MHRS BOARD MEETING
April 19, 2016
4:00 p.m.

Consent Agenda	Item	Information Enclosed	Action Required	Allocation Required	Page
	1. Call to Order				
	2. Roll Call				
	3. Recognition of Visitors				
	4. Determination of Items to be Removed from Consent Agenda				
☐	5. Board Minutes – March 15, 2016	✓	✓		1-5
☐	6. Treasurer's Report ➢ March 2016 Financial Statements	✓	✓		6-14
☐	7. Programs & Services Committee Report ➢ Health Officer Credentialing Committee	✓	✓		15 15
	8. Planning & Finance Committee Report				15
	A. Discussion of Treasurer's Report Review by the Planning & Finance Committee	✓	✓		16-18
☐	B. Zepf AOD POS Underspending and MH POS Overspending	✓	✓	✓	18
☐	C. Youth Emergency Shelter – Zepf Center	✓	✓	✓	18-20
☐	D. OMHAS/DSA FA 2016 Match Allocation – Neighborhood Properties Inc. (NPI)	✓	✓	✓	20
☐	E. Family Service of Northwest Ohio (FSNO) MH POS Allocation	✓	✓	✓	20-21
☐	F. Neighborhood Properties, Inc. (NPI) Private Market Rental Assistance Program Allocation	✓	✓	✓	21
☐	G. FY 2016 Behavioral Health Juvenile Justice (BHJJ) Grant Program and Budget Revision	✓	✓	✓	22
☐	H. UMADAOP Heroin Prevention Underspending Re-allocation	✓	✓	✓	23
☐	I. FY 2016 AOD Schedule of Subsidies Revision	✓	✓		23-25
	J. 120-Day Notices:				
	• Family Service of Northwest Ohio (FSNO) – Breaking the Cycle	✓	✓	✓	26
	• Big Brothers/Big Sisters – Mentoring Triad	✓	✓	✓	26-28

	9. Governance Committee Report				29
☐	A. Governance Policies Revisions:				29
	• Board Committees and Sub-Committees	✓	✓		30
	• Board, Committee and Sub-Committee Meetings	✓	✓		31-32
☐	B. MHRSB Committee Charters:	✓	✓		33
	• Governance				34
	• Planning & Finance				35
	• Programs & Services				36
☐	C. Strategic Plan Extension	✓	✓		37
	D. Diversity Workgroup Report *(Separate Attachment)*	✓	✓		37-38 (1-22)
	10. Director's Report				
	11. Open Session				
	12. Adjournment				

M I N U T E S – Board Meeting
Mental Health & Recovery Services Board of Lucas County
March 15, 2016

Roll Call - Members Present:

Audrey Weis-Maag	Dr. Lois Ventura	Dr. Tim Valko
Neema Bell	Linda Alvarado-Arce	Anthony (Tony) Pfeiffer
Dr. Mary Gombash	Pastor Perryman	William Sanford
Andrea Mendoza Loch	Chief George Kral	

After Roll Call:
Linda Howe

Members Absent:

Scott D. Johnson	Pastor Earley	Lynn Olman
Robin Reeves	Andre Tiggs	

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

Visitors: Richard Arnold; Geof Allan, UMADAOP; Annette Clark, FSNO; Ashley Kopaniasz, Unison; Craig Gebers, Zepf; Merisa Parker, Rescue; Carole Hood, Rescue; Denise Carmack, New Concepts; Tonalee Tucker, Wernert Center; Kathy Bihn, NPI; Jason Vigh, Rescue; Karen Wu, ABLE; Sarita Gregory, Consumer; John DeBruyne, Rescue; Kristie Ruff, Rescue; Amanda Forster, Rescue; Lucy Wayton, Lutheran Social Services; Deb Angel, Recovery Council.

The meeting was called to order at 4:00 p.m., with Ms. Neema Bell, Board Chair, presiding.

Swearing in of New Board Member

Ms. Bell administered the Oath of Office to Chief George Kral for a County Appointment term from March 15, 2016- June 30, 2020.

Consent Agenda Items: The Trustees reviewed the Consent Agenda, and the following six items were approved by consent. Voting to approve the Consent Agenda was: Ms. Alvarado-Arce-yes; Mr. Pfeiffer-yes; Dr. Ventura-yes; Dr. Gombash-yes; Mr. Sanford-yes; Ms. Weis-Maag-yes; Dr. Valko-yes; Chief Kral-yes; Ms. Mendoza Loch-yes; Pastor Perryman-yes.

Board Minutes – February 16, 2016

Combined Programs & Services and Planning & Finance Committee Report

A. **OMHAS CABHI FY 2016 Award - NPI**

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.

B. OMHAS Access Success II Award-NPI

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.

C. United Way – Rescind FY 2016 Social/Emotional Learning Allocation

The Mental Health and Recovery Services Board of Lucas County rescinds the United Way's $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 allocations is $17,410,393, a reduction of $24,000.

D. 120-Day Notices of Material Change to Contracts

- **TASC DYS Aftercare Program**

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.

E. Unison "Hope is Real" Prevention Campaign

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.

Treasurer's Report

- **February 2016 Financial Statements**

Mr. Bartlett reviewed the Treasurer's Report outlined on pages 5-11 of the meeting packet which contained a summary of the February 2016 Financials including the Consolidated Statement of

Revenues and Expenditures, the Consolidated Balance Sheet, and Disbursements for February 2016, and addressed questions from the Trustees.

Ms. Weis-Maag indicated that due to the timing of P&F Committee meetings which occur on the first Tuesday of the month, the Committee doesn't have the opportunity to review the Board financials prior to monthly Board meeting. In order for the Trustees to have an opportunity to critically review the monthly financials prior to presenting them to the full Board on the Consent Agenda, the Board of Trustees presented a recommendation for discussion at the April 5, 2016 Planning & Finance Committee to consider either swapping the P&F Committee meetings with the Governance Committee meetings so that the current month financials can be reviewed in advance of the Board meeting, or to have the P&F Committee review the previous month's financials on their current meeting schedule that would then be presented to the full Board on the Consent Agenda.

> *The Mental Health & Recovery Services Board of Lucas County approves the February 2016 financial statements and the February 2016 voucher schedules of bills as presented in the March 15, 2016 Board packet.*

Ms. Weis-Maag moved to approve the motion and it was seconded by Dr. Valko. Voting to approve the motion was: Ms. Alvarado-Arce-yes; Mr. Pfeiffer-yes; Dr. Ventura-yes; Dr. Gombash-yes; Mr. Sanford-yes; Ms. Weis-Maag-yes; Dr. Valko-yes; Chief Kral-yes; Ms. Mendoza Loch-yes; Pastor Perryman-yes; Ms. Howe-yes.

Combined Programs & Services/Planning & Finance Committee Report

- **Access to Treatment Workgroup Report**

Mr. Sanford stated that the Workgroup met for 13 months, and he thanked all of the agencies and Board staff for their participation. He said there are 20 recommendations contained in the Report outlined on pages 17-31 of the meeting packet.

Mr. Sylak expressed appreciation to Mr. Sanford for his thoughtful leadership in spearheading many of the initiatives throughout the various processes that has led to the presentation of the Workgroup Report, as well as the valuable feedback from the stakeholders, agencies, and consumers contributing to its development.

Mr. Sylak stated that the Access to Treatment Workgroup Report was vetted through the combined P&S/P&F Committees on March 1, 2016, and provided highlights of the Report with a Staff recommendation to the Board of Trustees for their consideration.

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

Dr. Valko moved to approve the motion and it was seconded by Ms. Mendoza Loch. Voting to approve the motion was: Ms. Alvarado-Arce-yes; Mr. Pfeiffer-yes; Dr. Ventura-yes; Dr. Gombash-yes; Mr. Sanford-yes; Ms. Weis-Maag-yes; Dr. Valko-yes; Chief Kral-yes; Ms. Mendoza Loch-yes; Pastor Perryman-yes; Ms. Howe-yes.

Governance Committee Report

- **MHRSB Policy Update: Governance**
- **Public Affairs**

Mr. Sylak referred to page 32 of the meeting packet for a comprehensive list of the Governance and Public Affairs Policies, some of which were previously reviewed at the March 8, 2016 Governance Committee that were presented for the Committee's consideration in accordance with the MHRSB's Promulgation of Policies and Procedures Policy which states that each policy will be reviewed every three years. Mr. Sylak highlighted some of the significant changes for consideration which included a return to voice voting at all of the Committees, changing the ways membership is appointed and how terms are established, and ensuring that the Board follows the open meetings law.

Dr. Valko referenced the Consumer Recommendation and Advice Policy stating that the Board went from the Recovery Council having a seat at the P&S Committee to a regular report to the P&S Committee by the Executive Director and/or his designee upon soliciting input from consumers and families. Mr. Sylak indicated the struggles of the Recovery Council in maintaining adequate membership and leadership and meeting the demands of their charter are well documented. Add to these difficulties the fact that the group needs to come into compliance with the Ohio Public Meetings law and it becomes clear that a different organizational structure should be considered. Mr. Sylak stated he would like to improve the quality and increase the amount of meaningful consumer input and will work with the existing Recovery Council to define how that might occur. Mr. Sylak indicated that he has a meeting scheduled for March 17, 2016 with four Recovery Council members to discuss brainstorm options after which those options can be taken to the full Recovery Council for consideration.

Pastor Perryman moved to approve the motion and it was seconded by Ms. Mendoza Loch. Voting to approve the motion was: Ms. Alvarado-Arce-yes; Mr. Pfeiffer-yes; Dr. Ventura-yes; Dr. Gombash-yes; Mr. Sanford-yes; Ms. Weis-Maag-yes; Dr. Valko-yes; Chief Kral-yes; Ms. Mendoza Loch-yes; Pastor Perryman-yes; Ms. Howe-yes.

Other Business: Board and Committee Attendance

Ms. Bell referred to the Board and Committee attendance report included on pages 64-66 of the meeting packet for the Committee's review.

Director's Report

- On March 21, 2016 @ 2:00 p.m., there will be a Problem Gambling Awareness Forum held at the Zepf Ashland facility, sponsored by the Recovery Council.
- The Zepf Center is hosting a "Serve Up an Ace" fund raiser on March 18, 2016.
- Unison is hosting an annual event entitled: Passport to Hope" on April 16, 2016.
- With regard to the editorial in "The Blade" today, Mr. Sylak stated that there was some criticism related to Recovery Helpline, and stated that with any new program, there is going to be some challenges. However, the MHRSB needs to stay true to what the Helpline was designed to do, "help people who didn't know where to get care, get the care they need within 48 hours."
- There is an emerging discussion about development of a 6-12 bed youth emergency center shelter for males and females at the Zepf Center Ashland Facility. The initiative has gained a large amount of community support and it's likely a coalition of funders will come together to implement the project. Mr. Sylak indicated the MHRSB has been a significant part of the discussion and will be asked to contribute funding for the project. He is working with Zepf Center to identify funding needs.
- Mr. Sylak stated that there is a significant re-design in our behavioral health system that is being undertaken at the state level. Staff leadership is going to Columbus on Friday to learn more about the latest progress. OMHAS addiction and mental health certification rules are changing and a series of webinars are occurring regarding certification standards.
- The MHRSB annual Recognition Breakfast is scheduled for Monday, May 2 from 8:30-11:00 a.m.; notify the Board staff if you have any recognition nominations.
- March is Problem Gambling Awareness month and there is a number of events planned throughout the community this month. The MHRSB and Zepf Center received a Proclamation today from the Commissioners in recognition of Problem Gambling Awareness Month.

Open Session

There were no comments made.

Adjournment

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

Anthony (Tony) Pfeiffer, Secretary

Scott A. Sylak, Executive Director

Treasurer's Report

- **March 2016 Financial Statements**

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

For the month of March, revenues exceeded expenditures by $4,588,049 which is $32,050 unfavorable to the budget. Total Board revenues were $136,414 worse than budget due to lower OMHAS federal funding due to timing differences. OMHAS has finally given the approval for the Boards to draw down their remaining federal funds and these funds should be received in either April or May to eliminate this negative funding variance. Expenses were $104,364 better than budget primarily due to lower AOD POS spending.

