MHRS BOARD MEETING
November 15, 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. Directors Report - Criminal Justice Reform	✓			1-2
	5. Great Lakes Marketing – Results of the Engagement and PPE Evaluation *(See Report – Separate Attachment)*	✓			3 (1)-(21)
	6. Determination of Items to be Removed from Consent Agenda				
☐	7. Board Minutes – October 18, 2016	✓	✓		4-9
	8. Governance Committee Report				10-12
☐	A. MHRSB Policy Updates: ➢ Board, Committee and Sub-Committee Meeting	✓	✓		
☐	➢ Designation of Health Officers	✓	✓		13-19
	B. MHRSB Organizational Chart Update				20-23
	➢ Client Rights Officer: Part-Time Position	✓	✓		
	9. Planning & Finance Committee Report				
☐	A. Treasurer's Report: October 2016 Financial Statements	✓	✓		24-30
☐	B. Strong Families Safe Communities OMHAS Allocation	✓	✓	✓	31
☐	C. FY 2017 MHRSB Schedules of Subsidies	✓	✓		31-35
☐	D. Addiction Treatment Program (ATP)	✓	✓	✓	36
	E. MHRSB Strategic Plan Consultant	✓	✓		36-37
☐	F. Health Officer Appointments	✓	✓		37-38
	10. Other Business ➢ Board and Committee Attendance	✓			39-41
	11. Open Session				

Director's Report – Criminal Justice Reform

In a departure from the routine Director's Report to the MHRSB Trustees, Lucas County Commissioner Tina Skeldon Wozniak, Lucas County Common Pleas Court Judge, Gene Zmuda, Toledo Municipal Court Judge Tim Kuhlman, and Matt Heyrman, Director of Health and Public Safety for the Lucas County Commissioners will address the MHRSB Trustees regarding justice reform priorities as they relate to behavioral health clients. The attached document has been prepared by the collaborative to facilitate a discussion regarding how the MHRSB might further complement our community's justice reform efforts.

Priorities to Address the Intersection of the Behavioral Health and Criminal Justice Systems

Establishment of Intersection Metrics – Our community has established the goal of improving outcomes for behavioral health consumers by reducing their intersections with the criminal justice system. As such, it is important that the Mental Health and Recovery Services Board (MHRSB) of Lucas County establish and monitor key metrics of intersections between behavioral health consumers and the criminal justice system. Such metrics should be utilized to measure the success of our community's individual programs and complete portfolio of investment in community behavioral health services. Examples of metrics that could be compiled and monitored are police interactions resulting in the dispatching of CIT trained officer, percentage of behavioral health consumers booked into the Lucas County Corrections Center (LCCC), percentage and average length of stay for behavioral health consumers in the LCCC and the Corrections Center of Northwest Ohio (CCNO). In order to keep our community's goals at the forefront, it is proposed that intersection metrics be reported to members of the MHRSB.

Behavioral Health/Criminal Justice System Coordinator – The behavioral health and criminal justice systems intersect and impact each other at many points and in various ways. In order to effectively manage these intersections, our community requires a dedicated coordinator to develop, manage and coordinate solutions that provide for the optimal outcomes for clients of both systems. Such a coordinator could provide quality assurance for both the programs our community funds as well as the system as a whole to ensure investments are yielding the intended results.

Fund a Behavioral Health Diversion Program – A challenging population for both the behavioral health and criminal justice systems are individuals who maintain the following profile:

- Medium to high criminogenic risk as established by Lucas County Pretrial Services' Public Safety Assessment (PSA) and thus recommended for pretrial detention at the LCCC
- Medium to high mental health and/or substance abuse needs but do not present a threat to oneself or others and are thus ineligible for involuntary confinement
- Currently engaged in the criminal justice system based on a misdemeanor or non-violent felony charge

In order to address this population, it is proposed that the MHRSB partner with the Toledo Legal Aid Society and the University of Toledo's Social Work Program to pilot and assess the impact of a voluntary behavioral health diversion program. The behavioral health diversion program would partner with public defenders, social workers and peer support specialists to provide the above identified population coordinated needs assessment, linkage, case management, criminal case resolution, and advocacy for client needs (sustainable housing, behavioral health services, employment, transportation). Interested program participants would be referred primarily by LCCC medical staff, as identified through intake medical exams, but could also be referred by other correctional staff and officers of the court.

Targeting this population for a court operated behavioral health diversion program provides the opportunity to detangle these behavioral health consumers from the criminal justice system by removing them from the Jail, resolving pending cases and utilizing community-based services and resources.

Commitment to Provide Additional Resources – It is anticipated that through the establishment of system intersection metrics, coordination, and case management and advocacy that gaps in community behavioral health resources will be identified. Examples of anticipated gaps include crisis stabilization unit beds, short-term and residential detoxification beds, and sustainable community housing options for behavioral health consumers. The MHRSB's commitment to re-prioritizing funding and infusion of funding to support the development of community resource gaps identified is critical to the long-term success and sustainability of these initiatives.

Great Lakes Marketing – Results of the Great Lakes Marketing Evaluation
(See Report - Separate Attachment)

In February of 2016, the Board contracted with Great Lakes Marketing (GLM) to evaluate two Board-funded programs (Engagement and Preventing Psychiatric Emergencies (PPE)) at Harbor, Unison and Zepf. Cami Roth Szirotnyak, Manager of Quality Improvement, facilitated the work with GLM and a large number of agency providers, hospital staff, and consumers contributed significantly to its completion. All the elements of the Personal Service Agreement with GLM were completed, and they will be presenting the executive summary of their findings at the November 15, 2016 Board meeting. The final payment to GLM is contingent on MHRSB accepting the attached report.

The following motion is recommended to the Board of Trustees:

> ***The Mental Health and Recovery Services Board of Lucas County accepts Great Lakes Marketing's report of their evaluation of MHRSB's Engagement and PPE programs as presented at the November 15, 2016 Board meeting.***

M I N U T E S – Board Meeting
Mental Health & Recovery Services Board of Lucas County
October 18, 2016

Roll Call - Members Present:

Marcia Silverman	Dr. Lois Ventura	Dr. Tim Valko
Neema Bell	Linda Alvarado-Arce	Lynn Olman
Anthony (Tony) Pfeiffer	James Stengle	Pastor Perryman
Carol Ann Allen	Dr. Mary Gombash	

After Roll Call:

Robin Reeves	Andrea Mendoza Loch	Andre Tiggs
William Sanford		

Members Absent:

Pastor Earley	Chief George Kral	Linda Howe

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

Visitors: Richard Arnold; Ashley Kopaniasz, Unison; John DeBruyne, Rescue; Deb Flores, Zepf; Karen Wu, ABLE; Lucy Wayton, LSSNWO; Michele Bryant, NAOMI, Inc.; Chris Warner, Arrowhead; Johnetta McCollough, TASC; Janet Fuiten, New Concepts; Norine Wasielewski, Zepf.

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

Consent Agenda Items: The Trustees reviewed the Consent Agenda items, and the following 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. Olman-yes; Dr. Valko-yes; Ms. Allen-yes; Ms. Silverman-yes; Mr. Stengle-yes; Mr. Tiggs-yes; Pastor Perryman-yes.

Board Minutes – September 20, 2016

Programs & Services Committee Report

A. Health Officer Credentialing

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

For Renewal Designation:
Charles Simon-Straub, RN – Rescue – not to exceed October 31, 2018
Linda S. Howard, MHP, LSW – Rescue – not to exceed October 31, 2018

For New Designation:
Jacquelyn R. Caro, LISW – Harbor – not to exceed October 31, 2018
Vicki I. Ammons, MHP, LSW – Rescue – not to exceed October 31, 2018

For Agency Transfer Designation:
Melinda R. Claypool, CNP – Harbor to Rescue – not to exceed November 30, 2017

B. FY 2017 Community Mini-Grant Allocations

The Mental Health and Recovery Services Board of Lucas County approves the eleven (11) Mini-Grant allocations listed on the mini-grants worksheet included in the October 18, 2016 Board meeting packet totaling $50,350, and authorizes its Executive Director to execute appropriate FY 2017 Agreements with each of the agencies/individuals for the amounts listed.

Combined Governance/Planning & Finance Committee Report

A. Treasurer's Report

- **September 2016 Financial Statements**

The Mental Health & Recovery Services Board of Lucas County approves the September 2016 financial statements and the September 2016 voucher schedules of bills as presented in the October 18, 2016 Board meeting packet.

B. Toledo Lucas County Health Department Syringe Access Program

The Mental Health and Recovery Services Board of Lucas County allocates $19,987.26 for FY 2017 to the Toledo Lucas County Health Department for necessary items requested by the Health Department for the implementation of a Syringe Access Program; MHRSB's Executive Director is authorized to execute the appropriate agreements between MHRSB and TLCHD.

C. OMHAS Re-Entry Coalition of Northwest Ohio Allocation

The Mental Health and Recovery Services Board of Lucas County allocates $50,000 to the Re-Entry Coalition of Northwest Ohio for recovery support using OMHAS FY2017 Re-Entry Coalition funds, and authorizes its Executive Director to execute a FY 2017 Memorandum of Agreement to reflect this allocation.

