

Program Committee Meeting

Meeting date: Monday, October 17, 2022

Meeting time: 5:08pm – 6:47pm

Meeting location: 2 Oak Street, Norwalk

Recorder: Cari Williamson

Committee Members Present:

X	Katie Chieda		Lenora Minor - excused
	Amber Boldman, Committee Chair - excused	X	Laura M. Wheeler
X	Julie Landoll, First Vice Chair-5:17pm	X	Silvia Hernandez
X	Erin Bohne		

Board Staff Present:

X	Kristen Cardone, Executive Director		Ashley Morrow, Community Engagement & Resource Manager
X	Cari Williamson, Office & Fiscal Manager		Devin Pollick, Prevention Coordinator

Unfinished business/updates:

- October Meeting
 - Ms. Kristen Cardone shared the monthly presentations are Oriana House and Erie County Detox. Erie Detox requested to present. The Board funds Erie Detox through a regional contract. The Board has begun getting quarterly data from them which is helpful with our data tracking.
 - Ms. Cardone shared the meeting will be on October 25, 2022 at 6:30pm, located at Huron County Job & Family Services.
 - Ms. Cardone shared the Board's Onboarding Committee will give an update on the Onboarding process.
 - Ms. Cardone shared there has been no update from the State regarding Praxis. She followed up with an email and the State has not responded.
 - Board member shared they thought there was something on Facebook about Praxis opening a facility in Norwalk.

Discussion Items:

- FY23 1st Quarter Reports (handout) & Agency updates
 - Ms. Cardone shared Fiscal Year 23 first quarter reports and agency updates
 - Age Exchange
 - No new updates. They do their thing, and they do a very good job. They are great to work with. The program is back in full swing, and all the volunteers are very active.
 - Catholic Charities, Adult Advocacy Services
 - Two weeks ago, Ms. Cardone, Ms. Laura Walker (the new Adult Advocacy coordinator), Mr. Rodney Schuster, and Judge Cardwell had a meeting regarding challenges Catholic Charities are facing and the increased need for guardianship

services. Some challenges are clients with higher needs and severe mental health. Increase of more violent individuals. Their contract pays for 10-12 guardianship cases, right now they have 16. They would like to work closely with the Board and community partners, forming a partnership for more of a wraparound service. Additionally, the Board can provide their staff with self-care and wellness ideas. It was discussed that if additional funding was needed then reach out to Ms. Cardone.

- Catholic Charities receive funding from a lot of different areas. The Board currently funds Adult Advocacy Services \$30,000.
 - They have had to turn people away due to lack of staff. The guardians used to be volunteer positions but now they are being paid.
- Miriam House
 - Continuing to do good job. They seem to have less demand from individuals with substance use concerns because of House of Hope being available to women. They are taking over local housing initiative.
- Huron County Juvenile Court-Family Dependency Court
 - Currently have 6 individuals, they can have up to 10. This number fluctuates as participation is voluntary. The past quarter they brought in one new client. Let's Get Real is actively involved in this service.
- Family Life Counseling (FLC)
 - Current waitlist for Children's Behavioral Health Center is 36. The Shady Lane office is 56. The Willard office is 5.
 - Open positions are in Norwalk a dual-diagnosis Counselor and play therapy Counselor. Also, two school-based clinicians for Bellevue and Willard area.
 - Mobile Response and Stabilization Services (MRSS) is going very well. This is a crisis program that responds to youth in crisis at home or wherever they are. The program launched on 7/1/22 and has provided services to 71 families. There is a meeting Wednesday with FLC & FCRS to clarify details around this service and ensure both agencies understand each of their roles in this service.
 - The school-based services are in in all but three districts in Huron County, they are not in Norwalk, Willard, or Monroeville. Though Monroeville is looking at FCRS and Family Health Services to provide these services
 - Ms. Katie Chieda shared posing a question to the school-based team asking what their challenges are and how can we help to overcome them.
 - The school-based team also handles MRSS. Is this impacting the school-based team?
 - Ms. Laura Wheeler questioned the statement regarding the need to have administrative staff and counselor on call from 10pm to 8am. Ms. Cardone shared the MRSS team has one year to get to being available 24/7 and in order to do so, they will need to have someone on call during those hours.
- Firelands Counseling & Recovery Services (FCRS)
 - Ms. Cardone shared there is nothing major to report.
 - Ms. Cardone shared with the HEALing community study the main conversations have been transportation and housing. One of the things they will be doing is purchasing vehicle per agency. This vehicle will be used to transport individuals to treatment and appointments. Once the grant period is over the agency will be able to keep the vehicle for all behavioral health needs, but at that time the agency