On a March FYTD 2016 basis, revenues exceeded expenditures by $3,047,591 which is $1,071,851 favorable to the budget. Total Board revenues were $703,056 below budget primarily due to lower than anticipated OMHAS federal revenues. Total Board expenditures were $1,774,907 less than budget due to underspending in all expense categories. March FYTD 2016 AOD POS underspending was $852,811 which is 48% below the March FYTD budget. March FYTD MH POS expenses were $51,919 below budget and are only 2.3% behind budget on a FYTD basis. March FYTD Grant Funded programs are $600,086 under budget due to lower targeted allocation spending. Pass Through program expenses are $151,985 below the March FYTD budget primarily due to lower actual Safe Families Safe Communities expenses where the MHRS Board is acting as the Fiscal Agent for this OMHAS allocation. Board Administrative spending is $118,107 below March FYTD budget.

Claims and Voucher information for March is as follows:

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

AGENCY	AOD	MH	TOTAL
A RENEWED MIND	$ 25,590.80	$ -	$ 25,590.80
HARBOR	$ 17,370.52	$ 95,542.73	$ 112,913.25
NEW CONCEPTS	$ 68,945.20	$ -	$ 68,945.20
UNISON	$ 18,359.54	$ 93,873.83	$ 112,233.37
ZEPF CENTER	$ 56,205.23	$127,796.01	$ 184,001.24
GRAND TOTAL	**$186,471.29**	**$ 317,212.57**	**$ 503,683.86**

- March Contract vouchers total $2,875,990.67. Included in this amount are the 5th FY 2016 scheduled grant and mini-grant payments.

- March Miscellaneous vouchers total $14,234.39. There were no unusual payments included in this total.

The following motion is recommended to the Board of Trustees:

The Mental Health & Recovery Services Board of Lucas County approves the March 2016 financial statements and the March 2016 voucher schedules of bills as presented in the April 19, 2016 Board packet.

Mental Health and Recovery Services Board of Lucas County
Consolidated Statement of Revenues and Expenditures Performance
March 2016

	March Actual	March FYTD Actual	March FYTD Budget	March FYTD Budget Variance	Annual Budget
Revenue					
Local Levy Revenue	$ 7,623,901	$ 16,285,662	$ 16,444,096	$ (158,434)	$ 17,720,231
Federal Grants Revenue	$ 171,165	$ 2,096,757	$ 2,611,110	$ (514,353)	$ 3,718,568
State Revenue	$ 55,010	$ 1,429,631	$ 1,411,318	$ 18,313	$ 2,064,332
HUD Revenue	$ -	$ 364,713	$ 439,408	$ (74,695)	$ 659,112
BHJJ/OOD Revenue	$ 173,351	$ 423,000	$ 396,887	$ 26,113	$ 582,280
Total Revenue	$ 8,023,427	$ 20,599,763	$ 21,302,819	$ (703,056)	$ 24,744,523
Expenditures					
Grant Funded Program Expenses	$ 2,359,381	$ 10,866,485	$ 11,466,571	$ 600,086	$ 14,815,193
MH Non-Medicaid POS Expenses	$ 316,793	$ 2,237,987	$ 2,289,906	$ 51,919	$ 3,490,600
AOD Non-Medicaid POS Expenses	$ 183,137	$ 937,279	$ 1,790,090	$ 852,811	$ 2,704,736
Pass Through Program Expenses	$ 453,355	$ 2,427,684	$ 2,579,669	$ 151,985	$ 3,484,536
Board Administration Expenses	$ 122,712	$ 1,082,736	$ 1,200,843	$ 118,107	$ 1,735,704
Total Expenditures	$ 3,435,378	$ 17,552,172	$ 19,327,079	$ 1,774,907	$ 26,230,769
Increase/(Decrease) in Net Assets	**$ 4,588,049**	**$ 3,047,591**	**$ 1,975,740**	**$ 1,071,851**	**$ (1,486,246)**

4/14/2016

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

	February 29, 2016 Balance Sheet	March Changes	March 31, 2016 Balance Sheet
ASSETS			
Current Assets			
Total Cash	$ 15,403,277	$ 4,539,506	$ 19,942,783
Prepaid Expenses	$ 1,560	$ -	$ 1,560
TOTAL ASSETS	**$ 15,404,837**	**$ 4,539,506**	**$ 19,944,343**
LIABILITIES & FUND BALANCES			
Liabilities			
Total Accounts Payables	$ 373,448	$ (48,544)	$ 324,904
Total Accrued Employee Benefits	$ 197,481	$ -	$ 197,481
Deferred Revenue	$ 380,000	$ -	$ 380,000
Total Liabilities	$ 950,929	$ (48,544)	$ 902,385
Fund Balances			
Disaster Response Board Designated	$ 50,000	$ -	$ 50,000
Wernert Center Board Designated	$ 2,050,000	$ -	$ 2,050,000
Total Board Designated Funds	$ 2,100,000	$ -	$ 2,100,000
Total Other Board Fund Balances	$ 12,353,908	$ 4,588,050	$ 16,941,958
TOTAL LIABILITIES & FUND BALANCES	**$ 15,404,837**	**$ 4,539,506**	**$ 19,944,343**

4/13/2016

MHRSB of Lucas Co.

March 2016 - Contractual Disbursements

PAYMENT DATE	VENDOR	VOUCHER	NET AMOUNT	DESCRIPTION
3/16/2016	300 Beds Inc.	451587	3,500.00	MINI-GRANT FEB.
3/2/2016	Able	449597	35,089.99	FY16 GRANT -MAR/APR
3/2/2016	Adelante	449598	41,759.49	FY16 GRANT -MAR/APR
3/2/2016	ARM - City of Compassion	449596	4,500.00	MINI-GRANT FEB.
3/2/2016	Aurora Project, Inc.	449536	5,000.00	MINI-GRANT FEB.
3/2/2016	Big/Brothers/Big Sisters	449600	7,520.33	MINI-GRANT FEB.
3/2/2016	Court Diagnostic	449602	56,745.00	FY16 GRANT -MAR/APR
3/3/2016	Double Arc	449534	2,500.00	MINI-GRANT FEB.
3/2/2016	Family Service Of N.W.O.	449603	6,046.33	FY16 GRANT -MAR/APR
3/9/2016	Frederick Douglass	450755	5,000.00	MINI-GRANT FEB.
3/16/2016	Gods Success Re-Entry	452061	5,000.00	MINI-GRANT FEB.
3/31/2016	Great Lakes Marketing	453982	6,000.00	EVAL SERVICES - INITIAL
3/2/2016	Harbor	449670	199,505.51	FY16 GRANT -MAR/APR
3/16/2016	Harbor	451588	29,590.00	FY16 GRANT -JAN-APR
3/2/2016	Jennifer Tucker	449531	200.00	CIT TRANING FACILITATOR
3/2/2016	Jerome Ceille	449725	4,000.00	MINI-GRANT FEB.
3/2/2016	JLJ Vision Outreach	449539	5,000.00	MINI-GRANT FEB.
3/9/2016	JRM Mentoring	450759	5,000.00	MINI-GRANT FEB.
3/2/2016	Lucas County Adult Prob.	449542	17,849.20	MH LIASON Q2
3/16/2016	Mentoring, Education	452060	5,000.00	MINI-GRANT FEB.
3/2/2016	Nami of Greater Toledo	449619	52,885.33	FY16 GRANT -MAR/APR
3/2/2016	Neighborhood Properties	449621	446,128.34	FY16 GRANT -MAR/APR
3/2/2016	Open Door	449540	5,000.00	MINI-GRANT FEB.
3/2/2016	Rescue Mental Health	449625	706,034.66	FY16 GRANT -MAR/APR
3/2/2016	SCAT	449637	21,418.17	FY16 GRANT -MAR/APR
3/23/2016	Search-lite Community Ch.	452884	5,000.00	MINI-GRANT FEB.
3/2/2016	St Paul's Community Center	449633	90,644.17	FY16 GRANT -MAR/APR
3/2/2016	St. Vincent Medical	449634	19,718.17	FY16 GRANT -MAR/APR
3/2/2016	Swanton Area Comm Coal.	449638	4,440.33	FY16 GRANT -MAR/APR
3/2/2016	TASC of Northwest Ohio	449639	245,032.25	FY16 GRANT -MAR/APR
3/2/2016	The Learning Club	449617	18,292.33	FY16 GRANT -MAR/APR
3/2/2016	Thomas M Wernert Center	449658	96,985.00	FY16 GRANT -MAR/APR
3/22/2016	Toledo Lucas Co Health Dept	452886	3,264.25	NALOXONE KITS NOV-FEB

S15

MHRSB of Lucas Co.

March 2016 - Contractual Disbursements

PAYMENT DATE	VENDOR	VOUCHER	NET AMOUNT	DESCRIPTION
3/2/2016	TOLEDO STREETS NEWS.	449538	5,000.00	MINI-GRANT FEB.
3/2/2016	Toledo Urban Impact	449721	5,000.00	MINI-GRANT FEB.
3/2/2016	Treasurer State of Ohio	449565	88,487.77	RTW MATCH
3/2/2016	UMADAOP	449656	125,693.50	FY16 GRANT -MAR/APR
3/2/2016	Unison	449665	127,703.34	FY16 GRANT -MAR/APR
3/2/2016	United Way	449662	7,196.00	FY16 GRANT -MAR/APR
3/30/2016	University of Toledo	453984	4,998.00	MINI-GRANT FEB.
3/2/2016	Walker Funeral Home	449720	5,000.00	MINI-GRANT FEB.
3/2/2016	Zepf	449674	257,759.49	FY16 GRANT -MAR/APR
3/10/2016	Zepf	450757	3,067.00	FY16 GRANT -JAN-APR
3/16/2016	Zepf	451592	20,258.33	RTW -OCT
3/16/2016	Zepf	451593	18,920.89	RTW -NOV
3/16/2016	Zepf	451594	27,383.03	RTW -DEC
3/23/2016	Zepf	452885	19,874.47	RTW -JAN
			2,875,990.67	

Executive Director

MHRSB of Lucas Co.

March 2016 - Purchase of Service Disbursements

PAYMENT DATE	VENDOR	VOUCHER	NET AMOUNT	DESCRIPTION
3/2/2016	ARM-City of Compassion	449571	16,353.46	CLAIMS WK 2/22/16
3/17/2016	ARM-City of Compassion	452074	3,365.32	CLAIMS WK 3/7/16
3/24/2016	ARM-City of Compassion	452887	5,872.02	MAT/VIVITROL -FEB
3/2/2016	Harbor	449568	25,658.98	CLAIMS WK 2/22/16
3/10/2016	Harbor	450748	23,169.68	CLAIMS WK 2/29/16
3/16/2016	Harbor	451663	236.28	BAD DEBT
3/16/2016	Harbor	452063	24,399.76	CLAIMS WK 3/7/16
3/22/2016	Harbor	452889	2,916.12	MAT/SUBOXONE -DEC
3/24/2016	Harbor	452890	27,978.30	CLAIMS WK 3/14/16
3/31/2016	Harbor	453988	8,554.13	CLAIMS WK 3/21/16
3/2/2016	New Concepts	449567	209.20	CLAIMS WK 2/22/16
3/2/2016	New Concepts	449726	9,797.02	SUBOXONE NOV-DEC
3/9/2016	New Concepts	450750	13,932.25	SUBOXONE FY16 SEP-OCT
3/9/2016	New Concepts	450751	8,623.69	CLAIMS WK 2/29/16
3/16/2016	New Concepts	452066	10,192.05	CLAIMS WK 3/7/16
3/24/2016	New Concepts	452892	7,331.06	CLAIMS WK 3/14/16
3/24/2016	New Concepts	452893	9,888.17	MAT/SUBOXONE -JUL-AUG
3/31/2016	New Concepts	453990	8,971.76	CLAIMS WK 3/21/16
3/2/2016	Unison	449569	74,225.43	CLAIMS WK 2/22/16
3/9/2016	Unison	450752	37,203.21	CLAIMS WK 2/29/16
3/16/2016	Unison	451665	700.00	BAD DEBT
3/16/2016	Unison	452069	104.73	CLAIMS WK 3/7/16
3/2/2016	Zepf	449572	50,080.21	CLAIMS WK 2/22/16
3/2/2016	Zepf	449573	8,174.88	SUBOXONE JAN
3/10/2016	Zepf	450753	46,178.17	CLAIMS WK 2/29/16
3/16/2016	Zepf	452071	41,597.64	CLAIMS WK 3/7/16
3/22/2016	Zepf	452898	1,559.99	BAD DEBT
3/24/2016	Zepf	452895	36,410.35	CLAIMS WK 3/14/16
			503,683.86	

Executive Director

MHRSB of Lucas Co.