D. Unison Request for Additional Funds – FY2016 POS Overspending

The Mental Health and Recovery Services Board of Lucas County allocates $60,000 to Unison for the period of July 1, 2016 through June 30, 2017 for MH and AOD treatment services provided during FY2016 that exceeded Unison's purchase of service allocation for FY2016, and authorizes its Executive Director to amend Unison's FY 2017 Provider Agreement to reflect the increased allocation.

E. **DYS Re-Entry Services – TASC Allocation**

The Mental Health and Recovery Services Board of Lucas County allocates $122,265 in grant funding to TASC for the continuation of existing re-entry services for DYS clients for the period November 1, 2016 through June 30, 2017, and for the same period allocates $72,221 to TASC which can be drawn down for reimbursement of intensive services for offenders which TASC provides or purchases; MHRSB's Executive Director is authorized to execute the appropriate FY 2017 contract amendments.

FYE Performance Report: Outcomes Follow up Discussion

Dr. Gombash requested a follow-up discussion regarding the FYE Performance Provider Report that was presented at the September 27, 2016 Programs & Services Committee meeting, referencing Pastor Perryman's notation "that until we can improve our data collection infrastructure, the Board will receive the same reports that raise the same questions." Ms. Roth Szirotnyak said that some of the questions asked were raised previously regarding AOD outcomes, and if the AOD outcomes appear to not be met, is it because it isn't a proper reflection of the data sample. In FY 2016, only non-Medicaid data is reported. Ms. Roth Szirotnyak said the question goes back to what the MHRSB wants in term of its strategies and priorities, and how can we measure them, referencing an upcoming strategic planning session and the new statutory requirements with which the MHRSB will be required to be in compliance. Pastor Perryman stated that the current yearly reports reflect measurement of outputs instead of true outcomes and changes in behavioral health variables which is the feedback the Board and community stakeholders are requesting.

Dr. Gombash asked how the Board can access the reports agencies are submitting to the state. Ms. Roth Szirotnyak said it depends on which reports. She noted that staff will learn more in the future about the managed care requirements of the providers at the state level and what the Board will have access to in relation to the state requirements. Dr. Gombash suggested that the Board look at the state data when recommending program funding to agencies.

Dr. Valko asked Ms. Roth Szirotnyak if the reports that is required to submit to the State are public knowledge. She indicated that according to the Federal Register guidelines, states will have to come up with their own quality rating system that will be posted. Dr. Valko suggested that once the Board knows what the state questions are, we should write them into the provider agreements so that they are required to provide the MHRSB the same answers they provide to the state. Mr. Sylak said this should be discussed within the context of the contractual process, and he heard at the state level, the outcome measures for the new managed care process will be closely aligned with the HEDIS measures currently in place, and for a specialized population, National Outcome Measures, and there might be some negotiated measures between OMHAS, the Department of Medicaid and managed care companies not yet defined; the state requirements for provider reporting will change next year.

F. Inclusion Council Update and New Policy

Ms. Williams referred to page 21 of the meeting packet which summarized actions taken by the Inclusion Council, as well as several community activities and events that she has engaged in to advance inclusion and health equity.

Ms. Williams noted the review of the new Diversity and Inclusion Policy by the combined Governance/Planning & Finance Committees members at the October 11, 2016 meeting which resulted in the requested changes outlined in the draft Diversity and Inclusion Policy included on pages 23-25 of the meeting packet, and presented the following motion for the Board of Trustees consideration:

> *The Mental Health & Recovery Services Board of Lucas County approves the Diversity and Inclusion Policy contained in the Board packet effective November 1, 2016.*

Dr. Ventura moved to approve the motion and it was seconded by Mr. Stengle. Voting to approve the motion was: Ms. Alvarado-Arce-yes; Mr. Pfeiffer-yes; Dr. Ventura-yes; Dr. Gombash-yes; Mr. Olman-yes; Mr. Sanford-yes; Dr. Valko-yes; Ms. Allen-yes; Ms. Mendoza-Loch-yes; Ms. Silverman-yes; Mr. Stengle-yes; Mr. Tiggs-yes; Pastor Perryman-yes; Ms. Reeves-yes.

Director's Report

Mr. Sylak reported on the following activities and upcoming events:

- The MHRSB is currently advertising an RFP for a strategic planning consultant with the goal of scheduling strategic planning dates by the end of the year.

- Mr. Sylak reminded the Trustees that the MHRSB is required to complete an annual Board member training and it will be scheduled on one of the Tuesday committee/board meeting dates before the end of the year. Mr. Sylak said he has requested OACBHA to provide training on the Behavioral Health Redesign. Accommodations will be made for an audio training should a Board member be unable to attend, this will satisfy the annual requirement.

- On November 4, 2016, there is training in Toledo entitled: Behavior Health Redesign 201, with a $40.00 registration fee, sponsored by the Ohio Association of County Behavioral Health Authorities; registration is available on the www.OACBHA.com web site.

- There is a free forum regarding managed care organization behavioral health redesign that will be held in Toledo on November 15, 2016; it is sponsored by the Association of Managed Care Organizations and staff will be present. The forum is directed to provider organizations and how they will interact with managed care organizations beginning on January 1, 2018. Board staff will share any forthcoming information regarding the upcoming changes with stakeholders.

- The fourth annual African-American forum sponsored by NAMI will be held on October 22 at the Glenwood Lutheran Church at 2525 Monroe Street; some staff and Mr. Tiggs are participating and registration is available through the NAMI web site.

- The Latino mental health forum will be held October 28; registration is available on NAMI's web site, and Board staff is participating.

- The annual prescription drug drop-off will be held on October 22 from 10:00 a.m.–2:00 p.m.; everyone is encouraged to dispose of their unused prescription drugs at one of the drop-off locations throughout the community.

Open Session

- Mr. Arnold provided an update on One Government Center activities; reporting that last week, the VOA went before the Zoning & Planning Committee to add to their current facility so they can serve female inmates coming out of jail suffering from drug and alcohol problems, but the neighbors are expressing opposition, fearing loitering, prostitution, and littering; City Council will re-evaluate the special use permit request next month.

- Mr. Arnold reported that some City Council members are reacting to reports that more African-American city workers are being tested for drugs and alcohol than Caucasians pertaining to a requirement that all city workers who are involved in any kind of automobile accident while driving a city vehicle be tested. As a result, city administrators will now provide City Council with a breakdown of who is being sent for drug and alcohol testing along with their ethnicity.

- Mr. Arnold presented a political flyer that he received in his mailbox that he found offensive as it appeared to inappropriately stereotype the mentally ill. After he shared it with City Council and County Commissioners for their feedback, Mr. Arnold requested that the Board respond to the flyer sent by the Ohio Democratic Party in Columbus with a position statement. Mr. Sylak requested a copy of the flyer to share with the Prosecutor's office to determine if Board can legally express an opinion on a political flyer.

- Ms. Brown-Chery announced that the MHRSB is funding an prevention ethics training on October 31, 2016 at St. Luke's Hospital to become certified as prevention specialists or to renew their certification (3-6 CEU's will be offered).

Executive Session – Personnel Related Matters

Ms. Bell noted that in September 2016, Mr. Sylak informed the Trustees that the MHRSB must become compliant with changes to the Fair Labor Standards Act that will take effect December 1, 2016. There were a number of factors associated with that compliance including several personnel related matters and policies, and the Table of Organization which needed to be discussed in Executive Session.

Ms. Bell recommended the following motion presented to the Board of Trustees for their consideration:

> *Move that the Planning & Finance/Governance Committees adjourn into Executive Session for the purpose of discussing personnel matters related to compliance with the Fair Labor Standards Act and revisions to the existing MHRSB Table of Organization, including changes to existing positions and compensation levels where appropriate.*

Mr. Olman moved to approve the motion and it was seconded by Dr. Ventura for the Board to enter into Executive Session for the purpose of discussing personnel related matters. Following no discussion, voting on the motion was: Ms. Alvarado-Arce-yes; Mr. Pfeiffer-yes; Dr. Ventura-yes; Dr. Gombash-yes; Mr. Olman-yes; Mr. Sanford-yes; Dr. Valko-yes; Ms. Allen-yes; Ms. Mendoza-Loch; Ms. Silverman-yes; Mr. Stengle-yes; Mr. Tiggs-yes; Pastor Perryman-yes; Ms. Reeves-yes.

Dr. Valko made a motion and it was seconded by Mr. Stengle to return from Executive Session. Following no discussion, the motion was approved by a voice vote.