will have to ensure funds to continue to utilize it. FCRS will be meeting with them soon to discuss this further, along with Family Life and Oriana House.

- FCRS has been working closely with Nord Center. Nord Center is the provider for 988 crisis hotline line. There have been challenges with 988 such as not answering calls in a timely manner and dropped calls. Nord Center is answering calls for 20 counties and do not have the manpower for this number of calls. Usually calls from this area are transferred to Firelands. FCRS will continue with their crisis hotline.
 - Ms. Wheeler shared information regarding a client who needed FCRS services but was homeless. They would not schedule an appointment because of not having an address. Ms. Cardone will follow up on this.
- Let's Get Real (LGR)
 - Ms. Cardone shared they have served 158 clients this quarter. They are having staffing issues, which is an ongoing challenge. Hiring the right person for Recovery Ride has been a challenge. Jail services are going well, and we are seeing increase in jail services because of Adult Wraparound program.
 - Sarah Newland is the office coordinator.
- OhioGuidestone
 - Ms. Cardone shared they did not submit report. They provide Early Childhood Mental Health for Huron County. The person overseeing Huron County has only been there for a month.
- NOBARS
 - Ms. Cardone shared this is the court piece of Oriana House. They are continuing to operate but referrals are down.
- Oriana House
 - Ms. Cardone shared they have started to provide treatment and services at the Huron County Jail for substance use.
 - They are looking for new location. Currently they are in the basement of a county building so they cannot provide evening appointments or services due to only having access during county hours.
- Reach Our Youth (ROY)
 - Ms. Cardone shared they continue to do awesome things. There is still a waitlist for children and not enough manpower to train new mentors.
- Family Life Counseling Plan of Correction (Attachment I)
 - Ms. Cardone shared last month there was an issue with FLC not returning calls for a Child Protective Services (CPS) case. Dr. Burggraf submitted a plan of correction unique to CPS and not everyone else. We requested a plan of correction for all potential clients, not just CPS clients. A new plan of correction was submitted and Committee members reviewed plan, voicing no issues with the plan as submitted.
 - The concern is this is the third plan of correction this year. The prior two have shown improvement. There have been improved communications, though House of Hope is having new issues.
 - Board members inquired about when their contract is up. Contracts go through the fiscal year, so through June 2023. There are many steps involved in the Board terminating contracts.