March 2016 - Miscellaneous Disbursements

PAYMENT DATE	VENDOR	VOUCHER	NET AMOUNT	DESCRIPTION
3/7/2016	Amy J Priest	449703	55.00	CELL PHONE March
3/16/2016	Buckeye Cablesystem	451649	219.70	TELESYSTEM FEB
3/2/2016	Carolyns Pers. Catering	449677	269.00	CIT LUNCH
3/22/2016	Carolyns Pers. Catering	452881	269.00	MHFA TRAINING - March
3/7/2016	Delores C Williams	449719	55.00	CELL PHONE March
3/16/2016	Delores C Williams	451651	27.86	TRAVEL REIMB -JAN
3/16/2016	Delores C Williams	451653	20.30	TRAVEL REIMB -FEB
3/2/2016	Enterprise Rent-A-Car	449592	86.30	RENTAL CAR - FEB
3/30/2016	HealthSpan, Inc	453993	324.00	EAP ANNUAL FEE
3/30/2016	Jennifer Tucker	453986	250.00	MHFA TRANING FACILITATOR
3/7/2016	Joe Saad	449708	55.00	CELL PHONE March
3/7/2016	Karen Olnhausen	449698	55.00	CELL PHONE March
3/2/2016	Keystone Printing	449576	750.00	ANNUAL REPORT PRINTING
3/30/2016	Keystone Printing	454002	210.50	ALICE TRAINING PRINTING
3/2/2016	Kristal Barham	449590	659.35	COMM ENGAGEMENT
3/7/2016	Kristal Barham	449690	55.00	CELL PHONE March
3/10/2016	Kwik Parking	450773	613.50	VISITOR PARKING - Feb
3/10/2016	Laprensa De Toledo	450767	84.00	CLASSIFIED AD -LEGAL NOTICE
3/10/2016	Laprensa De Toledo	450772	60.00	CLASSIFIED AD -EMPLOYMENT
3/22/2016	LEAF Commercial Capital	452880	437.00	COPIER SYSTEM LEASE
3/16/2016	Lucas County	451642	5,065.70	RENT - March
3/30/2016	Metzgers	453995	206.14	COMM OUTREACH SUPPLIES
3/2/2016	Michael's Gourmet	449587	50.00	CIT GRADUATION SUPPLIES
3/10/2016	Northwest State Comm.	450774	695.00	LEAN/SIX SIGMA OVERVIEW
3/30/2016	Office Max Contract	453998	27.48	OFC SUPPLIES FEB
3/30/2016	Office Max Contract	453999	272.67	OFC SUPPLIES MARCH
3/30/2016	Office Max Contract	454000	288.40	OFC SUPPLIES MARCH
3/2/2016	Ohio Business Machines	449578	400.01	COPIER Overages Nov/Dec
3/10/2016	Ohio Business Machines	450765	157.66	COPIER Overages Jan/Feb
3/15/2016	Ohio Business Machines	451966	65.65	COPIER Overages Dec/Jan
3/7/2016	Scott A. Sylak	449714	55.00	CELL PHONE March
3/30/2016	Sierra A. Ortiz	453985	250.00	MHFA TRANING FACILITATOR
3/2/2016	Sprint	449685	107.24	WIRELESS SERVICES - Feb

MHRSB of Lucas Co.

March 2016 - Miscellaneous Disbursements

PAYMENT DATE	VENDOR	VOUCHER	NET AMOUNT	DESCRIPTION
3/30/2016	Sprint	454003	107.24	WIRELESS SERVICES - March
3/7/2016	Steve Spinelli	449711	55.00	CELL PHONE March
3/16/2016	The Blade	451617	453.31	CLASSIFIED ADS -MGR/RFI
3/16/2016	The Sojourner's Truth	451597	85.00	CLASSIFED AD -MGR POSITION
3/2/2016	Thread Information	449575	707.50	COMMUNICATION PLAN
3/7/2016	Timothy Goyer	449693	55.00	CELL PHONE March
3/16/2016	Toledo Journal	451600	88.75	CLASSIFIED AD -MGR POSITION
3/16/2016	Toledo Journal	451615	97.63	LEGAL NOTICE -RFI
3/2/2016	Toledo-Lucas Co. Library	449683	188.50	BOARD/STAKEHOLDER MTG
3/2/2016	Victoria Calvina Kelley	449533	200.00	CIT TRANING FACILITATOR
			14,234.39	

Executive Director

14

Programs & Services Committee Report

The Committee held its regularly scheduled meeting on March 29, 2016. For this meeting, a comprehensive list of all programs/services funded by MHRSB was distributed to the Trustees. It was explained that the list was for reference only; there was no discussion. Also distributed was the semi-annual review of program outcomes and performance measures; staff summarized the report at the meeting. Included in the meeting materials was a summary of the comments that came from the February Stakeholders Forum. An update was provided on the status of 120-day notices that were issued in February and March, as was a brief update from the Recovery Council.

The only recommendation coming from the meeting was as follows:

- **Health Officer Credentialing Committee**

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

The Health Officer Credentialing Committee reviewed the application for one (1) renewal candidate. The Committee reviewed documentation to verify that the individual being considered has the required licensure or certifications, experience in the field, and trainings as required by MHRSB policy. The individual listed in the motion below has met the requirements for designation as a System Health Officer.

The Programs & Services Committee reviewed the recommendation at its March 29, 2016 meeting, and the following motion is recommended to the Board of Trustees:

> **The Mental Health & Recovery Services Board of Lucas County designates the following individual as a System Health Officer to serve a term not to exceed two years:**
>
> **For Renewal of Designation:**
> *Megan C. Rinehart, PCC-S – Harbor– not to exceed April 30, 2018*

Planning & Finance Committee Report

The Committee held its regularly scheduled meeting on April 5, 2016. There were ten (10) agenda items discussed at the meeting which all required action to be taken by the MHRSB. The following narrative will discuss these ten agenda items and the Planning & Finance Committee's recommendations to the Board of Trustees to be considered at the April 19, 2016 Board meeting:

A. Discussion of Treasurer's Report Review by the Planning & Finance Committee

At the March 15, 2016 MHRS Board meeting, one of the Trustees took the Treasurer's Report off the Consent Agenda. In the ensuing discussion, the Trustee wondered if the Planning & Finance Committee should be reviewing the monthly and fiscal year-to-date Board Statement of Revenues and Expenditures, and the monthly Board Balance Sheet before these financial statements are reviewed at the Board meeting. After discussion, the Trustees directed that this subject be placed on the April 5, 2016 Planning & Finance Committee meeting agenda so that this topic could be vetted in that meeting. The Planning & Finance Committee would be making a recommendation on this matter at the April 19, 2016 MHRS Board meeting.

Before considering this subject, it is important to understand the current financial practices and reporting which occurs at this time. Based on the Board Financial Forecast which includes the current financial position of the MHRSB, expected future revenues and anticipated future expenditures for the next three years, the Trustees approve the Purchasing Plan and the Board Administrative Budget for the next fiscal year which begins on July 1. The Purchasing Plan is normally approved in May and the Board Administrative Board is approved in June. Once we receive the OMHAS allocations for the next fiscal year, which usually occurs in the June/July time period, the Board Staff prepares the total Board Fiscal Year Budget.

This Fiscal Year Budget includes all expected revenues, the Board approved Purchasing Plan and the Board Administrative Budget. Once the budget has been established, a comparison of the actual revenues and expenditures versus the budgeted amounts, both on a monthly and fiscal year-to-date basis, is reported to the Trustees at the monthly Board meetings.

On an operational basis, the Board staff can only approve expenses consistent with the Board approved Purchasing Plan and the Board Administrative Budget. These expenditures are reviewed by the Executive Director and the monies are disbursed on a weekly basis. A complete detailed listing of all disbursements is included in the Schedule of Bills which is part of the monthly Treasurer's Report. The Trustees are asked to approve these expenditures after the disbursement of these funds due to the cash needs of our funded agencies.

In the Treasurer's Report, the monthly and fiscal year comparison of actual revenues and actual expenses are compared to the Board's Fiscal Year Budget amounts. Significant positive and negative variances are included in this Report.

With this information as a reference point for discussion, the Board staff has prepared some advantages and disadvantages of having the Planning & Finance Committee review the monthly results prior to their inclusion in the Board meeting packet.

Advantages of having the Planning & Finance Committee review the monthly results:

Since the Planning & Finance Committee does not have a Consent Agenda, the Board staff would have to discuss the monthly and fiscal year-to-date actual results as compared to the Board's Fiscal Year Budget at every Planning & Financial Committee meeting.

With this discussion of monthly financial reporting, it would not be an unreasonable assumption that the Trustees would ask more questions regarding the fiscal condition of the MHRSB.

Disadvantages of having the Planning & Finance Committee review the monthly results:

- Unless the normal cycle of Board Committees and Board meetings would be changed, the reporting of the previous month's actual results would be delayed by one month. It is not possible to have the previous month's financial results prepared by the first Tuesday of each month. The Committee would be reviewing the fiscal results of the Board from the month before the previous month. As an example, at the May Planning & Finance Committee meeting, the March financial results would be reviewed. Under the current practice, at the May Board Meeting the financial results of the previous month (April) would be reviewed. If we adopt this revised protocol going forward, the financial results reviewed at the Board meetings would be delayed by one month.

- Since the Trustees approve the Purchasing Plan and the Board Administrative Budget prior to any actual expenses are paid, the monthly actual vs. budgeted revenue and expenditures reporting made on a monthly and fiscal year-to-date basis only is a comparison of actual vs. budgeted timing differences. The total Board Budget fixes the Deficit or Surplus performance of the Board for the fiscal year. Since over-spending is not permitted (we cannot exceed Purchasing Plan or Board Administrative expenses except by subsequent Board approvals), the only actual Board financial results can be underspending (either an increase in Budgeted Surplus or a reduction in Budgeted Deficit). The value of adding another review process could be questioned.

- The previous month's Schedules of Bills which are included in the monthly Board meeting packets would need to be continued given the need of the Trustees to approve these Schedules of Bills payments as soon as possible. Including the previous month's Schedule of Bills without having the same month's Statement of Revenues and Expenditures may be confusing to the Trustees.

The question that the Trustees need to answer is given their fiduciary responsibility of reviewing Board financial results, what is the best way to accomplish this duty? The Board staff is not making a recommendation regarding the best approach since there has not been a discussion of this subject by the Board of Trustees. There are multiple ways of discharging the Trustees' responsibility and there is no best or preferred method of reviewing the Board's monthly financial information.

The Planning & Finance Committee had considerable discussion regarding the pros and cons of having the Treasurer's Report reviewed prior to the full MHRS Board meeting review, and believes it would be valuable to review the Treasurer's Report prior to the MHRS Board meeting. The Planning & Finance Committee would be able to state that the Board's Treasurer's Report and the associated financials were reviewed in detail, and if there were any issues that might be of interest to the full Board, they could be discussed at the monthly Board meeting.

In order to continue the long, established practice of reviewing the previous month's financials at the Board meetings, the Planning & Finance Committee would have to change their regular meeting time (first Tuesday of each month) with the Governance Committee meeting time (second Tuesday of each month) in order to provide sufficient time for the Board staff to prepare these financials. If the Planning & Finance Committee continues to meet at their regularly scheduled time, they would be reviewing the actual vs. budgeted Board financials from the month prior to the previous month. The Planning & Finance Committee believes reviewing the two months' preceding financials, as opposed to the reviewing the previous month's financials, would be a step backwards in timely disclosure.

