\$ 316,193	\$ 325,520	
- Net Surplus/(Deficit)	\$ 96,386	\$ (5,288)	\$ 38,014	\$ 5,728	\$ 41,806	
- Total Revenue/Total Expenses	1.17	0.99	1.12	1.02	1.13	1.00
- Fund Balance Reserve	1.94	1.10	0.96	(0.70)	0.16	1 or higher
- Working Capital Days	11.42	(15.58)	10.14	(17.69)	11.38	30 or higher
- Quick Ratio	1.58	0.78	2.54	0.22	3.64	1.00
- Debt as % of Fund Balance	0.26	0.81	2.05	(3.87)	6.32	Less than .75
- Line of Credit Balance	\$0	\$0	\$0	\$14,475	\$0	
Wernert Center						
- Total Revenues	\$ 335,257	\$ 311,937	\$ 299,481	\$ 285,393	\$ 279,612	
- Total Expenditures	\$ 330,433	\$ 306,896	\$ 297,527	\$ 266,702	\$ 276,322	
- Net Surplus/(Deficit)	\$ 4,824	\$ 5,041	\$ 1,954	\$ 18,691	\$ 3,290	
- Total Revenue/Total Expenses	1.01	1.02	1.01	1.07	1.01	1.00
- Fund Balance Reserve	6.12	5.88	6.72	8.14	7.44	1 or higher
- Working Capital Days	67.63	46.99	70.51	97.28	103.88	30 or higher
- Quick Ratio	1.41	1.89	3.31	2.97	6.16	1.00
- Debt as % of Fund Balance	0.52	0.67	0.68	0.69	0.80	Less than .75
- Line of Credit Balance	\$0	\$0	\$0	\$0	\$0	

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MHRS Board Agency Dec. FYTD FY 2012 Through FY 2016 Financial Results
Statement of Revenues and Expenditures and Financial Ratios

December FYTD	FY 2016	FY 2015	FY 2014	FY 2013	FY 2012	Target
Adelante						
- Total Revenues	\$ 253,109	\$ 225,664	\$ 209,707	\$ 217,093	\$ 230,726	
- Total Expenditures	\$ 242,249	\$ 221,274	\$ 221,312	\$ 267,114	\$ 273,673	
- Net Surplus/(Deficit)	\$ 10,860	\$ 4,390	\$ (11,605)	\$ (50,021)	\$ (42,947)	
- Total Revenue/Total Expenses	1.04	1.02	0.95	0.81	0.84	1.00
- Fund Balance Reserve	6.19	5.51	5.39	5.18	8.89	1 or higher
- Working Capital Days	73.36	68.11	68.12	131.98	190.60	30 or higher
- Quick Ratio	17.87	2.18	8.46	4.63	9.36	1.00
- Debt as % of Fund Balance	0.00	0.00	0.00	0.01	0.02	Less than .75
- Line of Credit Balance	\$0	\$0	\$0	\$0	\$0	
Big Brothers Big Sisters						
- Total Revenues	\$ 99,649	\$ 184,481	\$ 195,121	\$ 225,005	\$ 302,733	
- Total Expenditures	\$ 147,656	\$ 170,086	\$ 221,308	\$ 248,499	\$ 328,983	
- Net Surplus/(Deficit)	\$ (48,007)	\$ 14,395	\$ (26,187)	\$ (23,494)	\$ (26,250)	
- Total Revenue/Total Expenses	0.67	1.08	0.88	0.91	0.92	1.00
- Fund Balance Reserve	4.21	6.94	5.17	5.75	5.75	1 or higher
- Working Capital Days	180.07	184.69	164.05	165.20	171.45	30 or higher
- Quick Ratio	4.12	14.65	6.58	7.86	4.01	1.00
- Debt as % of Fund Balance	0.00	0.00	0.00	0.00	0.00	Less than .75
- Line of Credit Balance	\$0	\$0	\$0	\$0	\$0	
NAMI						
- Total Revenues	\$ 186,607	\$ 169,945	\$ 91,937	\$ 65,941	\$ 443,615	
- Total Expenditures	\$ 220,465	\$ 210,192	\$ 156,421	\$ 134,016	\$ 370,016	
- Net Surplus/(Deficit)	\$ (33,858)	\$ (40,247)	\$ (64,484)	\$ (68,075)	\$ 73,599	
- Total Revenue/Total Expenses	0.85	0.81	0.59	0.49	1.20	1.00
- Fund Balance Reserve	4.33	5.20	7.78	12.90	6.35	1 or higher
- Working Capital Days	150.94	189.37	396.36	788.47	163.44	30 or higher
- Quick Ratio	4.26	3.90	7.20	13.01	43.43	1.00
- Debt as % of Fund Balance	0.00	0.00	0.00	0.00	0.00	Less than .75
- Line of Credit Balance	\$0	\$0	\$0	\$0	\$0	

2/8/2016

MHRS Board Agency Sept. FYTD FY 2012 Through FY 2016 Financial Results
Statement of Revenues and Expenditures and Financial Ratios