The following two motions were recommended to the Board of Trustees for their consideration:

> ***The Mental Health and Recovery Services Board of Lucas County approves the revised Work Hours and Absenteeism policy and revised Personnel policy as presented at the October 18, 2016 Board meeting effective November 1, 2016; and deleting the Overtime Policy effective November 1, 2016.***
>
> ***The Mental Health and Recovery Services Board of Lucas County approves the revised Table of Organization as presented at the October 18, 2016 Board meeting by changing the title of Manager of Support Services to Manager of Recovery Services; and approves a salary range of $54,000-$74,000 for the Manager of Recovery Services effective October 18,2016.***

Mr. Olman made a motion and it was seconded by Mr. Pfeiffer to approve the above motions as presented. Voting to approve the motions was: Ms. Alvarado-Arce-yes; Mr. Pfeiffer-yes; Dr. Ventura-yes; Dr. Gombash-yes; Mr. Olman-yes; Mr. Sanford-yes; Dr. Valko-yes; Ms. Allen-yes; Ms. Mendoza-Loch; Ms. Silverman-yes; Mr. Stengle-yes; Mr. Tiggs-yes; Pastor Perryman-yes; Ms. Reeves-yes.

Adjournment

The meeting was adjourned at 4:48 p.m.

Anthony (Tony) Pfeiffer, Secretary

Scott A. Sylak, Executive Director

Governance Committee Report

The MHRSB Governance Committee met on November 1, 2016 to consider staff recommendations for revising two Board policies and transitioning the Client Rights Officer position from a contractual service to a Board employee. These items were approved by the Governance Committee and are being presented for the Board's consideration as outlined below:

A. MHRSB Policy Updates:

- **Board, Committee and Sub-Committee Meetings**

It is recommended that language be added to the existing policy that clarifies that multiple committees of the MHRSB may meet jointly, and when those joint meetings occur, how a quorum will be defined. A copy of the recommended revised policy is attached.

The following motion is recommended to the Board of Trustees:

> ***The Mental Health & Recovery Services Board of Lucas County revises its Board, Committee and Sub-Committee Meetings Policy as presented in the November 15, 2016 Board packet, effective December 1, 2016.***

MENTAL HEALTH & RECOVERY SERVICES BOARD OF LUCAS COUNTY

	COQ: VI-A.1
	Effective: 12-1-16
Board, Committee and Sub-Committee Meetings	**Supersedes: 5-1-16**

POLICY

The Mental Health and Recovery Services Board (MHRSB) 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. MHRSB established committees are permitted to meet jointly. Committees meeting jointly will be considered a unified committee for the purpose of conducting business. A quorum for a unified committee meeting will be defined as over one-half of the unified committees' voting membership in attendance.

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**

- **Designation of Health Officers**

Several issues surrounding the credentialing of System Health Officers have precipitated the review of MHRSB's existing "Designation of Health Officers" Policy. Non-contract agencies have requested that they have Health Officers designated from their staff, and at least one agency said that the current Health Officer Credentialing Committee is not broad enough in its membership. Ohio Public Meeting Act compliance concerns have also been identified by MHRSB staff.

Consequently, at the Governance Committee meeting, Board staff presented an amended version of the Designation of Health Officers Policy. As approved by the Governance Committee, the amended policy provided that agencies which currently do not have contracts with the MHRSB can have Board designated Health Officers if their agency administration accepts responsibility for necessary training and supervision of staff, and indemnifies the MHRSB. Governance Committee members requested additional clarity regarding indemnity and liability language that should be included in the policy. It was also noted that approval of this policy would require the MHRS Board of Trustees to rescind the current appointments to the Health Officer Credentialing Committee, as well as abolish the Committee. The revised policy also streamlines the Health Officer credentialing process, and affords the Board's Executive Director the prerogative to convene an advisory group to consider issues related to Health Officer functioning.

The revised Designation of Health Officer Policy was approved by the Governance Committee, pending addition of indemnification and liability language as recommended by the Lucas County Prosecutor's Office.

Subsequent to the Governance Committee's approval, and Board staff discussion with the Lucas County Prosecutor's Office, it was determined that the indemnification and liability language contained in the MHRSB's FY 2017 Agency contract should satisfy the Governance Committee's concerns. Therefore, using the current MHRSB agency contract, it is Board Staff's intention to create a specific contract for agencies requesting Health Officers which do not have a current grant and/or POS contract with the MHRSB. Once this Health Officer Sponsoring Agency contract is created and reviewed by the Lucas County Prosecutor, it will be presented to the MHRSB for approval.

Given this course of action, it is Board Staff recommendation that specific indemnity and liability language not be inserted into the Designation of Health Officer policy, but the policy include generalized statements for the need of these items along with a requirement for an signed contract prior to the MHRSB Trustees acting on any requests to designate a health officer.

The policy (attached) has been revised to reflect this new course of action and is being presented for the Trustees' consideration. This item has been removed from the MHRS Board meeting's consent agenda due to the substantive revisions made to the policy after approval by the Governance Committee.

The following motion is recommended to the Board of Trustees:

> ***The Mental Health & Recovery Services Board of Lucas County revises its Designation of Health Officers Policy as presented in the November 15, 2016 Board packet, rescinds all current Health Officer Credentialing Committee appointments and abolishes the Health Officer Credentialing Committee, effective December 1, 2016.***

MENTAL HEALTH & RECOVERY SERVICES BOARD OF LUCAS COUNTY

Designation of Health Officers	COQ: V-A.26; X-A.3 Effective Date: 12/1/16 Supersedes Date: 3/1/14

POLICY

The Mental Health and Recovery Services Board (MHRSB) of Lucas County will establish a process to credential and designate certain key agency staff to serve Lucas County as Health Officers, as defined in ORC 5122.01(J) to facilitate emergency hospitalization as described in ORC 5122.10. In order to serve as a Board appointed Health Officer, an appropriately credentialed person must be sponsored by a certified agency that accepts full responsibility for the officer's training, supervision, performance and reporting. MHRSB requires that each sponsoring agency enter into a written agreement with the Board to define those responsibilities as well as other pertinent issues including, but not limited to, record retention, incident reporting, maintenance of insurance, and indemnification. ~~is not responsible or liable for any damage resulting from acts or omissions of the Agency's Health Officers; a formal agreement must indemnify the Board.~~

Accordingly:

1) MHRSB will establish minimum qualifications to serve as a health officer, and rules related to appointment, terms, and removal from office.

2) MHRSB will promulgate a description of the responsibilities of appointed Health Officers.

3) MHRSB's Director of Programs & Services (or designee) will facilitate a process to review both new and renewal applications for Health Officers to ensure that the applicants meet the minimum qualifications. The Director will make recommendations as appropriate for approval by the Board of Trustees.

4) MHRSB will annually review a report of Health Officer activity.

ACCOUNTABILITY

MHRSB Chair, Executive Director

PROCEDURE

Health Officer Qualifications and Requirements

1) An applicant for appointment by MHRSB as a Health Officer, must be sponsored by an OMHAS-certified agency whose chief executive officer has signed his/her assurance that the applicant represents the agency and that the agency assures that it has/will provide the training, supervision, and support outlined below. The agency sponsoring the application must provide MHRSB with a copy of their written policy that governs the activity and supervision of the Health Officer.

2) Health Officers must meet criteria established under the State of Ohio Mental Health and Addiction Services Qualified Provider Rules of the Administrative Code, Section 5122-29-10(B)(3) governing provider qualifications for crisis intervention mental health service.

3) Agency employees recommended for designation as a Health Officer shall:

   a) Have two (2) years of experience in assessment of persons with severe mental illness, and possess appropriate professional licensure (LISW, LPCC, RN-MSN); or
   b) Be a registered nurse with three (3) years of experience in assessment of individuals with severe mental illness; or
   c) Be a licensed mental health professional (LSW/LPC) with three (3) years of experience in assessment of individuals with severe mental illness.

4) An agency applying to MHRSB to have an employee designated for the first time as a Health Officer shall submit:

   a) The MHRSB Health Officer Application (Form A);
   b) Copies of professional licenses, registrations and/or certificates;
   c) At least two written references, which comment on the person's ability to assess individuals with serious mental illness. One of these letters must be external to the sponsoring agency;
   d) A criminal record check from the Bureau of Criminal Investigation dated within six months of application;
   e) Verification that the employee has completed training approved by the Board with curriculuum which, at a minimum, shall address the following subjects:

      - Training in Ohio Revised Code pertaining to involuntary mental health treatment which includes understanding of major mental illness and assessing for risk and vulnerability, and training regarding appropriate utilization of community resources;

- Training in first aid, CPR, and universal precautions for infection control;
- Training in non-violent physical crisis intervention;
- (Separate trainings are not required when the candidate's credentialing already indicates a proficiency).

5) MHRSB staff will review the application, and if it meets the criteria, will recommend the appointment to the Board of Trustees for approval. If approved, the sponsoring agency shall be notified in writing of the designation and term of each Health Officer. Although the MHRSB designates Health Officers for a specified two-year period, for an initial appointment, the term will be provisional for six months. During that time, the candidate for Health Officer will be supervised by a psychiatrist, licensed clinical psychologist, licensed physician, or an MHRSB designated Health Officer. The supervision should include the candidate both observing and being observed during the process of taking into custody a person that is believed to be mentally ill and subject to court order. After six months, the sponsoring agency's clinical director may petition in writing to have the applicant moved from a provisional status to active status.