The following motion is recommended to the Board of Trustees:

> ***The Mental Health and Recovery Services Board of Lucas County approves that the Planning & Finance Committee will review the Board's Treasurer's Report from the previous month prior to the MHRS Board's review of the Treasurer's Report at their monthly Board meeting and to revise the Committees' meeting times to facilitate the motion.***

Zepf Center AOD POS Underspending and MH POS Overspending

Zepf Center has made a request to the MHRSB that the Board reallocate $100,000 of their FY 2016 AOD POS underspending for the provision of FY 2016 MH POS treatment services. The Board staff has reviewed this request, and it is projected that Zepf Center will have approximately $400,000 in AOD POS underspending, and Zepf Center will probably exceed their FY 2016 MH POS allocation of $1,300,000. Given this FY 2016 actual spending situation, the Board staff is supportive of this request. The total amount of Board allocations to Zepf Center will not change with this recommendation.

The Planning & Finance Committee was supportive of this change, and the following motion is recommended to the Board of Trustees:

> ***The Mental Health and Recovery Services Board of Lucas County reduces the Zepf Center FY 2016 AOD POS allocation from $1,140,336 to $1,040,336, a reduction of $100,000 and increases the Zepf Center FY 2016 MH POS allocation from $1,300,000 to $1,400,000, an increase of $100,000, and authorizes its Executive Director to amend Zepf Center's FY 2016 Provider Agreement to reflect these changes.***

Youth Emergency Shelter - Zepf Center

MHRSB staff has been in active conversation with a number of community partners (Children's Services Board, United Way, Toledo Community Foundation, Toledo Lucas County Homelessness Board, City of Toledo, MHRSB, Toledo Public Schools, Lucas County Job and Family Services, Lucas County Commissioners and the Zepf Center) regarding the establishment of a Youth Emergency Shelter project designed to serve runaway and homeless youth in Toledo and Lucas County, Ohio.

The project will provide temporary shelter services to youth who have left home without permission of their parents or guardians, or to other homeless youth who might otherwise end up in the child welfare or juvenile justice systems in Lucas County. The project intends to increase young people's safety, social and emotional well-being, self-sufficiency, and will help them build permanent connections with families, communities, schools and other positive social networks.

Lucas County has attempted to address the problem of youth homelessness in the past. Connecting Point had a designated inpatient program to function as a Runaway Youth Shelter. This service was transferred to Rescue Incorporated after Connecting Point's closing in 2009, but federal funds failed to follow the transfer and services withered. A few years later, Toledo Area Ministries (TAM) revived shelter operations for runaway and homeless youth, but the program struggled with sustainability, ceasing operations in 2014. Previous to the closing of TAM's shelter, and since that time, a core group of community leaders led by Juvenile Court Judge Denise Cubbon has continued to meet and discuss opportunities and potential funding structures.

In early 2015, that group endorsed a Zepf Center application for federal funding for basic operation services. The application was unsuccessful in large part due to the fact that the shelter was not currently operational. Since that time, Zepf Center has worked with their community partners to identify a pathway that has led to operationalizing a 6 to 8 bed youth emergency shelter as of April 1, 2016. The project's total budget for basic operations is approximately $200,000 and does not include outreach efforts. Financial support for start-up expenses from the Toledo Community Foundation ($12,070), City of Toledo ($10,000), United Way ($7,910), Anderson's Grant ($15,000), Stranahan Supporting Organization ($30,000) and others has already been received. Juvenile Court has confirmed a commitment of $60,000 and Zepf Center has requested $200,000 from the Lucas County Commissioners which is under consideration. Zepf has requested MHRSB to partner at $20,000 for start-up costs and staff is supportive.

As to sustainability, the federal grant process for youth shelter operations will open at the end of April 2016 and Zepf Center is expected to apply for up to an additional $200,000. If funded through the federal grant process, funding would be available in late fall of 2016. As a part of that plan, Zepf will seek funding from the community partners, and is requesting $50,000 from MHRSB in FY 2017 funding.

Despite the uncertainties regarding future funding sources, it cannot be denied that the need for a Youth Emergency Shelter exists. In 2014, the Toledo Lucas County Homeless Management Information System identified that the Continuum of Care served 235 youth between the ages of 13 - 17 and 573 young adults between the ages of 18 -24. Given that significant need has been established, increasing cooperation and coordination with other community planning entities and stakeholders is consistent with the MHRSB's Strategic Plan (Collaboration). Furthermore, the project is consistent with the MHRSB's system-wide goal of reducing the penetration of MHRSB-priority populations into the justice system. Board staff recommends using $20,000 of Zepf's FY 2016 AOD under spending to fund start-up costs in FY 2016 and will consider future funding as part of the FY 2017 Purchasing Plan.

This topic was discussed at the April 5, 2016 Planning & Finance Committee meeting, and the Committee was in favor of the recommendation.

The following motion is recommended to the Board of Trustees:

> ***The Mental Health and Recovery Services Board of Lucas County reduces the Zepf Center FY 2016 AOD POS allocation by $20,000 and re-allocates the $20,000 in grant funding for start-up costs for the Youth Emergency Shelter project for the period of April 1, 2016 through June 30, 2016, and authorizes its Executive Director to amend Zepf Center's FY 2016 Provider Agreement to reflect these changes.***

OMHAS/DSA FY 2016 Match Allocation – Neighborhood Properties, Inc. (NPI)

Ohio Mental Health and Addiction Services (OMHAS) has informed the MHRSB of a new $50,000 award it has made to the Board in collaboration with Ohio Development Services Agency (DSA) to support the Supportive Housing Program at NPI. This allocation was made to provide the required match funds necessary to initiate/maintain housing programs for homeless persons with mental illness and addictions. The majority of the project's funding will flow directly to NPI from Ohio Development Services; however, the OMHAS match must pass through MHRSB.

The MHRSB has no obligation to provide matching funds related to this award. The action contemplated in the recommended motion simply agrees to accept this allocation from OMHAS and authorizes the Board staff to pass it on to NPI.

The following motion is recommended to the Board of Trustees:

> ***The Mental Health and Recovery Services Board of Lucas County authorizes its Executive Director to accept the grant award of $50,000 from OMHAS as match for the DSA supportive housing grant, 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 $499,615 to $549,615, effective April 20, 2016.***

Family Service of Northwest Ohio (FSNO) MH POS Allocation

Over the last two years, the MHRSB has attempted to expand the treatment services opportunities of Lucas County residents who qualify for the Board's services. FSNO approached the MHRSB to request a mental health Non-Medicaid POS allocation. In their request, they indicated that they encounter approximately four individuals per month who do not qualify for Medicaid, but would qualify for the Board's services (Federal Poverty Guideline income from 139% to 250%). In their request, FSNO indicated they had some unused psychiatrist capacity that may help individuals who need mental health treatment services receive their medications more quickly.

The Staff recommends to the Board of Trustees that FSNO receive a Mental Health Non-Medicaid POS allocation of $25,000 for May 1, 2016 through June 30, 2017. This fourteen month allocation would span the balance of FY 2016 and include all of FY 2017 which would enable FSNO to have appropriate time to determine the demand for their MH treatment services. FSNO is involved in the Recovery Helpline project and they will be receiving Medicaid client referrals for MH services. The Staff believes this new allocation would be a logical extension for Non-Medicaid clients who need services.

The Planning & Finance Committee was in favor of this action, and the following motion is recommended to the Board of Trustees:

> ***The Mental Health and Recovery Services Board of Lucas County allocates $25,000 for Mental Health POS services to Family Service of Northwest Ohio for the May 1, 2016 through June 30, 2017 period, and authorizes its Executive Director to amend the Family Service of Northwest Ohio FY 2016 Provider Agreement to reflect this allocation.***

Neighborhood Properties, Inc. (NPI) Private Market Rental Assistance Program Allocation

At present, there are 54 individuals who need permanent supportive housing (PSH) who are on NPI's waiting list. The MHRSB approached NPI to assess their willingness to develop a program which would reduce the number of persons on their waiting list by using private market landlords (non- NPI properties) to house these individuals.

NPI developed a program to address this issue whereby employing a 0.5 FTE Leasing Assistant to establish and maintain working relationships with private market landlords to increase the capacity of placing waiting list persons into PSH subject to the available Board and HUD funding. An innovative aspect of this program would be to use presently unused HUD dollars to house some of the individuals on the waiting list. After further discussion with the Board staff, the total fiscal year cost of this program would be $140,000, and this allocation would reduce the number of persons on NPI's waiting list by 25.

The Board staff will include this new program as part of the Board's FY 2017 Purchasing Plan, but NPI is willing to begin this program in FY 2016. Given the number of individuals who need PSH and who are on NPI's waiting list, the Board staff is recommending a FY 2016 allocation of $24,000 for this program with a start date of May 1, 2016.

The Planning & Finance Committee was in agreement regarding this new program allocation, and the following motion is recommended to the Board of Trustees:

> ***The Mental Health and Recovery Services Board of Lucas County allocates $24,000 for the Private Market Rental Assistance Program to NPI for FY 2016, and authorizes its Executive Director to amend NPI's FY 2016 Provider Agreement to reflect this allocation.***

FY 2016 Behavioral Health Juvenile Justice (BHJJ) Grant Program and Budget Revision

The Lucas County BHJJ initiative is a collaborative effort between the Mental Health & Recovery Services Board of Lucas County, the Lucas County Juvenile Court and the Zepf Center. Funding for the project comes from the Ohio Department of Youth Services (ODYS). In January 2016, the Board staff realized the project was going to be underspent due to a lack of referrals to the Multi-Systemic Therapy (MST) Program. The underspending is due to several variables, including a lack of referrals from the juvenile court which appeared to coincide with the implementation of an additional intensive home-based program targeting a similar population. Consequently, due to a lack of referrals, Zepf held off on filling an open position which contributed to the underspending. Additionally, due to a lack of clients, Zepf Center was not able to generate the projected Medicaid revenue anticipated for FY 2016.

As a result of this finding, Board staff met with the Juvenile Court administrative team to ascertain if the MST Program was still needed in the community, and if so, what referral process adjustments needed to occur to demonstrate that MST continued to be a viable option for youth in the continuum of care. The court continues to see value in the MST Program, and as a result, had some ideas to increase referrals. After this meeting, the BHJJ partners met with ODYS to propose additional referral options for the program, as well as some training recommendations that fit within the scope of the overall initiative. ODYS requested a revision to the current BHJJ Grant Proposal and FY 2016 Budget. The program revision reflects some alternate referral options targeting youth sooner rather than when they are deeper into the juvenile justice system. Funds were also requested targeting workforce development for this fiscal year. The program revisions are still under review; however, ODYS has approved the FY 2016 budget revision reflecting the following:

- $8,000 for specialized staff training to strengthen the skills of those working with juvenile sex offenders

- $4,000 for the regional one-day training

With these changes, the BHJJ grant for FY 2016 will be underspent by $32,000. The budget revision was only reflected in year one (FY 2016) of the grant period. Staff is confident that ODYS will be making an allocation in FY 2017 without consideration of the FY 2016 underspending.

The Committee was supportive of these changes, and the following motions are recommended to the Board of Trustees:

> ***The Mental Health and Recovery Services Board of Lucas County allocates $242,217, a reduction of $45,090 from the original $287,307 allocation to Zepf Center to administer the Multi-Systemic Therapy Program, and authorizes its Executive Director to execute a contract amendment to their FY 2016 Provider Agreement to reflect this change.***
>
> *The Mental Health and Recovery Services Board of Lucas County allocates $64,030, an increase of $8,000 to the original $56,030 allocation, to the Lucas County Juvenile Court for joint conference expenses, and authorizes its Executive Director to execute a FY 2016 Memorandum of Understanding amendment to reflect this change.*

UMADAOP Heroin Prevention Underspending Re-allocation

For the July through December 2015 time period, UMADAOP had actual Heroin Prevention Program expenses of $41,153 against a FY 2016 $150,000 allocation. Given the first six months of spending, UMADAOP is probably going to have significant FY 2016 underspending.