- Board members suggested adding additional language to their next contract addressing areas of improvement, if needed, or potentially reducing the administrative funding.
 - FLC is providing needed services to our community members. Currently there will be no new services funded until other issues have been resolved.
- House of Hope (HOH) Monthly report and updates (Attachment II)
 - Ms. Cardone shared there have been multiple relapses in past 2 months. 4 out of 8 at women's house and 4 out of 12 at men's house. The plan is to bring up on Wednesday's meeting with FLC regarding the HOH. The issue could be the women coming into the house with employment or obtaining employment soon after coming, instead of focusing on sobriety. The Board funds the first six months of rent for residents for them to spend their time on recovery. Ms. Cardone reached out to Ms. Amber Boldman to request a conversation around their relapses and for guidance on how to handle them.
 - Board members suggested having a way to measure their success, going to more meetings a week, and when they do go to work somewhere have it be somewhere that requires drug testing.
- State Opioid Response 3.0 (SOR) funding update
 - Ms. Cardone shared the third year of SOR funding has been released. The State will only be allocating the base amount of funding given the first year \$345,000. Then next year they will be cutting it by 30%.
 - The agencies requested close to \$1 million in funding. Because we are only receiving \$345,000 the Board had to look at what the community states the needs are, according to the community needs assessment and feedback from community partners. These needs are transportation and jail services. The Recovery Ride through Let's Get Real will be fully funded this year, as well as jail services through Oriana House and Let's Get Real. The remaining amount was equally split and offered to Firelands, Family Life and Oriana House.
 - Ms. Cardone shared there is money allocated for SOR Innovations funding. She is requesting a motion allowing the Board to release a Request for Proposal (RFP) to community agencies and other interested collaborators. (Attachment IV & Motion)
 - The State has given the Board just over \$483,000 to fund innovative uses of technology when serving individuals with Opioid Use Disorder and/or Stimulant Use Disorder. Instead of making phone calls offering the funding, Ms. Cardone is requesting the Board release a Request for Proposal (RFP), allowing anyone in the community to apply.
 - Motion: To authorize the Executive Director to release State Opioid Response (SOR) Innovations RFP, as found in Attachment IV, by sending to community agencies and other interested collaborators, local newspapers, and posting on social media and Board's website.
 - No opposition from the Board members.
- December Special Board Meeting (Motion)
 - Ms. Cardone shared due to the length of time it will take to release the RFP and get the applications approved by the State, it will require a very short meeting in December to have the Board approve the requests. She suggested a Special Meeting on December 5, 2022. The Program committee members agreed on time of 4:00pm.
 - Motion: To schedule a Special Meeting of the MHAS Board on Monday, December 5, 2022 at 4pm.
 - Motion: To approve and adopt the Fiscal Year 2023 Calendar of Meetings as shown in Attachment X.

- HB 523 (Attachment III & Motion)
 - Ms. Cardone shared there will be a motion to approve and adopt the House Bill 523 Resolution as shown in Attachment III.
 - Ohio House of Representatives member D.J. Swearingen had proposed changes to the Behavioral Health portion of the House Bill. The original proposed changes were met with push back from Boards throughout the state, OACHBA, and other behavioral health organizations. Ohio Association of County Behavioral Health Authorities (OACHBA) has been working with him to come to a compromise, details of which may be found in Attachment III.
 - Committee members reviewed the proposed changes and Ms. Cardone provided information to Committee members regarding the impact these changes may have on the Board.
 - OACHBA is asking all Boards to support HB 523 and to pass a resolution to show this support.
 - No objections from Program Committee Members
 - Ms. Cardone shared the on the resolution template attached OACHBA has their mission statement at the top, should it be changed to our boards mission?
 - Program Committee Members agreed that is should be our boards mission statement.
- Ms. Chieda shared that as a parent of a child impacted by the most recent tragedy in Willard, as a county we have opportunity to do better for our children. Communication is one of the most impactful tools in handling such situations. Looking at this situation as a parent, she believes a standard approach to the handling of student death no matter the circumstance would better prepare the schools to support our children. Ms. Chieda took the opportunity to meet with Mr. Denny Doughty from Northpoint Educational Service Center on how to improve this response in the future. Ms. Cardone then met with Mr. Doughty to discuss how the Board can assist with this.
 - Ms. Cardone shared a plan was established before COVID-19 that was shared with all the schools in the county regarding how to respond to student suicide deaths. This plan came from another county that had multiple suicides. There was some initial resistance and Ms. Cardone worked with the school counselor crisis team to come to an agreement. Unfortunately, that progress was interrupted by COVID and has not been revisited. Ms. Cardone will work with Mr. Doughty, local schools, and local behavioral health clinicians to develop a plan on how all parties can work together to assist after a crisis in the schools and to create a step-by-step playbook so they are all aware of how the process will be handled.
 - Ms. Silvia Hernandez shared the MHAS banner in the park in Willard was taken down immediately after the incident. She was told that it came down because it was drawing too much attention.
 - Ms. Laura Wheeler shared if you don't talk about what happened, it doesn't make it any less real.
 - Ms. Cardone will keep members updated.