6) At the expiration of a Health Officer's two-year term, a sponsoring agency may apply for renewal of the certification by:

   a) At least 60-days prior to the expiration of term, complete the MHRSB Health Officer renewal application (Form B) for review by MHRSB staff; and
   b) Provide a summary of the applicant's performance as a Health Officer (a Health Officer requesting renewal must have performed a minimum two (2) field assessments in the previous term). If not, a written letter from the sponsoring agency's clinical director stating that the Health Officer remains competent in clinical assessment for involuntary hospitalizations must be included in the application.

7) A Health Officer designation may be revoked at any time at the sole discretion of the Executive Director of the MHRSB upon written notice to the sponsoring agency. A designation as a Health Officer shall automatically expire if the designee terminates employment with the sponsoring agency unless transfer status within the system is endorsed by the receiving agency's executive director; all required information and training must be current and the application approved by MHRSB. It is the responsibility of the sponsoring agency's clinical or executive director to notify the MHRSB of any Health Officers who terminate employment.

8) Any complaints or grievances pertaining to a Health Officer's performance of duties shall be handled as follows:

   a) The sponsoring agency shall conduct a thorough investigation and prepare a written report of the complaint or grievance. The written report of the investigation and its findings along with any action taken by the agency shall be submitted to the MHRSB

Executive Director with a copy to the MHRSB Client Rights Officer for review. Such report shall be submitted within 20 days of the complaint or grievance, and be consistent with the Board's Client Rights and Grievance Policy.

b) The MHRSB requires that any agency that requests an employee be designated as a Health Officer pursuant to this policy shall execute an indemnification agreement with MHRSB that is ongoing, requiring no renewal, and remains in force as long as the agency has currently certified Health Officers.

9) MHRSB requires a quarterly Quality Assurance Report for Health Officers from each sponsoring agency. The report will include: the number of assessments requested; the number of assessments performed; the number of involuntary applications completed; and the final disposition of the clients that were evaluated.

Responsibilities of Health Officers

A person designated as a Health Officer by MHRSB is empowered to evaluate, take into custody, and facilitate transportion to an appropriate facility, persons whom they believe to be mentally ill and who represent a substantial risk of physical harm to himself or others if allowed to remain at liberty. The Health Officer's assessment shall be made in accordance with the emergency involuntary hospitalization criteria set forth in the Ohio Revised Code Section 5122.10. In the event that a Health Officer takes a person into custody for the purpose of emergency examination or treatment, they must:

1) Provide a written statement to the hospital that specifies the circumstances under which said person was taken into custody and the basis for the Health Officer's conclusion that the person is mentally ill, and subject to hospitalization as defined in ORC 5122.01 (B) (1-5). A copy of the written statement must be provided to the respondent or his/her attorney upon the request of either;
2) Make every reasonable and appropriate effort to take persons into custody in the least conspicuous manner possible;
3) Explain to the person being taken into custody that the custody-taking is not a criminal arrest, and that the person is being taken for examination by a mental health professional or psychiatrist to a specified mental health facility identified by name;
4) Take precautions to preserve and safeguard the personal property in the possession of or on the premises occupied by that individual;
5) Abide by the proper code of ethical conduct for licensed mental health professionals and protect the client's right to privacy and confidentiality;
6) Maintain current knowledge of O.R.C. 5122.10 (emergency hospitalization) and O.R.C. 5122.29 (patient rights), and the MHRSB's Designation of Health Officers Policy.

Health Officer Advisory Group

1) The MHRSB Executive Director may convene an advisory group as needed. When convened the group will be facilitated by the Director of Programs and Services (or designee); it will be open to all sponsoring agencies. In addition, the Director may recruit hospital staff, consumers, law enforcement, or community stakeholders to serve in the advisory role.

2) The Health Officer Advisory Group should participate in the development and review of a Board approved training for Health Officers.

3) The Health Officer Advisory Group may advise on questionable applications, Health Officer qualifications, community policy regarding Health Officer Activity, or procedural issues that present from time-to-time, or other related topics determined by the MHRSB's Executive Director or by the Group itself.

Approved:

_____ _____

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

B. MHRSB Organizational Chart Update

➢ Client Rights Officer – Part-Time Position

On November 2, 2015, the MHRSB's contracted Client Rights Officer terminated her contract with the MHRSB. Since that time, the MHRSB Client Rights Officer activities have been redistributed to Associate Director, Tim Goyer, with support provided by Amy Priest, Manager of Treatment Services and Karen Olnhausen, Director of Programs & Services.

The FY 2017 MHRSB Administrative Budget provided $26,624 in consultation services to contract with a new Client Rights Officer. Previously, various discussions relative to the nature of this position's duties and responsibilities have resulted in concern relative to the classification of this position as an independent contractor versus an employee. To alleviate these concerns, Board staff recommended to the Governance Committee the creation of a part-time Client Rights Officer position within the MHRSB Organizational Chart. As an employee of the MHRSB, it is further recommended that the Client Rights Officer position be a classified and non-exempt position with an established salary range of $17,000 to $24,000 annually. As a part-time position, the Client Rights Officer would work up to 20-hours per week, or 40-hours per pay period. Subsequently, the Client Rights Officer would not be eligible for health and dental benefits.

The impact on the MHRSB budget for the remainder of FY 2017 and FY 2018 is negligible as the $26,624 previously allocated for consultant services would be redirected to this position, covering the entire cost of the position's salary and taxes. Other related expenses, such as training and transportation, will be absorbed within the MHRSB's current and future administrative budgets without an increase.

A copy of the proposed Client Rights Officer Job Description and a revised MHRSB Organizational Chart is attached.

The following motion is recommended to the Board of Trustees:

> ***The Mental Health and Recovery Services Board of Lucas County approves the addition of a part time (.5fte) Client Rights Officer position with a salary range of $17,000 to $24,000 annually effective November 16, 2016.***

MENTAL HEALTH AND RECOVERY SERVICES BOARD OF LUCAS COUNTY

Position Description

Client Rights Officer **(Part Time)**	**Classified _X_ Unclassified __** **Exempt ___Non-Exempt _X** **Supervises: _0** **Reports To: Director, Programs and Services** **Effective 11/16/2016**

SUMMARY:

The Client Rights Officer serves to ensure that MHRSB is accomplishing its responsibilities in regard to provisions in OAC 5122:2-1-02. This includes monitoring contract agencies to ensure that they are in compliance with OAC 5122-26-18, monitoring and implementing the Board's grievance policy and procedures, addressing client rights complaints, maintaining MHRSB records related to grievances, and summarizing at least annually those records of grievances received and their disposition. Further, the Client Rights Officer serves as MHRSB's primary point of contact to respond to complaints and grievances from individuals who are encountering difficulties in accessing services from contracted providers, or who feel that those providers (or MHRSB) have in some way violated their rights as outlined in OAC.

PRIMARY DUTIES AND RESPONSIBILITIES:

1. Maintain MHRSB's Client Rights and Grievances Policy and Procedures to ensure that the MHRSB Board policy is in compliance with Ohio Administrative Code.

2. Monitor contract agencies to ensure that they are in compliance with Ohio Administrative Code as well as MHRSB contracts.

3. Maintain a current roster of Client Rights Officers at each contract provider.

4. Respond to all calls from consumers who are complaining about access to the system or against providers, or grieving a violation of their rights. Provide information or direct caller to agency CRO.

5. When appropriate, assist client to file grievance against contract providers. Work with both parties to resolve issue or to refer to OMHAS or U.S. Health and Human Services.