In discussions with UMADAOP, UMADAOP expressed to their audit firm that the allocation of UMADAOP's expenses between their various programs may not have been accurate for FY 2013 and FY 2014. UMADAOP's FY 2013 and FY 2014 audited financial statements would not change at the total agency level, but these financials statements results by program may need to be modified. Their audit firm provided a $10,000 quotation to review the by-program allocations for FY 2013 and FY 2014 so that UMADAOP would have greater confidence that the agency expenses were properly allocated between their programs.

Given their actual FY 2016 spending in the Heroin Prevention Education Program, UMADAOP inquired if their FY 2016 allocation could be reduced by $10,000 and a new allocation of $10,000 could be given to UMADAOP to fund their auditors' work as described above. The Board staff is supportive of this request since the total amount of allocations to UMADAOP for FY 2016 would not change. Having UMADAOP's outside audit firm evaluate how total agency expenses were distributed to the various UMADAOP programs and make any adjustments as needed would be beneficial both to the MHRSB and the UMADAOP Board.

There was considerable discussion on this subject at the April 5, 2016 Planning & Finance Committee meeting, and at the conclusion of this dialogue, the Committee was supportive of these changes.

The following motion is recommended to the Board of Trustees:

> ***The Mental Health and Recovery Services Board of Lucas County reduces the UMADAOP's FY 2016 Heroin Prevention Education allocation from $150,000 to $140,000, a reduction of $10,000 and makes a new $10,000 allocation to UMADAOP for audit work, and authorizes its Executive Director to amend UMADAOP's FY 2016 Provider Agreement to reflect these changes.***

FY 2016 AOD Schedule of Subsidies Revision

Every fiscal year, the MHRSB issues the MH and AOD Schedule of Subsidies which sets the amount of subsidies that the Board will provide to the agencies given the clients' income. These FY 2016 MH and AOD Schedule of Subsidies were approved by the MHRSB at the April 21, 2015 Board meeting and a subsequent modification to the FY 2016 AOD Schedule of Subsidies was approved at the August 18, 2015 Board meeting which added methadone administration as one of the AOD treatment services.

At this time, the Board staff would like to add ambulatory detox as an AOD treatment service to the current FY 2016 AOD Schedule of Subsidies. The MHRSB has been working with the Board funded providers to add ambulatory detox to their available treatment services. In order to pay the Board's providers for ambulatory detox, it is necessary to add this service to our FY 2016 AOD Schedule of Subsidies.

Attached is the proposed Revised FY 2016 AOD Schedule of Subsidies which includes ambulatory detox. The rate for ambulatory detox has been set at $193.87 which is the Medicaid ceiling rate that is consistent with the other AOD treatment services rates listed on this AOD Schedule of Subsidies.

The Planning & Finance Committee was supportive of the revised FY 2016 AOD Schedule of Subsidies, and the following motion is recommended to the Board of Trustees:

> ***The Mental Health and Recovery Services Board of Lucas County approves the revised FY 2016 AOD Schedule of Subsidies included in the April 19, 2016 MHRS Board meeting packet to be effective retroactively beginning on July 1, 2015.***

Mental Health and Recovery Services Board of Lucas County

Alcohol and Other Drug Services

Revised FY 2016 Schedule of Subsidies

	Base	Level A	Level B	Level C
100% Subsidized Services				
Methadone Administration*	$11.56	$11.56	$11.56	$11.56
Partially Subsidized Services				
Ambulatory Detoxification	$193.87	$183.87	$178.87	$173.87
Assessment	$96.24	$86.24	$81.24	$76.24
Case Management	$78.17	$68.17	$63.17	$58.17
Crisis Intervention	$129.59	$119.59	$114.59	$109.59
Group Counseling**	$38.08	$28.08	$23.08	$18.08
Individual Counseling**	$87.28	$77.28	$72.28	$67.28
Intensive Outpatient	$136.90	$126.90	$121.90	$116.90
Laboratory Urinalysis	$60.00	$50.00	$45.00	$40.00
Medical/Somatic	$176.28	$166.28	$161.28	$156.28
Client Co-payment	**$0.00**	**$10.00**	**$15.00**	**$20.00**

* Methadone Admin has been added to the Schedule of Subsidies since the MHRS Board approved this service to be eligible for Non-Medicaid POS effective July 1, 2015. This is a 100% subsidized service since this service is delivered seven days per week.

** These services are billed in 1/4 hour units, but subsidy is reflected per one hour of service

Note: Subsidies are based on the assumption that agencies' rates are at or above the Medicaid ceiling. If an agency's rates are below the Medicaid ceiling rates appropriate adjustments will be made as necessary.

3/30/2016

120 – Day Notices:

- **Family Services of Northwest Ohio (FSNO) – Breaking the Cycle Program**
- **Big Brothers and Big Sisters – Mentoring Triad Program**

MHRSB issued notices to five programs that it did not intend to fund in FY 2017 or that funding levels would be reduced from FY 2016. To date, Rescue has given indication that it will not appeal a reduction in funds for the inpatient physicians program. TASC appealed their notice for the DYS program, but as of this writing has not met with Board staff to discuss resolution. UMADAOP also appealed their notice for AOD treatment services, and met with staff. They reported that they are in negotiation with Family Service of Northwest Ohio to provide administrative services that would assist them in being able to submit claims; as of this writing there is not an Administrative Services Agreement in place.

Staff met with Family Service of Northwest Ohio (FSNO) and Big Brothers/Big Sisters (BBBS) to discuss the appeals that they submitted. After those meetings staff presented the following recommendations to the Planning & Finance Committee at their April 5th meeting. After some discussion, the committee understood the basis of the appeals, but requested that data more current than the half year be provided to confirm that the agencies were making the progress they are claiming. Attached is a brief summary of supplemental performance data.

Family Service of Northwest Ohio (FSNO) appealed their 120-Day Notice on their "Breaking the Cycle" Program. They requested to continue the program, but reduce their funding from $36,278 per year to $21,766. This, for the second year in a row, is a reduction in funding accompanied by a corresponding decrease in the numbers served. The program still appears to have value, but the number of people served has been difficult to attain. FSNO has a new Executive Director who requests the opportunity to "make it work;" staff recommends that the project be funded for another year, that the agency submit monthly progress reports, and that this would be the final year of the program if goals are not achieved in FY 2017.

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

> ***The Mental Health and Recovery Services Board of Lucas County withdraws its notice of intent issued February 16, 2016 to not renew or make material changes to its contract with Family Service of Northwest Ohio "Breaking the Cycle" Program so that this project may be considered as part of the FY 2017 purchasing plan.***

Big Brothers Big Sisters (BBBS) appealed the 120-Day Notice they received on their M-3 Mentoring Triad Prevention Program. This program struggled to engage the number of 3rd – 8th grade students as was contracted. The agency has had staff turnover, and contends that they have resolved the issues that will allow them to meet the performance and outcome measures to which they agreed if the project is allowed to continue into FY 2017. Staff recommends that the project be funded for another year and that the agency submit monthly progress reports to ensure that the program is on track to meet its objectives.

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

> ***The Mental Health and Recovery Services Board of Lucas County withdraws its notice of intent issued February 16, 2016 to not renew or make material changes to its contract with Big Brothers Big Sisters (M-3 Mentoring Triad) so that this project may be considered as part of the FY 2017 purchasing plan.***

Supplemental Performance Data

Provider	Program	People to be served	People served Q1 - Q2	People served Q1 - Q3	
Big Brothers/ Big Sisters	Mentoring Triad	45	16	18	This program was given 120-day notice because of the limited numbers of clients being served. Although 70 students have been registered, only 18 have met the definition of active that includes attending 75% of the sessions offered. The program runs from September - May, and at this stage it is not feasible to attain that goal. BBBS has had staff turnover in the program, and there is belief that they are now stable and prepared to intensify their efforts to meet the requirements next year if funding is granted. MHRSB has made monthly process reporting a requirement for consideration of funding in FY 2017.
Family Service of Northwest Ohio	Breaking the Cycle	72 adults and youth	9 adults and youth	8 adults 15 youth	The agency reported getting off to a slow start. The first group did not start until December. Since then that group and one other have completed and a third is due to start in late April (finish in June). Although they won't achieve the numbers of people contracted in FY 2016, they have definitely shown improvement in the last 3 months. The agency has a new executive director that would like a chance to make this program flourish. MHRSB has made monthly process reporting a requirement for consideration of funding in FY 2017.

Governance Committee Report

The Governance Committee met on Tuesday, April 12, 2016 to review and approve the following:

- Revisions to the Committees and Sub-Committees, and Board, Committee, and Sub-Committee Meetings policies;
- Recommended Governance, Programs & Services, and Planning & Finance Committee Charters;
- Recommended six-month extension for the current MHRSB Strategic Plan; and
- Recommended acceptance of the Diversity Workgroup Report.

A summary of the discussion held and recommended motions for consideration are provided below.

In addition, the Governance Committee discussed a potential meeting date exchange with the Planning & Finance Committee. Governance Committee members did not appear to be opposed to the change, but concerns were raised regarding potential scheduling conflicts in the short term.

Governance Policy Revisions

At the March 15, 2016 Board meeting, 20 policies related to Governance and Public Affairs were approved with revisions. Over the course of implementing these newly revised policies, Board staff has identified a potential problem with the manner in which a quorum is being defined at the Committee level that should be addressed. As currently stated, a quorum for the Board, Committees and Sub-committees is defined as over one-half of the present membership appointed and/or duly sworn into office.

The potential problem emerges related to voting and membership. Current policy restricts voting rights and membership for the Board to Trustees only. Current policy also extends sub-committee membership and voting rights to MHRSB Trustees and non-Trustees alike. However, current policy related to committee membership is inclusive of Trustees and non-Trustees, but voting is restricted to Trustees only, thereby setting up a potential conflict where a committee could have a quorum of total members, but potentially only a limited number of Trustees that could actually vote to conduct business. While this is not an issue at this moment in time, Board staff is recommending a modest change in the way a quorum is defined to resolve any potential issues into the future. The recommended change impacts the following two policies (see attached revisions):

- Board Committees and Sub-Committees
- Board, Committee, and Sub-Committee Meetings

The Governance Committee reviewed the recommended changes, and is presenting the following motion for the Board's consideration:

> *The Mental Health & Recovery Services Board of Lucas County approves the* Board Committees and Sub-Committees, and Board, Committee, and Sub-Committee Meetings Policies *contained in the Board packet effective May 1, 2016.*

MENTAL HEALTH & RECOVERY SERVICES BOARD OF LUCAS COUNTY

Board Committees and Sub-Committees	COQ: VI-A.1 Effective: 5-1-16 Supersedes: 4-1-16

POLICY

The Mental Health and Recovery Services Board (MHRSB) of Lucas County will establish a Governance Committee, Planning and Finance Committee and Programs and Services Committee. Additional committees may be established at the MHRSB's discretion.

Sub-committees may be established at the discretion of the convening committee as determined appropriate. Each committee or sub-committee will be established at a meeting of the MHRSB or convening committee, by a simple majority vote of its voting members in attendance; a quorum being duly constituted.

For each MHRSB committee or sub-committee established, the MHRSB or convening committee will develop and approve a charter that will define the following: Name, Leadership Structure, Purpose, Authority, Scope of Responsibilities, Decision Making Process, Membership Requirements, and Duration.

Each committee or sub-committee will adhere to its charter as established by its convening authority. Each active committee and sub-committee's charter will be reviewed and considered for renewal by the MHRSB or convening committee at least once every two years.

ACCOUNTABILITY

MHRSB Chair

Approved By:

_____ _____

Scott A. Sylak, Executive Director **Date**

MENTAL HEALTH & RECOVERY SERVICES BOARD OF LUCAS COUNTY

	COQ: VI-A.1
	Effective: 5-1-16
Board, Committee and Sub-Committee Meetings	**Supersedes: 4-1-16**

POLICY

The Mental Health and Recovery Services Board of Lucas County will follow a clearly defined procedure for conducting its public meetings in accordance with ORC 121.22. All meetings of the MHRSB, MHRSB established committees and their sub-committees are public meetings.

Board, Committee and Sub-Committee Meetings:

A. Meetings and Quorum:

The Board shall meet at least six times a year, while Committees and Sub-Committees will meet as defined within their approved charter. A quorum for Board, Committee and Sub-Committee meetings is defined as over one-half of the voting membership in attendance as appointed and/or duly sworn into office.