December FYTD	FY 2016	FY 2015	FY 2014	FY 2013	FY 2012	Target
Learning Club						
- Total Revenues	\$153,910	\$53,801	\$ 40,957	\$ 23,403	\$ 117,358	
- Total Expenditures	\$120,711	\$36,852	\$ 20,059	\$ 14,643	\$ 134,939	
- Net Surplus/(Deficit)	\$33,199	\$16,949	\$ 20,898	\$ 8,760	\$ (17,581)	
- Total Revenue/Total Expenses	1.28	1.46	2.04	1.60	0.87	1.00
- Fund Balance Reserve	3.74	N/A	N/A	N/A	N/A	1 or higher
- Working Capital Days	N/M	N/A	N/A	N/A	N/A	30 or higher
- Quick Ratio	N/M	N/A	N/A	N/A	N/A	1.00
- Debt as % of Fund Balance	0.00	N/A	N/A	N/A	N/A	Less than .75
- Line of Credit Balance	\$0	N/A	N/A	N/A	N/A	
Swanton ACC						
- Total Revenues	\$20,575	N/A	N/A	N/A	N/A	
- Total Expenditures	\$28,350	N/A	N/A	N/A	N/A	
- Net Surplus/(Deficit)	(\$7,775)	N/A	N/A	N/A	N/A	
- Total Revenue/Total Expenses	0.73	N/A	N/A	N/A	N/A	1.00
- Fund Balance Reserve	2.81	N/A	N/A	N/A	N/A	1 or higher
- Working Capital Days	117.65	N/A	N/A	N/A	N/A	30 or higher
- Quick Ratio	3.59	N/A	N/A	N/A	N/A	1.00
- Debt as % of Fund Balance	0.00	N/A	N/A	N/A	N/A	Less than .75
- Line of Credit Balance	\$0	N/A	N/A	N/A	N/A	

2/8/2016

120-Day Notices of Material Change to Contracts

- TASC DYS Aftercare Program

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

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

The following motion is recommended to the Board of Trustees:

The Mental Health & Recovery Services Board of Lucas County, in compliance with the Ohio Revised Code, Section 340.03, issues a 120-Day Notice of the MHRSB's intent not to renew its FY 2016 contract with Treatment Alternatives for Safer Communities (TASC) for the DYS Aftercare Program. The MHRSB Executive Director is authorized to prepare and deliver the letter to that effect.

Unison "Hope is Real" Prevention Campaign

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

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

The new "Hope is Real" campaign will specifically target 12-18 years old in Lucas County about the dangers of adolescent heroin/opiate use. The proposed project will build on Unison's current efforts utilizing the Buckeye Cable Sports Network (BCSN) where **social media** will be the focus of the campaign. BCSN is connected with 31 High Schools, 27 of which are in Lucas County. It is estimated that 34,000 high school students are enrolled in Buckeye Cable System's footprint. BCSN's **Student of the Month** program will be another important aspect of the campaign. Sponsorship of the BCSN scholarship program includes 2,700 promos and 800 total commercials.

In addition, Unison plans to work with a local video production agency to create a commercial to broadcast at local movie theatres. **Cinema advertising** targets a captive, diverse audience relative to gender, age, ethnicity and economic status. Thirty-second spots will run before every movie, every day at both Franklin Park 16 and Fallen Timbers 14 theatre locations. The prevention message will also broadcast via 42" flat screen monitors in the theatre lobbies every 25 minutes.

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

Staff supports this proposal, and if approved, will include the \$200,000 allocation within the FY 2017 Purchasing Plan recommendations.

The following motion is recommended to the Board of Trustees:

The Mental Health and Recovery Services Board of Lucas County allocates \$50,000 in start-up cost to Unison Behavioral Health Group's "Hope is Real" campaign and authorizes its Executive Director to amend Unison's FY 2016 Mental Health and Addiction Services Provider Agreement to reflect this allocation.

Access to Treatment Workgroup Report

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

The Access to Treatment Workgroup discussed issues related to access, continuity of care, inclusion and administration. The Workgroup finalized its twenty recommendations on February 25, 2016 and is presenting them to the Combined Planning & Finance/Programs & Services Committees for review, approval and submission the MHRSB Trustees for acceptance. Attached to the meeting packet is a copy of the draft Report.

The following motion is recommended to the Board of Trustees:

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

Recovery Council Update

The Recovery Council did not have a quorum at its February 16, 2016 meeting, and the agenda included nominations of a new Recovery Council Chair and leadership discussion. Therefore, the Recovery Council's Membership Committee will meet next week to discuss recruiting efforts to fill the vacant Chair position. Discussion at the meeting took place regarding attendance and the Council will follow the By-laws approved by the Programs & Services Committee on April 28, 2015 which states "four absences from a regularly scheduled Recovery Council meeting in a rolling calendar year will result in the Recovery Council providing notification of the member's attendance record to the Programs & Services Committee."

The Council plans to hold a forum in March 2016 for Problem Gambling Awareness Month. The Recovery Council's Public Relations Committee will meet next week to discuss advertising efforts for future forums and how to better publicize the voicemail cards to consumers.

Access to Treatment Workgroup Report

William D. Sanford, Workgroup Chair

2/25/2016

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

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Forward

A Message from the Access to Treatment Workgroup Chair

Dear Access to Treatment Workgroup Members;

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

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

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

Sincerely,

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

Introduction

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

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

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

Recommendations

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

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

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

Discussion

Accessibility

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Continuity

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

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

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

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

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

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

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

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

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

Inclusion

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

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

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

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

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

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

Policy and Administration

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

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

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

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

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

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

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

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

Participant List

ACCESS TO TREATMENT WORKGROUP ATTENDANCE

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

No meetings held in July 2015 and January 2016.

ACCESS TO TREATMENT WORKGROUP ATTENDANCE

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

No meetings held in July 2015 and January 2016.