6. Maintain appropriate records of all complaints and grievances, including their disposition.

7. Collect all data related to Reportable Incidents and maintain records. Report as necessary.

8. Collect annual reports from contract providers regarding complaints and grievances.

9. Prepare annual summary of complaints and grievances at the MHRSB Board and Provider level.

10. Maintain a regular schedule of office hours in order to be accessible to callers.

11. Other duties as assigned.

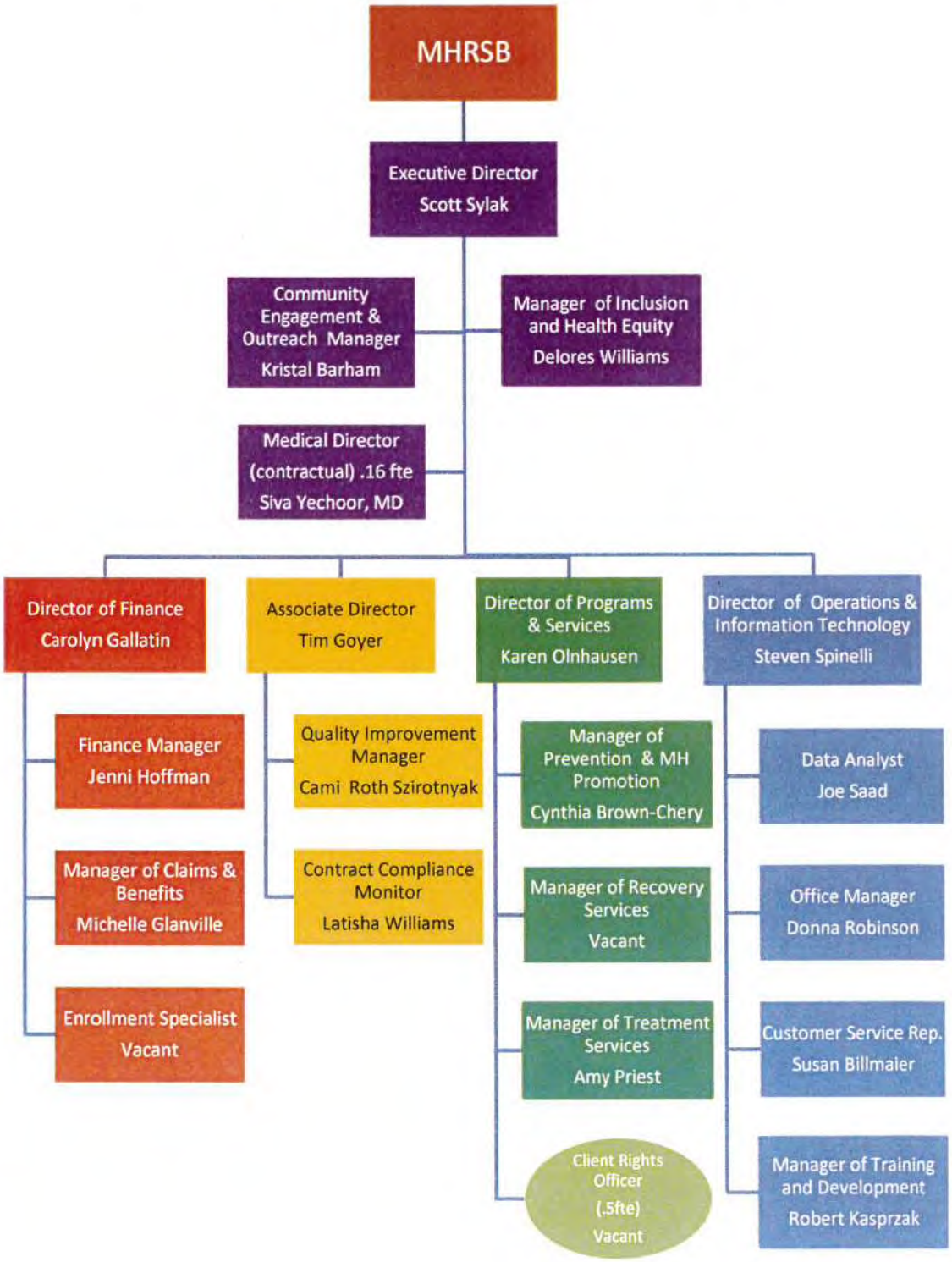
EDUCATION/EXPERIENCE:

The Client Rights Officer must have a minimum of a Bachelor's Degree in a customer service related field. He/she will also have a minimum of three (3) years of experience working in a customer service related position. Training/experience in mediation or negotiation is preferred. The Client Rights Officer will have excellent organizational, listening, and written and verbal communication skills. He/she must be technically proficient in Microsoft Office software including Word, Excel, PowerPoint, etc.

_____ _____
Signature Employee: **Date**

_____ _____
Signature Supervisor **Date**

MHRSB Organizational Chart
Draft November 16, 2016



Planning & Finance Committee Report

The Planning & Finance Committee met for its regularly scheduled meeting on November 8, 2016. There was one agenda item that was an information only item, a report titled: *"Addressing the Heroin/Opiate Epidemic FY 2014 – FY 2016;"* it was presented by Ms. Karen Olnhausen, Director of Programs & Services and Ms. Cynthia Brown-Chery, Manager of Prevention and Mental Health Promotion. This report will be shared with the public, and it is planned that it will be updated annually.

The following items were presented to the Planning & Finance Committee that resulted in action recommended for the Board's consideration as outlined below:

A. Treasurer's Report

- **October 2016 Financial Statements**

Included are the October 2016 financial statements. Also included are the schedules of POS claims, contract vouchers and miscellaneous vouchers already delivered to the Auditor's Disbursements office. Highlights include:

Revenue and Expenditures Statement:

- For the month of October, there was an increase in net assets of $94,278. State of Ohio rollback and homestead levy funds were received in the amount of $1,041,608.
- On a year-to-date basis, total actual revenue is under budget 3% and total actual expenditures are under budget 13%.
- On a year-to-date basis, there was an increase in net assets of $2.986 million.

Balance Sheet:

- Total Assets increased $115,846 as cash increased $217,067, and was partially offset with a decrease in accounts receivable.
- Net Fund balance increased to $17.613 million.

Claims and voucher information for October is as follows:

- Payments of POS claims for October are included for ratification. The total of these payments by agency were:

AGENCY	AOD	MH	TOTAL
FAM SERV NWO	-	523.04	523.04
HARBOR	23,412.93	183,862.80	207,275.73
NEW CONCEPTS	19,407.62	421.75	19,829.37
RENEWED MIND	22,091.19	9,365.35	31,456.54
UNISON BHG	33,489.72	87,667.55	121,157.27
ZEPF	50,769.01	83,974.49	134,743.50
OUT OF COUNTY	-	370.44	370.44
TOTAL	**149,170.47**	**366,185.42**	**515,355.89**

- October Contract vouchers total $433,930.96.

- October Miscellaneous vouchers total $14,127.99.

The following motion was reviewed at the November 8, 2016 Planning & Finance Committee meeting and is recommended to the Board of Trustees:

The Mental Health & Recovery Services Board of Lucas County approves the October 2016 financial statements and the October 2016 voucher schedules of bills as presented in the November 15, 2016 Board meeting packet.

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

	October Actual	July-Oct FYTD Actual	July-Oct FYTD Budget	July-Oct FYTD Budget Variance	FY2017 Annual Budget
Revenue					
Local Levy Revenue	$ 1,041,608	$ 8,695,093	$ 8,483,077	$ 212,017	$ 17,220,231
Federal Grants Revenue	$ -	$ 681,766	$ 1,061,563	$ (379,797)	$ 4,269,614
State Revenue	$ 210,105	$ 479,214	$ 552,227	$ (73,013)	$ 1,876,415
BHJJ/OOD/Misc. Revenue	$ 24,126	$ 51,670	$ 155,628	$ (103,959)	$ 601,626
Total Revenue	$ 1,275,838	$ 9,907,743	$ 10,252,495	$ (344,752)	$ 23,967,886
Expenditures					
Grant Funded Program Expenses	$ 502,639	$ 4,570,473	$ 5,060,758	$ 490,285	$ 17,376,837
MH Non-Medicaid POS Expenses	$ 363,507	$ 768,505	$ 904,789	$ 136,284	$ 3,620,404
AOD Non-Medicaid POS Expenses	$ 163,475	$ 457,257	$ 550,150	$ 92,893	$ 2,205,413
Pass Through Program Expenses	$ 40,536	$ 725,636	$ 947,132	$ 221,497	$ 3,166,678
Board Administration Expenses	$ 111,403	$ 399,357	$ 524,797	$ 125,440	$ 1,805,385
Total Expenditures	$ 1,181,560	$ 6,921,227	$ 7,987,626	$ 1,066,399	$ 28,174,717
Increase/(Decrease) in Net Assets	**$ 94,278**	**$ 2,986,515**	**$ 2,264,869**	**$ 721,647**	**$ (4,206,831)**

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

	Sept 30, 2016 Balance Sheet	October Changes	Oct 31, 2016 Balance Sheet
ASSETS			
Current Assets			
Total Cash	$ 19,728,671	$ 217,067	$ 19,945,739
Accounts Receivable	$ 141,169	$ (101,221)	$ 39,948
TOTAL ASSETS	**$ 19,869,840**	**$ 115,846**	**$ 19,985,686**
LIABILITIES & FUND BALANCES			
Liabilities			
Total Accounts Payable	$ 109,460	$ (10,235)	$ 99,225
Total Accrued Employee Benefits	$ 173,740	$ -	$ 173,740
Total Liabilities	$ 283,200	$ (10,235)	$ 272,965
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
Non-Designated Board Fund Balances	$ 17,486,640	$ 126,081	$ 17,612,721
TOTAL LIABILITIES & FUND BALANCES	**$ 19,869,840**	**$ 115,846**	**$ 19,985,686**

MHRSB OF LUCAS CO.