B. Order of Business and Record of Proceeding:

Meetings shall proceed according to an agenda prepared by the Chairs of the Board, Committee or Sub-Committee in cooperation with the Executive Director or the Executive Director's designee. Such agendas, together with the supporting data, shall be made available via electronic media to all Board, Committee and Sub-Committee members and anyone who requests notice prior to the meeting. At the discretion of the Executive Director, agendas and supporting data may be sent via regular mail to requesting parties. Board meeting minutes will be kept by the Secretary or their designee. Committee and Sub-Committee meeting minutes will be kept by a Board staff member designated by the Executive Director.

C. Meeting Protocol:

Member discussion on a Board motion will begin only after the Board motion has been seconded by another Board member. Before a Board member can speak on a motion, he/she must be recognized by the Chair. The floor does not pass from person-to-person, but must go through the Chair. Each speaker must be recognized by the Chair. All discussions of a motion must be directed to the Chair. The Chair may impose a time limit of three minutes for each member speaking to a motion. Once discussion has taken place on the proposed Board motion, a polling of all Board members will commence unless the Board member who placed the motion on the floor withdraws the motion and the seconding Board member agrees on the withdrawal. Members must be present to cast a vote on a Board motion. Committee and Sub-Committee decision making will be made in the same manner, except that all recommendations made by a sub-committee vote must

be forwarded to its convening committee, and if approved by that committee, the motion will be forwarded to the MHRSB for consideration. Committee recommendations are not considered binding without final approval of the MHRSB.

D. Visitor Participation:

Each meeting will provide an open session for the purpose of soliciting comments from visitors. The Chair will address the visitors and request that any person wishing to address the body shall:

1. Identify himself or herself;
2. Identify the group for which he/she is the spokesperson;
3. Identify each issue if there is more than one issue on which he/she wishes to speak.

Each person who has identified himself/herself will be allowed to speak during the open session of the agenda for a maximum of three minutes per issue. A new issue brought up by a visitor may not be considered by the Board, Committee or Sub-Committee. At the discretion of the MHRSB or Committee Chairs, issues brought up by visitors, may be forwarded to the Executive Director for follow up. Sub-committee Chairs may forward information to their convening committee for consideration. The Chair reserves the right to recognize visitors during other parts of the Board Committee, or Sub-Committee proceedings if he/she believes the visitor's comments would be pertinent to the motion or business being considered.

ACCOUNTABILITY

MHRSB, Committee and Sub-Committee Chairs

Approved:

_____ _____

Scott A. Sylak, Executive Director **Date**

MHRSB Committee Charters

According to the Board Committees and Sub-Committees Policy recently approved, the MHRSB will approve a charter for each committee established under its authority. The approved Charter will include: name of the committee, leadership structure, purpose, scope of responsibility, authority, decision making process, membership requirements and duration. To comply with the Board Committees and Sub-Committees Policy, Board staff is presenting the attached draft Charters to the Board of Trustee.

The Governance Committee reviewed the revised Charters, and the following motion is recommended to the Board of Trustees:

> ***The Mental Health & Recovery Services Board of Lucas County approves the Governance, Planning and Finance, and Programs and Services Committee Charters contained in the Board packet effective May 1, 2016.***

Governance Committee Charter

April 19, 2016

Leadership Structure: The Chair and Vice Chair of the Governance Committee will be the elected Chair and Vice Chair of the MHRSB. In the absence of the Committee Chair, the Vice Chair will assume leadership of the Committee. Chair and Vice Chair terms will be the same as their Board officer terms.

Authority: Ohio Revised Code Chapter 340 assigns the Mental Health and Recovery Services Board of Lucas County statutory responsibility for the planning, funding, implementation, monitoring and evaluation of prevention, treatment and recovery support services within the county. In performing its duties, the Board may establish such rules, operating procedures, standards and by-laws, and perform such other duties as may be necessary or proper to carry out the purposes of ORC Chapter 340. The Governance Committee was established under this authority by the Mental Health and Recovery Services Board of Lucas County.

Purpose and Scope: The Governance Committee will provide oversight for the implementation of the Strategic Plan, ensure the vision and mission of the organization is being fulfilled, evaluate the Executive Director and provide guidance on personnel related matters, policies and community relations.

Decision Making Process: The Governance Committee will make decisions by simple majority vote of its voting members, a quorum being duly constituted. A quorum will be defined as over one-half of voting members in attendance. Recommendations approved by the Governance Committee will be presented for final approval to the MHRSB at a regular or special meeting of the Board.

Membership: Membership of the Governance Committee is defined in MHRSB policy as the MHRSB Chair, Vice Chair, Treasurer, Secretary, Immediate Past Chair (if still a Trustee), Chair and Vice Chair of the Programs & Services and Planning & Finance Committees.

Duration: The Charter will be reviewed and considered for renewal by the MHRSB at least once every two years.

Schedule: The Governance Committee will meet: 1) At the discretion of the Chair, but at least once every three months, with proper public notice required; 2) At the request of any two Governance Committee members with voting privileges and proper public notice required.

Planning & Finance Committee Charter
April 19, 2016

Leadership Structure: The Chair and Vice Chair of the P&F Committee will be approved by a simple majority vote of the MHRSB Trustees at a regularly scheduled meeting of the MHRSB, a quorum being duly constituted. In the absence of the Committee Chair, the Vice Chair will assume leadership of the committee. Only MHRSB Trustees may serve as the Chair or Vice Chair of the P&F Committee. Chair and Vice Chair terms will be for two years beginning July 1, and Trustees may not occupy the same committee office for more than 48 consecutive months.

Authority: Ohio Revised Code Chapter 340 assigns the Mental Health and Recovery Services Board of Lucas County statutory responsibility for the planning, funding, implementation, monitoring and evaluation of prevention, treatment and recovery support services within the county. In performing its duties, the Board may establish such rules, operating procedures, standards and by-laws, and perform such other duties as may be necessary or proper to carry out the purposes of ORC Chapter 340. The P&F Committee was established under this authority by the Mental Health and Recovery Services Board of Lucas County.

Purpose and Scope: The P&F Committee will maintain oversight responsibilities for identifying and prioritizing community needs, maintaining an efficient organizational structure, and generating and allocating resources.

Decision Making Process: The P&F Committee will make decisions by simple majority vote of its voting members, a quorum being duly constituted. A quorum will be defined as over one-half of voting members in attendance as appointed. Non-Trustees appointed to the P&F Committee will serve in an advisory capacity and will not have voting privileges. Recommendations approved by the P&F Committee will be presented for final approval to the MHRSB at a regular or special meeting of the Board.

Membership: P&F Committee membership will include MHRSB Trustees, as well as any individual appointed by the MHRSB Chair.

Duration: The Charter will be reviewed and considered for renewal by the MHRSB at least once every two years.

Schedule: The P&F Committee will meet: 1) At the discretion of the Chair, but at least every other month, with proper public notice required; 2) At the request of any two P&F Committee members with voting privileges and proper public notice required.

Programs and Services Committee Charter
April 19, 2016

Leadership Structure: The Chair and Vice Chair of the P&S Committee will be approved by a simple majority vote of the MHRSB Trustees at a regularly scheduled meeting of the MHRSB, a quorum being duly constituted. In the absence of the Committee Chair, the Vice Chair will assume leadership of the committee. Only MHRSB Trustees may serve as the Chair or Vice Chair of the P&S Committee. Chair and Vice Chair terms will be for two years beginning July 1 and Trustees may not occupy the same committee office for more than 48 consecutive months.

Authority: Ohio Revised Code Chapter 340 assigns the Mental Health and Recovery Services Board of Lucas County statutory responsibility for the planning, funding, implementation, monitoring and evaluation of prevention, treatment and recovery support services within the county. In performing its duties, the Board may establish such rules, operating procedures, standards and by-laws, and perform such other duties as may be necessary or proper to carry out the purposes of ORC Chapter 340. The P&S Committee was established under this authority by the Mental Health and Recovery Services Board of Lucas County.

Purpose and Scope: The P&S Committee will maintain oversight responsibilities for improving and expanding collaborative opportunities, maintaining a quality, cost-effective and efficient system of care, increasing public awareness and maintaining stakeholder engagement.

Decision Making Process: The P&S Committee will make decisions by simple majority vote of its voting members, a quorum being duly constituted. A quorum will be defined as over one-half of voting members in attendance as appointed. Non-Trustees appointed to the P&S Committee will serve in an advisory capacity and will not have voting privileges. Recommendations approved by the P&S Committee will be presented for final approval to the MHRSB at a regular or special meeting of the Board.

Membership: P&S Committee membership will include MHRSB Trustees, as well as any individual appointed by the MHRSB Chair.

Duration: The Charter will be reviewed and considered for renewal by the MHRSB at least once every two years.

Schedule: The P&S Committee will meet: 1) At the discretion of the Chair, but at least every other month, with proper public notice required; 2) At the request of any two P&S Committee members with voting privileges and proper public notice required.

Strategic Plan Extension

The MHRSB's two-year Strategic Plan expires in May of 2016. Previous discussions regarding updates to the plan inferred it would be revised before June 30, 2016. Board staff recommended to the Governance Committee to continue the current plan through December 31, 2016 due to environmental conditions. Board staff indicated that the State is currently re-designing Medicaid benefits, the outcome of which will impact provider agencies as well as the Board's strategic direction. Medicaid Redesign is expected to be completed in June 2016, but the impact of the changes won't be known for several months. It was also stated that the Board has several plans that have been developed that are contributing to the MHRSB's strategic vision. These include: Access to Treatment, Inclusion and Health Equity (under consideration), Justice Reform, Prevention and Mental Health Promotion (draft in progress), and Gambling Prevention and Treatment (needs updating.) When added to the Community Plan that will also be updated in July, these documents will provide substantive strategic vision for the MHRSB. Therefore, the need to update the Strategic Plan in May 2016 is diminished, and it is likely more cost-effective to delay the strategic planning process until October or November 2016 when more information regarding the impact of the state's Medicaid Redesign efforts are known. A copy of the MHRSB current Strategic Plan (2014) can be found at the MHRSB's website (www.lcmhrsb.oh.gov) under Board Resources.

The Governance Committee raised concerns about the ability to understand the impact of the proposed Medicaid Redesign on the system in such a short period of time and suggested that interim planning activities be considered if necessary.

The Governance Committee approved the recommended changes to the strategic planning timeline and is presenting the following motion for the Board of Trustee's consideration:

> ***The Mental Health and Recovery Services Board of Lucas County approves the extension of the two-year MHRSB Strategic Plan through December 31, 2016.***

Diversity Workgroup Report

In January 2015, MHRSB Chair, Audrey Weis-Maag, established the Diversity Workgroup and appointed Trustee, Rev. D.L. Perryman as its Chair. The Workgroup was formed to review and make recommendations for improving the diversity related policies and practices of the MHRSB and its funded system of care. Specifically, the Workgroup was developed to address issues relative to diversity and cultural sensitivity, policy formulation and implementation, data collection and reporting among other issues.

The Workgroup held its first meeting on February 12, 2015, and over the following thirteen months, met eleven more times. Thirty-three individuals participated in the process including twenty community stakeholders, four MHRSB Trustees and nine MHRSB Staff.

The Diversity Workgroup reviewed information relative to diversity and inclusion, discussed a framework for accountability, and created a "business case" for improving inclusion and health equity

efforts. The Workgroup finalized its twenty-five recommendations on March 10, 2016, and Board staff presented them to the Governance Committee on April 12, 2016 for consideration. Attached is a copy of the draft Diversity Workgroup Report.

The Governance Committee approved the Diversity Workgroup Report, and the following motion is recommended to the Board of Trustees:

> ***The Mental Health and Recovery Services Board of Lucas County approves the Diversity Workgroup Report as presented.***

Mental Health and Recovery Services Board of Lucas County

Diversity Workgroup Report

Rev. Donald L. Perryman, D. Min., Workgroup Chair

April 14, 2016

The Workgroup was chartered in 2015 to address issues relative to diversity and cultural competency as a means of achieving greater health equity throughout the Mental Health and Recovery Services system. The report contains 25 recommendations for consideration by the Board.