Attachment I

09/14/2022

To: Kristen Cardone, Executive Director, Huron County MHAS Board

Re: Plan of Correction Addendum

Dear Kristen,

Thank you for your careful review of the initial plan of correction. I am glad to respond to your follow-up questions. I did construct the initial plan of correction to address CPS concerns since that was the origin of discussion. I understand that your additional enquiry is more general to other referred clients not linked to CPS. Please know that I am committed to make sure that the plan of correction is fully implemented and maintained moving forward.

1. **For #1, how frequently will the waitlist be assessed? Weekly? Every other week? I am assuming this will be a continuous process.**

Response: The waitlist is formally reviewed and assessed on a weekly basis but as you indicated the process of getting those on and off the list is a continuous process. (Please see attached Waiting list policy and procedures)

2. **What process do you have in place for following up with individuals on the waitlist? As of your last quarterly report, there were 100 people on the waitlist which I am assuming means it will be at least one month before they are seen. I think it would be beneficial to have someone contact them once a week to check in, provide an update on estimated timeline for starting services, etc.**

Response: Our revised policy states the following: "Each location support staff shall contact those on the waitlist at a minimum of once every two weeks or more frequently as indicated by acuity of the client treatment needs."

3. **Additionally on the waitlist, are those individuals provided with other options for services or support options to help them while they wait? I would recommend referring them to our website where they can find contact info for peer support, NAMI, support group schedules, other treatment providers if they are not able to wait, etc.**

Response: Support staff will seek to refer clients on the waiting list to other certified mental health and/or substance abuse agencies in the community when the client's treatment represents an emergent need or concern not conducive to being placed on a waiting list. For those that are placed on the wait

list, they shall be presented with a list of alternative resources such as helpful websites, support groups etc., to sustain them while they wait.

4. **I shared my concern regarding those individuals, not linked with CPS, who did not receive calls back during that time frame. Those individuals would not be on the waitlist as their calls would not have been answered or returned. What is being done to identify who those individuals may be and how will that be handled?**

Response: During established business hours the phone should never go unanswered. We have a phone system that is designed to roll over to other offices when the support staff at the location the client is on the phone or away from their desk. It is apparent that our phone system was not working properly, and, in some instances, there was no answer at all. Also, during a period of the time in question, we were short a support staff person because of attrition. The one support staff person that remained had surgery and was off work. There were some calls that went to voicemail and those calls were left unresponded to for a period of time. Efforts have been made to identify those clients that left voicemail and call them back to respond to their treatment needs. Our IT specialist has been working on our phone system to fix the phone system issues. I have assigned a staff person to call the Norwalk office at random times daily to make sure the phone system is working. We will continue to do that until we are confident that the problem is fixed. We have successfully hired a second support staff person and our other support staff person has recovered from her medical issues and back to work.

5. **Do you have a plan in place to implement a roll-over phone system to ensure calls received during business hours are always answered by someone? For those calls that roll-over to Mansfield, I would recommend saying something along the lines of “the Norwalk office will call you back within X days to schedule an appointment” so they know when they can expect a call. Additionally, once they are added to the waitlist, I would recommend having staff tell them that someone will contact them once a week to provide an update and to check in.**

Response: We do have a roll over phone system that was obviously not working correctly. We also have a phone coverage policy for support staff that directs them to report to the Support Staff Coordinator when they are going to be absent so that the support staff from another site is aware that they will be answering the phone for their site. Because we use a uniform intake form all support staff can take a referral from any client even from a different location. They have been instructed to take down the information and forward it to the location where the client is seeking services. The client is then instructed that someone from that office will be calling them the next business day. The Support Staff and Site Director at the location where the client is seeking services is emailed and texted to inform them of the referral(s) taken so they can make sure it is followed up on the next business day.