OCTOBER 2016 EXPENDITURES

PAYMENT DATE	VENDOR	VOUCHER	NET AMOUNT	DESCRIPTION
Contractual Payments:				
10/27/2016	City of Compassion (ARM)	487564	8,952.00	RECOV HOUSING JUL-SEPT
10/13/2016	Family Service Of NW Ohio	485148	20,255.00	FY17 GRANT START-UP COSTS
10/5/2016	Harbor	483739	85,534.50	FY17 GRANT SEPT/OCT
10/5/2016	Harbor	483740	213,344.50	FY17 GRANT JUL/AUG
10/5/2016	Jennifer Tucker	483735	250.00	MHFA TRAINING SEPT
10/26/2016	Jennifer Tucker	487608	100.00	CIT TRAINING SEPT
10/13/2016	Motto Forth LLC	485029	250.00	NALOXONE RFP SEPT
10/26/2016	Motto Forth LLC	487607	2,100.00	RECOV HELPLINE -RADIO ADV
10/5/2016	Neighborhood Properties	483737	1,197.00	ACCESS TO SUCCESS OCT
10/13/2016	RAMA Consulting Group	485032	9,930.00	FAMILY ENGAGEMENT - SEPT
10/26/2016	Siva R. Yechoor	487611	4,500.00	CONTRACT SRV JUL-SEPT
10/13/2016	Thread Information	485146	617.50	RECOV HELPLINE - OUTDOOR ADV
10/26/2016	Thread Information	487605	1,007.99	RECOV HELPLINE - BROADCAST
10/27/2016	Thread Information	487554	13,928.70	RECOV HELPLINE -PRINT ADS
10/27/2016	Thread Information	487557	11,156.90	RECOV HELPLINE -RADIO ADV
10/6/2016	Zepf Center	483738	16,989.70	RECOVERY TO WORK JULY
10/19/2016	Zepf Center	486204	21,468.00	RECOV HOUSING SEPT
10/27/2016	Zepf Center	487566	22,349.17	RECOVERY TO WORK AUG
			433,930.96	
Purchase of Service Payments:				
10/6/2016	Century Health Inc	483743	370.44	CLAIMS WK 9/26/16
10/13/2016	City of Compassion (ARM)	485157	2,262.15	CLAIMS WK 10/3/16
10/19/2016	City of Compassion (ARM)	486206	2,587.00	MAT JULY-SEPT
10/19/2016	City of Compassion (ARM)	486223	6,293.35	VIVITROL JAIL SERVICES JUL-SEPT
10/21/2016	City of Compassion (ARM)	487121	7,005.19	CLAIMS WK 10/11/16
10/26/2016	City of Compassion (ARM)	487602	13,308.85	CLAIMS WK 10/17/16
10/5/2016	Family Service Of NW Ohio	483744	135.00	CLAIMS WK 9/26/16
10/13/2016	Family Service Of NW Ohio	485149	135.00	CLAIMS WK 10/3/16
10/27/2016	Family Service Of NW Ohio	487613	253.04	CLAIMS WK 10/17/16
10/5/2016	Harbor	483761	121,406.75	CLAIMS WKS 7/18-9/12/16
10/5/2016	Harbor	483773	28,560.36	CLAIMS WK 9/16-9/26/16
10/13/2016	Harbor	485150	1,947.98	MAT JULY

Executive Director

MHRSB OF LUCAS CO.
OCTOBER 2016 EXPENDITURES

PAYMENT DATE	VENDOR	VOUCHER	NET AMOUNT	DESCRIPTION
10/13/2016	Harbor	485181	21,728.36	CLAIMS WK 10/3/16
10/19/2016	Harbor	486220	14,366.06	CLAIMS WK 10/11/16
10/27/2016	Harbor	487570	19,266.22	CLAIMS WK 10/17/16
10/13/2016	New Concepts	485152	9,718.27	CLAIMS WK 10/3/16
10/19/2016	New Concepts	486218	10,111.10	CLAIMS WK 10/11/16
10/5/2016	Unison Behavioral	483775	1,167.34	CLAIMS WK 9/26/16
10/13/2016	Unison Behavioral	485159	47,506.19	CLAIMS WK 10/3/16
10/26/2016	Unison Behavioral	487604	67,793.14	CLAIMS WK 10/17/16
10/27/2016	Unison Behavioral	487615	4,690.60	MAT SEPT
10/5/2016	Zepf Center	483776	18,074.22	CLAIMS WK 9/26/16
10/6/2016	Zepf Center	483778	6,910.98	MAT AUG
10/13/2016	Zepf Center	485019	956.17	GAMBLING SERV SEPT
10/13/2016	Zepf Center	485155	28,698.88	CLAIMS WK 10/3/16
10/14/2016	Zepf Center	485021	1,110.00	BAD DEBT SEPT
10/19/2016	Zepf Center	486224	13,692.06	CLAIMS WK 10/11/16
10/27/2016	Zepf Center	487575	65,301.19	CLAIMS WK 10/17/16
			515,355.89	
Miscellaneous Payments:				
10/13/2016	1Matters.org	484980	1,000.00	TENT CITY SPONSORSHIP
10/5/2016	Amy J Priest	483720	55.00	CELL PHONE SEPT
10/27/2016	Amy J Priest	487622	55.00	CELL PHONE OCT
10/5/2016	Camilla Roth-Szirotniak	483726	292.82	TRAVEL REIMB SEPT
10/19/2016	Carolyn Gallatin	486211	55.00	CELL PHONE OCT
10/5/2016	Carolyns Pers. Catering	483733	291.50	MHFA TRAINING SEPT
10/13/2016	Concord III, LLC	484997	200.00	INTERNET FAX SEPT
10/13/2016	Cynthia P. Brown-Chery	485168	71.82	TRAVEL REIMB AUG
10/13/2016	Cynthia P. Brown-Chery	485171	2.16	TRAVEL REIMB JUL
10/13/2016	Cynthia P. Brown-Chery	485173	12.91	TRAVEL REIMB SEPT
10/5/2016	Delores C Williams	483725	809.56	TRAVEL REIMB SEPT
10/13/2016	Delores C Williams	485004	55.00	CELL PHONE OCT
10/6/2016	Enterprise Rent-A-Car	483730	45.28	RENTAL CAR SEPT
10/19/2016	Enterprise Rent-A-Car	486213	92.40	RENTAL CAR SEPT
10/13/2016	Joe Saad	485002	55.00	CELL PHONE SEPT

Executive Director

MHRSB OF LUCAS CO.

OCTOBER 2016 EXPENDITURES

PAYMENT DATE	VENDOR	VOUCHER	NET AMOUNT	DESCRIPTION
10/27/2016	Joe Saad	487626	55.00	CELL PHONE OCT
10/13/2016	Karen Olnhausen	485012	55.00	CELL PHONE OCT
10/19/2016	Keystone Printing	486210	425.00	BROCHURES PRINTING SEPT
10/5/2016	Kristal Barham	483718	55.00	CELL PHONE OCT
10/5/2016	Kristal Barham	483719	55.00	CELL PHONE SEPT
10/13/2016	Kristal Barham	484985	1,437.38	MHFA MANUALS, COMM ENG REIMB
10/6/2016	Kwik Parking	483731	3,600.00	STAFF PARKING OCT-DEC
10/13/2016	Kwik Parking	484981	554.00	GUEST PARKING SEPT
10/13/2016	Laprensa De Toledo	484991	58.00	CLASSIFIED AD OCT
10/19/2016	LEAF Commercial Capital	486215	437.00	COPIER LEASE OCT
10/19/2016	OACBHA	486212	160.00	BH REDESIGN TRAINING NOV
10/6/2016	Office Max Contract	483709	141.73	OFFICE SUPPLIES SEPT
10/13/2016	Office Max Contract	484987	234.60	OFFICE SUPPLIES SEPT
10/13/2016	Office Max Contract	484990	10.78	OFFICE SUPPLIES SEPT
10/6/2016	Ohio Business Machines	483704	107.60	COPIER SUPPLIES SEPT
10/6/2016	Ohio Business Machines	483706	154.50	COPIER OVERAGE SEPT
10/27/2016	Ohio Business Machines	487619	14.50	COPIER SUPPLIES SEPT
10/19/2016	Premier Catering	486214	233.00	TRAINING OCT
10/5/2016	Scott A. Sylak	483721	55.00	CELL PHONE SEPT
10/5/2016	Scott A. Sylak	483722	55.00	CELL PHONE OCT
10/5/2016	Scott A. Sylak	483723	195.04	TRAVEL REIMB JUL-SEPT
10/5/2016	Scott A. Sylak	483724	1,249.14	TRAVEL MHFA TRAINING REIMB
10/5/2016	Skillpath Seminars	483728	199.00	SEMINAR - OCT
10/6/2016	Sprint	483710	42.99	WIRELESS SRV SEPT
10/19/2016	Steve Spinelli	486216	55.00	CELL PHONE OCT
10/13/2016	Telesystem	485000	190.84	WEB HOSTING SEPT
10/13/2016	The Sojourner's Truth	485162	65.00	CLASSIFIED AD OCT
10/13/2016	The Travelers	485017	1,009.00	INSURANCE ANNUAL PREMIUM
10/19/2016	Timothy Goyer	486217	55.00	CELL PHONE OCT
10/13/2016	Toledo Journal	485165	75.44	CLASSIFIED AD OCT
			14,127.99	

963,414.84	GRAND TOTAL OCTOBER

Executive Director

B. Strong Families Safe Communities OMHAS Allocation

In FY 2016, OMHAS allocated $300,000 to a four county consortium (Lucas, Erie, Seneca and Sandusky Family and Children First Councils) for Strong Families, Safe Communities – Helping Ohio's Children and Youth in Crisis. The MHRSB was the fiscal agent for this program. For FY 2017, the original intention was for Lucas County Family Council to be the fiscal agent through the Lucas County Commissions' office for the Strong Families, Safe Communities grant. However, OMHAS was unable to facilitate the change of fiscal agent with the transition to the new grants management system.