Contents

Letter from the Chair 2
Community Endorsements 3
Executive Summary 5
Introduction 6
Diversity Plan Goals 7
Key Concepts 7
The Business Case 8
Value Statements 10
Definitions 10
Vision 11
Mission 11
Recommendations 12
Key Metrics 14
Conclusion 15
Appendix ..... **Error! Bookmark not defined.**
Resources 18
Acknowledgement 20
Diversity Workgroup Members 21

Letter from the Chair

This report summarizes the results of the Diversity Workgroup and draws upon the research, expertise, and experience of the members of the Workgroup established by the Mental Health and Recovery Services Board (MHRSB) of Lucas County. The output consists of twenty-five recommendations. Though they are not all encompassing, they are designed to drive the process of systemic change we believe is required to impact diversity, create a climate of inclusion and lead to greater cultural and linguistic competency that will ultimately result in greater health equity across populations.

The recommendations identify opportunities for the MHRSB system to increase outcomes in these areas. The proposal is submitted with the intent to enhance our existing efforts that will build upon current successes within the system.

The report begins with a description of the vision and mission developed by the Diversity Workgroup to help move through the process and includes a statement presenting a business rationale for the work of achieving greater diversity and inclusion within the MHRSB system of provider agencies. This rationale is followed by recommendations for a scorecard that identifies seven key areas of focus for the MHRSB: 1- Accountability, 2- Education/Training, 3- Sustainability, 4- Partnerships, 5- Recruiting, 6- Consumer/Staff Perceptions, and 7- Language.

We call upon the Lucas County Commissioners, Trustees of MHRSB of Lucas County and key stakeholders in the mental health and educational systems to partner with us and act on these recommendations in a manner that supports the resolution of the problem of health inequity in the Lucas County community.

Rev. Donald L. Perryman, D.Min.
Chair,
Diversity Workgroup
Mental Health and Recovery Service Board

Community Endorsements

"As Mayor of the City of Toledo, I understand and support this diversity plan presented by the Mental Health and Recovery Services Board of Lucas County. This critical tool will help us to reduce unnecessary barriers to mental health care in our community. I would like to thank all those who offered their time, talent and energy to compile the complex mental health needs of the City of Toledo and Lucas County in order to develop this plan. Collaborative efforts such as this contribute to the advancement of our entire community and help us to become a 21st Century City of which we can all be proud."
Paula Hicks-Hudson, Mayor
City of Toledo

"Though we have had the pleasure of working collaboratively with many local minority leaders and organizations to provide education, support and advocacy to the African American and Hispanic/Latino populations; we are just barely scratching the surface. NAMI consumers and participants continually share their frustration concerning the inequities that exist in our system of care. NAMI is very encouraged that, as a system, we are finally working on a plan to address these important issues."
Robin Isenberg, Executive Director
National Alliance for the Mentally Ill for Greater Toledo

"I am writing to express my full support and endorsement for the initiative the Mental Health and Recovery Services Board of Lucas County has undertaken to further inclusion and health equity among underserved populations. I also endorse the "Diversity Taskforce Report to the Board" which you will soon present..."
State Senator Edna Brown,
Ohio Senate, District 11

"The Lucas County Sheriff's Office strongly supports and endorses the initiative to be undertaken by the Mental Health and Recovery Services Board of Lucas County (MHRSB) to further inclusion and health equity among underserved populations in our community..."

"We understand that MHRSB is undertaking a huge commitment to address and has begun to decrease existing disparities in mental health and recovery health care outcomes among underserved populations in our community and we endorse their initiative and we look forward to continuing to work with them."
Sheriff John Tharp,
Lucas County Sheriff's Department

"We appreciate the opportunity to be a part of this important conversation surrounding the access to services for the Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex and Asexual (LGBTQQIA) persons in our community. Toledo Streets Newspapers strongly supports any and all efforts made to ensure the equity, diversity and inclusion of all persons seeking services within the scope and mission of the MHRSB from the Board level, to the service providers and stakeholders.... The commitment to include, uplift, affirm and guarantee access to LGBTQQIA persons is precedence setting and vital to the general health and wellness of our community as a whole."
Lilian Briggs, Director of Development
Toledo Streets Newspaper

"....As Chief of Police, I am acutely aware of the increasing numbers of individuals that come into contact with law enforcement which are suffering from some type of mental health or drug crisis. Many of these individuals are of color. In most instances, jail is not the appropriate place for these individuals.

Increasing services to this demographic will keep those individuals, who should not be in the criminal justice system, safe and in the community where they can receive the services which are more appropriate.

Again, I applaud the Mental Health and Recovery Services Board for undertaking such an important endeavor, and pledge the Toledo Police Department's assistance wherever possible."
George Kral, Chief
Toledo Police Department

"'We all do better when we all do better' said by the late author, Paul Wellstone. United Way of Greater Toledo fully endorses the Diversity Taskforce Report to the Board as an initiative that underscores clearly the steps necessary in our community to better meet the current mental health disparities of our community's underserved populations.

At United Way of Greater Toledo our mission of uniting the caring power of people to improve lives is in full alignment with the Mental Health and Recovery Services Board in support of this initiative."
Karen Mathison, CFRE, President and CEO,
United Way of Greater Toledo

"I wish to endorse the initiative undertaken by the Mental Health and Recovery Services Board of Lucas County to further inclusion and health equity among underserved populations in our community."
W. Scott Fry, President and CEO
Hospital Council of Northwest Ohio

Executive Summary

Our nation is undergoing rapid change in its demographic makeup and in its awareness of the need for greater inclusion of representatives from its diverse communities into the workforce. In Lucas County, this shift in demographics has helped in the identification of imbalances between the makeup of health care professionals and the populations served in the MHRSB system. We believe this inequity may be a contributing factor to disparities in health outcomes experienced by racial and ethnic minorities as well as other underserved groups in who are consumers and/or their family members of the MHRSB system of care.

The MHRSB Diversity Workgroup, composed of 32 leaders from the fields of mental health, faith, business, law, and higher education, was tasked with the challenge of developing a strategy and recommendations that will lead to the elimination of the disparities currently present in Lucas County by increasing diversity and expanding inclusion throughout the system of care.

In February, 2015, the Workgroup began holding monthly meetings with the goal of developing a proposal, with key recommendations, that will lead to solutions for a more diverse and inclusive system of care. The recommendations contained in the plan provide a solid framework to increase workforce diversity, enhance and continue the process of achieving cultural and linguistic competence of staff and increase efforts to achieve health equity throughout the MHRSB system of care. As visionary leaders with the goal of an efficient and accountable network that delivers high quality care to the community impacted by mental illness and addiction, the Diversity Workgroup sees the process that is outlined as a necessary part of the effort to eliminate health inequities.

Introduction

The MHRSB of Lucas County is committed to the goal of diversity, inclusion and cultural and linguistic competency as a means of achieving greater health equity throughout its system of care. The Diversity Workgroup began its work by collecting existing data to establish baselines that would serve to guide the development of the plan. With the goal to provide a strategic framework that sets measurable actions in place, key recommendations are provided and separated into proposed timeframes for completion. With continuous reviews, outcome measurements and assessment; we believe the plan will lead to improvements in the level of cultural and linguistic competencies, climate of inclusion in the overall system and ultimately the elimination of mental health disparities.

Several resources were utilized in developing this plan, including The State of Ohio Mental Health and Addiction Services Cultural and Linguistic Competency Plan (OhioMHAS CLC Plan). This resource aligns efforts in Lucas County with those set for the State of Ohio, the Substance Abuse and Mental Health Administration (SAMHSA) Office of Behavioral Health Equity and the enhanced National Cultural and Linguistically Appropriate Services (CLAS) Standards published by the U.S. Department of Health, Office of Minority Health. The CLAS Standards provide a structured set of standards to health care institutions that serve the nation's diverse communities.

The Workgroup also reviewed primary data from the MHRSB, as well as secondary data from partner organizations, U.S. Census data, research and best practice models to provide information in the development of the recommendations.

The MHRSB Diversity Workgroup acknowledges that the vision of a well-integrated philosophy of diversity and inclusion requires strong commitment, relationships of trust and support to its local provider agencies, and the participation of other key stakeholders.

The six step process utilized by the Workgroup to develop the plan included:

- Selection of individuals willing to participate on the Workgroup;
- Identification of local, state and national strategies;
- Identification and collection of appropriate data sets;
- Review of current system data to assess baselines;
- Development of plan with ongoing review and feedback of the full Workgroup; and
- Presentation for review and action by the MHRSB Board of Trustees.

Diversity Plan Goals

- A plan that sets diversity, inclusion and health equity as a strategic priority with an unwavering commitment to its accomplishment.

- A plan that supports the development of an inclusive workplace culture, linguistically appropriate care and policies that guide service delivery in a manner that traditionally underserved communities have opportunities to achieve their highest quality of mental health and recovery outcomes.

- A plan that includes recommendations leading to the MHRSB establishing accountability standards and measuring progress for its own performance and for funded provider agencies and contracted services.

- A plan that leads to the MHRSB having increased presence in the community through its communications on diversity issues that impact health outcomes, demonstration of concern for quality care, collaborations and partnerships for greater diversity, inclusion and health equity.

- A plan that will position the MHRSB as a leader in Diversity, Inclusion and Health Equity that is built upon evidence-based research/best practices, benchmarking and visioning.

Key Concepts

Concepts and commitments adopted which helped guide the Workgroup:

- Where Diversity, Inclusion and Health Equity is a strategic priority with an unwavering commitment to its accomplishment.

- Where the MHRSB measures progress and along with all funded provider agencies is held accountable for quality outcomes.

- Where the MHRSB has an increased presence in the community and through its communications demonstrates concern for quality care, collaborations and partnerships for greater diversity, inclusion and health equity.

The Business Case

The rationale for improving diversity and establishing a culture of inclusion within the system of care can be tied to both the theme of social justice and standards of business. Social justice philosophy is primarily concerned, with ethical and practical considerations in the delivery of health services to underserved populations. From a business standards perspective, diversity and inclusion initiatives can improve an organization's sustainability by mitigating organizational risks, reducing health care costs and minimizing health disparities, in part by matching the most appropriate service to a consumer's need at the earliest stage of care possible. Both the business rationale and social justice case for achieving greater health equity throughout our system are critical.

The five output areas listed below summarize a strong rationale for diversity and inclusion work in any health care system and within their connected provider organizations. Each holds great potential for containing costs and furthering the state and local goals of eliminating health care disparities.

- Reduce the impact to communities of long-standing health disparities
- Respond to current and projected demographic changes
- Improve quality of services and health outcomes
- Meet federal and state legislative, and accreditation mandates
- Gain a competitive edge in the marketplace.

In Lucas County between 2000 and 2010 migration patterns listed in U. S. Census Bureau document increased percentages, some fairly significant, in all but one population group as reflected in Table 1 below:

Table 1

LUCAS COUNTY POPULATION BY RACE	**ACTUAL COUNT**	**PERCENTAGES**
American Indian and Alaska native	170	14.42%
Asian alone	1,237	22.38%
Black or African American alone	6,658	8.62%
Native Hawaiian/Other Pacific native	21	22.83%
Some other race alone	438	5.17%
Two or more races	4,047	41.12%
White Alone	-25,810	-7.32%
HISPANIC/LATINO ORIGIN OF ANY RACE		
Persons not of Hispanic or Latino Origin	-19,543	-4.50
Persons of Hispanic or Latino Origin	6,304	30.50%

Source: Lucas County Quick Facts from U.S. Census Bureau.

Race and ethnicity are not the only cultural areas of distinction where disparities in health outcomes have been documented. Many of the county's poor, homeless, individuals with disabilities, LGBTQQIA, immigrant and refugee populations exhibit distinct cultural characteristics that often present unique demands upon our system of care. The enhanced CLAS standards have defined "culture" to be inclusive of the diverse needs of these groups. We believe that cultural and linguistic competency among professionals within our system of care is a part of the solution to greater health benefits for consumers and for the communities that house them. Additionally, among other positive outcomes, organizations that have cultural competence within the framework of their operation may have higher rates of employee retention from a more satisfied workforce as well as improvements in the wide health disparities that currently exist between people groups.