Waiting List Procedure

The program support staff shall manage the program waiting list according to the following procedure:

1. When a program waiting list becomes necessary, a list shall be kept that includes the following information:
 - a. Client's name, address and phone number.
 - b. The date the client called for services and was added to the waiting list.
 - c. The referral source and referral source phone number.
 - d. Support staff shall inquire if the person being referred meets the following criteria:
 - (1) Is the referred person a pregnant woman?
 - (2) Is the referred person an intravenous drug user?
 - (3) Does the referred person have a medical or psychiatric emergency?
 - (4) Clients with non-emergency status.
2. Pregnant women, intravenous drug users and clients who present with medical and psychiatric emergencies shall be served first. Persons with non-emergency status shall be served in the order they were placed on the waiting list or according to the urgency of their need.
3. Support staff will inform the client and the referring agency of the approximate time before services will be provided.
4. If the client has emergent needs and services cannot be provided in a timely manner, support staff will work with the client to make necessary referrals to get critical needs addressed.
5. Support staff will review/assess the waiting list on a [weekly basis](#) and:
 - a. Report the total number on the waitlist to the location Site Director who shall
 - b. Report the total number individuals on the wait list, in writing, to the agency Support Staff Coordinator who in turn will forward to the agency Executive Director.
 - c. The Executive Director will work in concert with the location Site Director to address and diminish the waitlist through staff recruitment to meet the referral need for each location.
 - d. Each location support staff shall contact those on the waitlist at a minimum of once every two weeks or more frequently as indicated by acuity of the client treatment needs.
 - e. The support staff, with a properly executed ROI, shall communicate with the referral agency concerning the clients waiting list status.
6. Support staff will seek to refer clients on the waiting list to other certified mental health and/or substance abuse agencies in the community when the client's treatment represents an emergent need or concern not conducive to being placed of a waiting list.
7. For those that are placed on the wait list, they shall be presented with a list of alternative resources such as helpful websites, support groups etc., to sustain them while they wait.
8. As clients are able to receive services, they are removed from the waiting list by the support staff and served in accordance with their need.

Policy Revised: 09/14/2022

Revised by: Steven Burggraf, Executive Director

Attachment II

Women's House of Hope Monthly Report - August


Due by the 15th of each month

- **Number of unique residents served:** 0
- **Resident relapses and how handled:** 2; Per their selected treatment provider, 1 resident's level of care was increased to inpatient programming. She reports she intends to return to the house after completing residential programming. Per their selected treatment provider, 1 resident's level of care was increased to include intensive outpatient treatment.
- **Successful recovery housing graduates to independent living:** 0
- **Resident employment status:** 2
- **Have you made adjustments to the project, and if so, what adjustments have been made and why?** Minor adjustments to P&P regarding work structure upon entry to the house and increased level of care upon relapse were sent to Kristen for approval. Both were approved.
- **How are you linking residents with local community and treatment services as needed?**
 - For residents linked with treatment services, please provide the following information:
 - Number of residents engaged in services at Firelands: 1
 - Number of residents engaged in services at Oriana House: 1
 - Number of residents engaged in services at Family Life: 4
 - Number of residents engaged in services at other agencies: 0
- **How are you evaluating the success of your program?** Are you evaluating outcomes? Please describe your program outcomes. The Board has begun to distribute satisfaction surveys via email. Residents are given the opportunity to express concerns, successes, etc. at the weekly house meeting.
- **Describe a typical day at the Women's House of Hope including scheduled activities and days/times for these activities. What prosocial activities are the women engaging in? How are they spending their days?** Staff ensures women are out of their rooms with beds made by 9am. House chores are from 9am to 10am. Morning Meditation is from 10am to 11am. There is a structured group meeting onsite from 2pm to 3pm. On Thursday's, there is a house meeting from 4pm to 5pm.
- **Please describe successes/challenges/trends:** We are seeing fewer applications coming in. The Project Director has worked with the marketing department to create fliers and pamphlets for the house. We are working on distributing those into the community. The women continue to work well together. They intentionally engage in community and provide support to one another.