OMHAS has awarded a FY 2017 $300,000 allocation to the MHRSB for the continuation of this program into a second year. The MHRSB would be the fiscal agent for this award and would distribute the funding to Lucas, Erie, Seneca, and Sandusky Family and Children First Councils on a reimbursement basis. This award provides funding to reduce out-of-home placements and prevent children/youth and their families from moving into more costly levels of care by providing both wraparound as a coordination process and in-home services to help stabilize the child/youth and family.

There would be no net financial impact on the MHRSB since acting as a fiscal agent for these four counties is similar to other OMHAS' pass-through awards. There is no indication that this funding will be available in future fiscal years.

The following motion was reviewed at the November 8, 2016 Planning & Finance Committee meeting and is recommended to the Board of Trustees:

> ***The Mental Health & Recovery Services Board of Lucas County agrees to act as the Fiscal Agent for the OMHAS $300,000 Strong Families Safe Communities FY 2017 allocation, and authorizes the Executive Director to prepare a Memorandum of Understanding between the MHRS Board and the Lucas, Erie, Seneca and Sandusky Counties' Family and Children First Councils to define the roles and responsibilities of these organizations.***

C. FY 2017 MHRSB Schedules of Subsidies

The FY 2017 MHRSB Mental Health and Alcohol and Other Drugs Schedules of Subsidies were approved at the May 17, 2016 Board meeting with effective dates of July 1, 2016 through December 31, 2016. At that time, it was the MHRSB's intention to implement new rates effective January 1, 2017 based on new finalized Medicaid rates scheduled to be effective January 1, 2017. Since that time, the implementation date for new Medicaid rates is now July 1, 2017. Board staff recommends extending the effective dates of the FY 2017 Schedule of Subsidies for mental health and AOD purchase of services through June 30, 2017 as shown in the included schedules. There has been no change to the schedules other than the effective date to reflect the entire fiscal year of July 1, 2016 through June 30, 2017.

The following motion was reviewed at the November 8, 2016 Planning & Finance Committee meeting and is recommended to the Board of Trustees:

> ***The Mental Health & Recovery Services Board of Lucas County approves the revised FY 2017 Mental Health and Alcohol and Other Drug Services Schedules of Subsidies presented in the November 15, 2016 Board meeting packet.***

MHRS Board Schedule of Eligibility by Income and Family Size
FY 2017

	Base Subsidy		Level A		Level B		Level C	
FAMILY SIZE	MONTHLY FROM	INCOME TO	MONTHLY FROM	INCOME TO	MONTHLY FROM	INCOME TO	MONTHLY FROM	INCOME TO
1	$0	$1,881	$1,882	$2,079	$2,080	$2,277	$2,278	$2,475
2	$0	$2,537	$2,538	$2,804	$2,805	$3,071	$3,072	$3,338
3	$0	$3,192	$3,193	$3,528	$3,529	$3,864	$3,865	$4,200
4	$0	$3,848	$3,849	$4,253	$4,254	$4,658	$4,659	$5,063
5	$0	$4,503	$4,504	$4,977	$4,978	$5,451	$5,452	$5,925
6	$0	$5,159	$5,160	$5,702	$5,703	$6,245	$6,246	$6,788
7	$0	$5,816	$5,817	$6,428	$6,429	$7,040	$7,041	$7,652
8 or more	$0	$6,474	$6,475	$7,156	$7,157	$7,837	$7,838	$8,519

Rider-blank ***Rider A $10*** ***Rider B $15*** ***Rider C $20***

Level A: 190 - 210% of 2016 HHS Poverty Guidelines
Level B: 210 - 230% of 2016 HHS Poverty Guidelines
Level C: 230 - 250% of 2016 HHS Poverty Guidelines

1/23/2016

Mental Health and Recovery Services Board of Lucas County

Alcohol and Other Drug Services

FY 2017 Schedule of Subsidies

FY 2017: Effective July 1, 2016 - June 30, 2017

	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**

* 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.

Mental Health and Recovery Services Board of Lucas County

Mental Health Services

Schedule of Subsidies

FY 2017: Effective July 1, 2016 - June 30, 2017

	Base	Level A	Level B	Level C
100% Subsidized Services				
Partial Hospitalization	$116.81	$116.81	$116.81	$116.81
Community Psych Support Tx (Individual)*	$85.32	$85.32	$85.32	$85.32
Community Psych Support Tx (Group)*	$39.24	$39.24	$39.24	$39.24
Partially Subsidized Services				
Pharmacological Management	$210.87	$200.87	$195.87	$190.87
Mental Health Assessment (non-physician)	$129.99	$119.99	$114.99	$109.99
Mental Health Assessment (physician)	$210.87	$200.87	$195.87	$190.87
BH Counseling and Therapy (Individual)*	$90.00	$80.00	$75.00	$70.00
BH Counseling and Therapy (Group)*	$39.48	$29.48	$24.48	$19.48
Crisis Intervention BH Service	$154.35	$144.35	$139.35	$134.35
Client co-payment	**$0.00**	**$10.00**	**$15.00**	**$20.00**

* 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.

D. Addiction Treatment Program (ATP)

The OMHAS allocated $408,240 to the MHRSB for a new program for FY 2017, the Addiction Treatment Program (ATP). The ATP Program will provide funding for addiction treatment services and recovery supports for clients who are enrolled in a certified drug court, and have an opioid and/or alcohol use disorder. The client must also be deemed eligible for Medication Assisted Treatment (MAT). Common recovery supports might include, but are not limited to, housing, transportation, childcare, and co-pays for private insurance. OMHAS certified provider agencies who work closely with the Common Pleas Drug Court and/or the Family Drug Court will facilitate accessing necessary treatment and recovery support services. Each ATP client may utilize up to $2,000 per month for treatment and recovery support services with some flexibility between clients amount based on need, with the understanding the average client cost is no more than $2,000 per month. Common Pleas Drug Court and Family Drug Court have chosen A Renewed Mind, TASC of Northwest Ohio, Unison Behavioral Health Group and Zepf Center as provider agencies for FY 2017.

The following motion was reviewed at the November 8, 2016 Planning & Finance Committee meeting and is recommended to the Board of Trustees:

> ***The Mental Health & Recovery Services Board of Lucas County authorizes a pool of funds to be established for FY 2017 in the amount of $408,240 for the provision of the Addiction Treatment Program (ATP) for payment to A Renewed Mind, TASC of Northwest Ohio, Unison Behavioral Health Group, and Zepf Center, and authorizes the Executive Director to enter into Memorandums of Agreement for the FY2017 OMHAS Addiction Treatment Program.***

E. MHRSB Strategic Plan Consultant

In May 2014, the MHRSB approved a two-year Strategic Plan. In April 2016, because of a number of changing environmental factors, the Board approved an extension of that plan until December 31, 2016. In late September 2016, Board staff issued a Request for Proposals (RFP) for a strategic planning consultant to facilitate the updating of the Board's Strategic Plan for the next three years. The request was advertised in The Blade as well as several local newspapers targeting minority communities, on the Board's website, to Ohio Certified MBE vendors who listed strategic planning as a service, and with trade associations in order to cast as wide a net as possible in search of quality proposals. Respondents were asked to submit a description of their project (three pages maximum), a budget, demonstration of their agency's experience/expertise, and samples of work similar to what was being requested.

There were seven responses; however, one was not reviewed because the project narrative was well over the maximum of three pages. Of the six proposals that met the minimum qualifications, two were from Toledo, two from Columbus, one from Akron, and one from North Carolina. Two of the six identified themselves as Ohio Certified MBE agencies. The average cost of the six proposals was $29,229, with a range from $6,880 to $52,800. The proposals were reviewed independently by a team of four Board staff members who considered the respondents' understanding of the Board and its mission, their project approach, their experience/expertise, demonstrated past successes, and

budget development. After scoring the proposals individually, the team met to discuss their comparative strengths and weaknesses, and arrived at a consolidated score for each proposal.

The review team reached consensus that Evident Analytics, LLC., a firm from Angiers, North Carolina provided the proposal that offered the option that best fit the MHRSB's needs. The agency's cost proposal of $26,690 (including travel) was 9% below the average cost of scored submissions. Their proposal was creative and insightful, they provided good examples of their work, and the caliber of the facilitators was high. Evident Analytics' proposal includes gathering information from community stakeholders through key informant interviews, focus groups, surveys, etc., as well as leading our planning process. Their proposal includes a two-day leadership retreat which the Board needs to decide if it will accommodate.

The proposal was reviewed at the November 8, 2016 Planning & Finance Committee meeting. At that time, staff had been unable to secure responses from the references submitted by Evident Analytics, LLC. While the P&F Committee was supportive of the recommendation, they did not want to move forward until those references were checked. Subsequent to the November 8, 2016 P&F Committee meeting, staff received very positive feedback from all four of the references.