The following summary identifies government regulations, and credentialing agencies with standards for organizations within our system of care that require cultural and linguistic competence and care environments that are free from discriminatory practices:

Civil Rights Act of 1964, 42 U.S.C § 2000(e) Title VII states: No person in the United states shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subject to discrimination under any program or activity receiving Federal financial assistance.

Federal Rehabilitation Act of 1973 U.S.C. § 794 (Section 504) prohibits a recipient of federal funds from discriminating against an individual with a disability solely by reason of that disability.

Americans with Disabilities Act of 1990, 42 USC § 12101 et seq. also prohibits state and local governments from discriminating against an individual with a disability solely by reason of that disability.

Improving Access to Services for Persons with Limited English Proficiency (LEP), Executive Order 13166, signed August 11, 2000. The Executive Order requires Federal agencies to examine the services they provide, identify any need for services to those with limited English proficiency (LEP), and develop and implement a system to provide those services so LEP persons can have meaningful access to them. It is expected that agency plans will provide for such meaningful access consistent with, and without unduly burdening, the fundamental mission of the agency.

The Joint Commission (TJC), accredits hospitals and other health care institutions, and has published a document describing how their accreditation 2015 Standards for the Ambulatory Health Care Accreditation Program, both directly and indirectly supports the National CLAS standards.

Commission on Accreditation of Rehabilitation Facilities (CARF), a nonprofit organization that accredits health and human service organizations has issued standards that incorporate CLAS standards.

National Committee for Quality Assurance identifies standards for improvement in communication, cultural competency and patient-centered care as well as linguistic assistance services.

Each of the above regulations and credentialing agencies document the need for business models that incorporate ongoing growth and development of competencies which meet the needs of diverse communities.

Value Statements

- Inclusion, diversity and health equity are core principles of the MHRSB and serve as catalysts for ensuring culturally and linguistically appropriate mental health and addiction services are provided to Lucas County residents in a manner that respects the dignity of the individual and their families with the goal of achieving health equity.

- It will be assured that there will be fair, equal and inclusive contracting opportunities.

- It will be assured there is a supportive culture of diversity and inclusion that will attract, employ and retain a diverse and inclusive workforce that is reflective of the community being served.

- It will be assured that the diverse benefits, experience and expertise of the community's rich resources are included through our opportunities for collaboration and engagement with pertinent community groups and key stakeholders.

Definitions

Inclusion - the creation of an environment where people feel supported, listened to and able to do their personal best.

Diversity - the quality of being different or unique at the individual or group level. Diversity takes into account, but is not limited to race, religion, sexual orientation, gender identity, language, age, ethnicity, ability, physical and mental health status, sex, socioeconomic status, and national origin.

Health equity - attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address voidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

Inclusive Organizations - organizations that embrace inclusion and the power of diversity to achieve health equity as measured by the National CLAS Standards Assessment Tool AND the achievement of quantifiable benchmarks that track progress on employment, leadership and consumer health related outcomes related to race, religion, sexual orientation, gender identity, language, age, ethnicity, ability, physical and mental health status, sex, socioeconomic status, and national origin.

Sources: Definitions formulated by the Federal Interagency Health Equity Team for the U.S. Department of Health and Human Services for the National Stakeholder Strategy.

Vision

Diversity, Inclusion and Health Equity and the provision of Culturally & Linguistically Appropriate Services will become:

The key strategic priority to reduce health care inequities throughout our MHRSB system.

Part of a sustainable organizational effort that is carried out in a strategic and intentional process with an appropriate infrastructure and measures.

A model in addressing health inequity through diversity and inclusion activities and in the provision of culturally and linguistically appropriate services.

A culture throughout the MHRSB of Lucas County.

Mission

Development and acceptance of a plan which outlines a strategic framework to guide the MHRSB in ensuring relevant, quality resources are being provided to meet the mental health and addiction needs of all individuals regardless of race, religion, culture, sexual orientation or level of ability.

Recommendations

Scorecard – establish a dashboard to reflect qualitative and quantitative performance measures for evaluation of community impact outcomes for the MHRSB and all funded provider agencies in each of the following areas.

Accountability

Year 0-3 Goals

- Develop policy that establishes Diversity, Inclusion and Health Equity as core values that affirm client's right to clinical treatment services within the system, regardless of any personal identifiers, which are driven by medical need, patient preferences and specific cultural values.
- Add diversity and inclusion performance related objectives to the MHRSB Executive Director's 2016 and future evaluations.
- Create an office within the MHRSB that will have accountability for leading diversity and inclusion efforts and that serves as an effective catalyst for achieving greater health equity for MHRSB consumers.
- Ensure that hiring and procurement opportunities are transparent.
- Provide funding and/or other appropriate incentives to support diversity/inclusion goal achievement.
- Publish periodic report to community on the progress towards greater diversity, inclusion, and health equity objectives and the impact on system goals.
- Establish a recognition program that acknowledges provider agencies within the system that demonstrate excellence in diversity and inclusion achievement.
- Ensure agency contracts include language requiring tracking and reporting of specific demographic data to assess progress towards achieving diversity goals.

Year 4-6 Goals

- Develop incentives and sanctions, if needed, to encourage and support funded provider agencies to develop strategies and mechanisms that guide achievement of their diversity, and cultural and linguistic competency efforts.

Education/Training

Year 0-3 Goals

- The MHRSB will provide regular system-wide continuing education on diversity/inclusion, language, and cultural competency.
- Advocate for university training programs for students in mental health programs that include specialized curriculum related to understanding the mental health needs of individuals with developmental disabilities.

Year 4-6 Goals

- Provide for leadership training and mentoring opportunities for individuals from underrepresented target groups that are employed in the MHRSB system.
- Maintain and strengthen partnerships with local law enforcement to ensure and facilitate additional training opportunities based on current community needs.

Sustainability

Year 0-3 Goals

- A permanent Diversity workgroup to serve in a structured advisory capacity on diversity and inclusion issues reporting to the MHRSB Executive Director and Board committee.

Year 4-6 Goals

- Periodic community needs assessment to support future goals as county demographics change.

Partnerships

Year 0-3 Goals

- Partner with public and private sector organizations that have strong proven diversity/inclusion programs for support and mentoring to the MHRSB and its agencies.
- Establish relationships with local law enforcement systems and 911 emergency personnel to collaborate on community engagement strategies as related to MHRSB consumers and their families.

Recruiting

Year 0-3 Goals

- Create and implement a public awareness campaign that encourages students from underrepresented groups to pursue a career in the behavioral health field.
- Encourage and incentivize provider agencies to increase the number of multilingual staff in the system's workforce as measured against client need.
- Encourage and incentivize provider agencies to establish diversity/inclusion requirements in their hiring and procurement activities.

Year 4-6 Goals

- Identify targeted institutions and culturally specific student organizations such as Toledo Public Schools, local Colleges and Universities, and Historically Black College and Universities (HBCUs) with established Schools of Social Work, National Association of Black Social Workers (NABSW), the various Chambers of Commerce,

LGBTQQIA community advocates etc., with the goal of establishing a workforce development pipeline for professionals that will serve the behavioral health industry.

Consumer and Staff Perceptions

Year 0-3 Goals

- Provide for periodic consumer and community surveys to measure levels of satisfaction and perceptions of "institutional climate" within the system as related to diversity and inclusion.

Language

Year 0-3 Goals

- Develop a centralized language translation approach for the MHRSB system and develop capacity for on-going skill building for system staff that will maximize full benefit of any language resources.
- Develop measurable vehicles for achieving cultural competency and linguistic skills for staff at the MHRSB and funded provider agencies.

Year 4-6 Goals

- Partner with local Board of Developmental Disability to develop non-traditional therapies for consumers with limited verbal skills.

Key Metrics

Maintaining a culture and system of diversity and inclusion begins with the establishment of a database of metrics. When accurately collected and analyzed, data will inform the development of enhanced approaches to meet community needs. The following list provides a partial set of system wide outcome metrics to be collected in addition to those included in the recommendations.

Reduced hospitalizations
Adjustment of service hours of operation based on demand
Translation or language services
Count of diverse consumers served
Comfort level of consumer while at provider
Number of consumers seeking different provider
Number of bi-lingual staff
Diverse make up of employees at all levels within the system
Procurement contracts

The above recommendations are based, in part, on reviews of MHRSB system data outlined in Tables 1 – 3.

Conclusion

The framework outlined in this document presents a guide which is intended to help the MHRSB of Lucas County begin the development of both short and long term strategies to enhance diversity and inclusion throughout the MHRSB system of care. The framework is intended to encourage the use of data, existing science, available knowledge in the field along with strong partnerships to drive needed enhancements in all areas that impact the mental health and the recovery status among underserved groups in our community.

We believe the work of improving the health of racial and ethnic minorities and other underserved populations as well as reducing and ultimately eliminating health disparities in Lucas County is complex and requires a multi-faceted, long term approach which is sustained over many years.

Should we fail to increase diversity, improve cultural competency and expand inclusion, we jeopardize positive mental health outcomes, client satisfaction and valuable economic benefits. Lastly, we risk having the benefits from the rapid social and demographic changes occurring in Lucas County and in the larger society pass us by. We must work hard and we must work together.

Appendix

Appendix A: Minority representation in MHRSB Trustee, Staff Leadership, and other positions					
	White Alone	**Black/AA**	**Hispanic or Latino**	**Asian**	**All Others**
Percentage of minority population in Lucas County as reflected in most recent U.S. Census data report.	70.2% (305.573)	19.5% (84,881)	6.5% (28,294)	1.7% (7,400)	2.1% (9,141)
Percentage of clients served in system by race or ethnicity	54.9% (14,391)	36.7% (9,609)	5.5% (1,438)	0	2.9% (760)
Percentage of **17** Board Trustee positions by race or ethnicity	58.8% (10)	29.4% (5)	11.8% (2)	0	0
Percentage of Board staff in the **7** Leadership positions by race or ethnicity	71.4% (5)	28.6% (2)	0	0	0
Percentage of other Board staff in **11** other positions by race or ethnicity	63.6% (7)	27.3% (3)	9.1% (1)	0	0
Percentage of all Board staff **18** other positions by race or ethnicity	66.7% (12)	27.8% (5)	5.5% (1)	0	0

Appendix B: Minority representation in MHRSB Provider Agencies.

	White Alone	Black. A.Am	Hispanic or Latino	Asian	All Others
Percentage of minority population in Lucas County as reflected in most recent U.S. Census data report.	70.2% (305,573)	19.5% (84,881)	6.50% (28,294)	1.7% (7,400)	2.1% (9,141)
Percentage of clients served in system by race or ethnicity	54.9% (14,391)	36.7% (9,484)	5.5% (1,438)	0	2.9% (760)
Percentage of **254** Provider Board Trustees by race or ethnicity	70% (177)	20% (50)	8% (21)	0	2% (6)
Percentage of **69** MHRSB Provider staff in Executive Leadership by race or ethnicity	68% (47)	20% (14)	10% (7)	1% (1)	0
Percentage of **182** MHRSB Provider staff in Manager categories by race or ethnicity	83% (151)	14% (25)	3% (5)	.5% (1)	0
Percentage of **476** MHRSB Provider staff in Licensed/Credentialed staff categories by race or ethnicity	78% (370)	18% (85)	3% (16)	0.6% (3)	0.4% (2)
Percentage of **641** MHRSB Provider staff in ParaProf/Support staff categories by race or ethnicity	62.1% (398)	30.6% (196)	5.8% (37)	0.6% (4)	0.9% (6)
Percentage of the **36** physicians serving system by race or ethnicity.	53% (19)	3% (1)	0	36% (13)	8% (3)
Percentage of the **103** MHRSB Provider staff RN's by race or ethnicity.	83% (85)	14% (15)	2% (2)	1% (1)	0%
Percentage of the **92** MHRSB Provider staff in "other" positions by race or ethnicity.	53% (49)	37% (34)	9% (8)	0	1% (1)

Table A & B. Source: Lucas County Quick Facts from U.S. Census Bureau. MHRSB 2014 Data
00 = Fluid numbers

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