The following motion is recommended to the Board of Trustees:

> ***The Mental Health & Recovery Services Board of Lucas County approves a contract for $26,690 with Evident Analytics, LLC for the purchase of consulting services to guide the Board's strategic planning process, resulting in the development of a three-year Strategic Plan. The Board authorizes its Executive Director to enter into an agreement with Evident Analytics, LLC; the purchase will be funded from the Board's Administrative Budget.***

F. Health Officer Appointments

System Health Officer Candidates are reviewed and approved based on criteria established in the MHRSB Designation of Health Officers Policy, 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 applications for two (2) new candidates. The Committee reviewed documentation to verify that the individuals being considered have the required licensure or certifications, experience in the field, and trainings as required by MHRSB policy. The individuals listed in the motion below have met the requirements for designation as a System Health Officer.

The following motion was reviewed at the November 8, 2016 Planning & Finance Committee meeting and is recommended to the Board of Trustees:

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

For New Designation:
Victoria A. Daniel, LPCC – Harbor – not to exceed November 30, 2018
Margaret A. Dezanett, MSW, LSW – Zepf – not to exceed November 30, 2018

MHRSB Board Attendance
November 2015 - October 2016
Total Membership

Board Members	Nov 17	Dec 12	Jan. 19	Feb 16	Mar 15	Apr 19	May 17	June 21	July	August	Sept	Oct	% mtgs Attended
STATE			No Mtg						No Mtg				
Scott D. Johnson	0	1		1	0	1	1	1	Term Ended 6/30/16				71%
Robin Reeves	0	0		1	0	1	0	1		1	1	1	60%
Tony Pfeiffer	1	1		1	1	1	1	1		0	1	1	90%
Carol Ann Allen	Sworn in 5/17/16						1	1		1	1	1	100%
Linda Howe	1	1		1	1	1	1	1		1	1	0	90%
Andre Tiggs	1	0		1	0	1	1	0		1	1	1	70%
Marcia Silverman				Sworn in 8/16/16						1	1	1	100%
Andrea Mendoza Loch	1	1		1	1	0	1	1		1	1	1	90%
Dr. Tim Valko	1	1		0	1	1	1	0		1	1	1	80%
COUNTY													
Linda Alvarado-Arce	1	1		1	1	1	1	1		1	1	1	100%
Neema Bell	1	1		1	1	1	1	1		1	1	1	100%
Pastor Earley	0	1		1	0	1	1	1		0	1	0	60%
Dr. Mary Gombash	1	1		1	1	1	1	0		1	1	1	90%
Lynn Olman	1	1		0	0	0	1	1		0	1	1	60%
Chief George Kral	Sworn in 3/15/16				1	1	0	0		1	0	0	43%
Dr. Lois Ventura	1	1		1	1	1	1	1		1	1	1	100%
Pastor Perryman	0	0		0	1	1	1	1		1	1	1	70%
William Sanford	1	1		1	1	0	0	1		1	1	1	80%
James Stengle				Sworn in 8/16/16						1	1	1	100%
Audrey Weis-Maag	1	1		1	1	0	1	1	Term Ended 6/30/16				86%
Attendance for Month Includes Previous Members	12	13		13	12	13	15	14		15	17	15	
Total Membership	16	16	16	16	17	17	18	18		18	18	18	
Monthly Membership Attendance Percentage	75%	81%		81%	71%	76%	83%	78%		83%	94%	83%	
OVERALL AVERAGE ATTENDANCE													81%

Trustee/Term Expiration - June 30	Nov-15			Dec-15				Jan-16				Feb-16				Mar-16				Apr-16			
	P&S	Comb P&F / Gov	B	P&S No Mtg	P&F	Gov No Mtg	B	P&S	P&F No Mtg	Gov Mtg	B No Mtg	P&S No Mtg	P&F	Gov	B	Comb P&F/ P&S	Gov	B	P&S	P&F	Gov	B	P&S
ALLEN (2021)																							
ALVARADO-ARCE (2018)	0	1	1		1		1	0		1			1	1	1	0	1	1	0	1	1	1	0
BELL (2018)	0	1	1		0		1	0		1			0	1	1	0	1	1	0	0	1	1	0
EARLEY (2016)	0	0	0		1		1	0		1			1	0	1	1	0	0	0	1	0	1	0
GOMBASH (2017)	1	0	1		0		1	0		0			0	0	1	1	0	1	1	0	0	1	1
HOWE (2018)	0	1	1		0		1	0		1			0	1	1	0	1	1	0	0	1	1	0
JOHNSON (2016)	1	1	0		0		1	1		0			0	0	1	1	0	0	1	0	0	1	0
KRAL (2020)	Sworn in 3/15/16																	1	0	1	0	1	0
MENDOZA-LOCH (2016)			1		0		1	1		1			0	0	1	0	0	1	1	0	0	0	0
OLMAN (2017)	0	1	1		0		1	0		0			1	0	0	0	0	0	0	0	0	0	0
PERRYMAN (2018)	1	0	0		0		0	1		1			0	0	0	0	1	1	1	0	1	1	0
PFEIFFER (2017)	1	1	1		0		1	0		1			1	1	1	1	1	1	1	0	0	1	1
REEVES (2018)	0	0	0		0		0	0		0			0	0	1	1	0	0	1	0	0	1	1
SANFORD (2018)	0	1	1		1		1	0		0			1	0	1	1	0	1	1	0	0	0	0
SILVERMAN (2020)	Sworn in 8/16/16																						
STENGLE (2020)	Sworn in 8/16/16																						
TIGGS (2018)	1	1	1		0		0	1		1			0	1	1	1	0	0	1	0	1	1	1
VALKO (2018)	0	0	1		1		1	0		1			1	1	0	1	0	1	0	1	1	1	1
VENTURA (2017)	1	0	1		0		1	1		0			0	0	1	1	0	1	0	0	0	1	1
WEIS-MAAG (2016)	0	1	1		1		1	1		1			1	1	1	1	1	1	0	1	0	0	0
Total Attendees	6	9	12		5		13	6		10			7	7	13	10	6	12	8	5	6	13	6
Member Attendees	5	8	12		4		13	5		8			5	7	13	10	6	12	7	5	6	13	5
No. of Committee Members	7	11	16		5		16	8		9			5	9	16	14	9	17	8	7	9	17	8
% Attendance of Com. Members	71%	73%	75%		80%		81%	63%		89%			100%	78%	81%	71%	67%	71%	88%	71%	67%	76%	63%

1	Attended
0	Didn't attend, not required
0	Didn't attend, required

Trustee/Term Expiration - June 30	May-16				Jun-16			Jul-16				Aug-16				Sep-16				Oct-16		
	P&F	Gov	B	P&S No Mtg	Comb P&F/ P&S	Gov	B	Gov No Mtg	P&F No Mtg	B No Mtg	P&S	Gov	P&F	B	P&S	Gov No Mtg	P&F	B	P&S	Comb P&F/ Gov	B	P&S No Mtg
ALLEN (2021)					0	0	1				1		0	1	1		0	1	1	0	1	
ALVARADO-ARCE (2018)	1	1	1		0	1	1				0		1	1	0		1	1	0	1	1	
BELL (2018)	0	1	1		0	1	1				0		0	1	0		0	1	0	1	1	
EARLEY (2016)	1	0	1		0	0	1				0		0	0	0		0	1	0	0	0	
GOMBASH (2017)	0	0	1		1	0	0				1		1	1	1		1	1	0	1	1	
HOWE (2018)	0	1	1		0	1	1				0		0	1	0		0	1	0	0	0	
JOHNSON (2016)	0	0	1		1	0	1				Term Ended 6/30/16											
KRAL (2020)	0	0	0		0	0	0				0		1	1	0		0	0	0	0	0	
MENDOZA-LOCH (2016)	0	0	1		0	0	1				0		0	1	1		0	1	1	0	1	
OLMAN (2017)	1	1	1		1	1	1				0		1	0	0		1	1	0	1	1	
PERRYMAN (2018)	0	1	1		1	0	1				1		0	1	0		0	1	1	0	1	
PFEIFFER (2017)	1	1	1		1	1	1				0		0	0	1		0	1	1	1	1	
REEVES (2018)	0	0	0		0	0	1				1		0	1	0		0	1	1	0	1	
SANFORD (2018)	0	0	0		1	0	1				0		1	1	0		1	1	0	1	1	
SILVERMAN (2020)														1	1		0	1	1	0	1	
STENGLE (2020)														1	0		1	1	0	0	1	
TIGGS (2018)	0	1	1		0	1	0				1		0	1	1		0	1	0	0	1	
VALKO (2018)	1	1	1		0	0	0				0		0	1	0		1	1	0	1	1	
VENTURA (2017)	0	0	1		1	0	1				1		0	1	0		0	1	1	0	1	
WEIS-MAAG (2016)	1	1	1		1	1	1	Term Ended 6/30/16														
Total Attendees	6	9	15		8	7	14				6		5	15	6		6	17		7	15	
Member Attendees	5	9	15		8	7	14				6		4	15	5		6	17		7	15	
No. of Committee Members	7	9	18		16	9	18				8		6	18	8		8	18		13	18	
% Attendance of Com. Members	71%	100%	83%		50%	78%	78%				75%		67%	83%	63%		75%	94%		54%	83%	

1	Attended
0	Didn't attend, not required
0	Didn't attend, required