House of Hope Statistics 5/25/22 to 6/15/22		
Total Inquiries	Number	Explanation
Huron County Inquiries	1	
Out of County Inquiries	1	Knox Co.
Accepted by HOH	1	
Not Accepted by HOH and Why	0	
Did Not Qualify/Did Not Pursue and Why	0	
Accepted by HOH, Applicant Declined and Why	1	1 requested a call back for phone intake and did not answer/return call when attempt was made
Applicant Accepted, Not yet moved in	0	
Participant Left HOH	0	

Current Participants and county breakdown	6	4 Huron Co.; 2 Lorain Co.
Participants engaged in recovery support meetings	6	

- Provide the following documentation to show the intake process is being followed appropriately for each applicant and to ensure intake process is taking no more than 48 hours from the time application is received:
 - *Please see the attached spreadsheet.*
- Submit list of email addresses for all residents currently residing in the home. Beginning in May, the Board will be sending a monthly survey to residents to gather their feedback regarding the house to help us assess any improvements that need to be made.
 - *Email addresses and ROI's have been provided to the Board.*



09/09/2022

Jessica Dickman, MS-LPCC-S
Women's House of Hope Program Director

Date

Women's House of Hope Monthly Report - September

Due by the 15th of each month

- **Number of unique residents served:** 0
- **Resident relapses and how handled:** 1 (Screen collected on 9/27/22 but did not return from the lab as positive until the beginning of Oct.). House Manager facilitated linkage with residential programming. Resident reports the intent to return upon completion.
- **Successful recovery housing graduates to independent living:** 0
- **Resident employment status:** 4
- **Have you made adjustments to the project, and if so, what adjustments have been made and why?** No
- **How are you linking residents with local community and treatment services as needed?**
 - For residents linked with treatment services, please provide the following information:
 - Number of residents engaged in services at Firelands: 1
 - Number of residents engaged in services at Oriana House: 1
 - Number of residents engaged in services at Family Life: 5
 - Number of residents engaged in services at other agencies: 0
- **How are you evaluating the success of your program?** Are you evaluating outcomes? Please describe your program outcomes. The Board has begun to distribute satisfaction surveys via email. Outcomes Survey's with the Ohio Recovery Housing are completed as scheduled.
- **Describe a typical day at the Women's House of Hope including scheduled activities and days/times for these activities. What prosocial activities are the women engaging in? How are they spending their days?** Staff ensures women are out of their rooms with beds made by 9am. House chores are from 9am to 10am. Morning Meditation is from 10am to 11am. There is a structured group meeting onsite from 2pm to 3pm. On Thursday's, there is a site meeting from 4pm to 5pm.
- **Please describe successes/challenges/trends:** All women are engaged in treatment on some level. Resident relapse has been a challenge for the women who remain in the home.

House of Hope Statistics 5/25/22 to 6/15/22		
Total Inquiries	Number	Explanation
Huron County Inquiries	0	
Out of County Inquiries	3	1 Seneca Co.; 3 Lorain Co.
Accepted by HOH	3	
Not Accepted by HOH and Why	0	
Did Not Qualify/Did Not Pursue and Why	0	
Accepted by HOH, Applicant Declined and Why	2	1 opted for housing in Cleveland; 1 was denied approval from their PO due to location
Applicant Accepted, Not yet moved in	1	Candidate is scheduled to move in in October.
Participant Left HOH	0	
Current Participants and county breakdown	7	5 Huron Co.; 2 Lorain Co.
Participants engaged in recovery support meetings	7	

- Provide the following documentation to show the intake process is being followed appropriately for each applicant and to ensure intake process is taking no more than 48 hours from the time application is received:
 - *Please see the attached spreadsheet.*
- Submit list of email addresses for all residents currently residing in the home. Beginning in May, the Board will be sending a monthly survey to residents to gather their feedback regarding the house to help us assess any improvements that need to be made.
 - *Email addresses and ROI's have been provided to the Board.*

Jessica Dickman MS-LPCC-S

10/13/2022

 Jessica Dickman, MS-LPCC-S
 Women's House of Hope Program Director

 Date

Men's House of Hope Monthly Report - August

Due by the 15th of each month

- **Number of unique residents served:** 0
- **Resident relapses and how handled:** 1; Transported Surest Path to complete a 30-day residential program. His plan is to return to the house upon his completion.
- **Successful recovery housing graduates to independent living:** 1
- **Resident employment status:** 2
- **Have you made adjustments to the project, and if so, what adjustments have been made and why?** No
- **How are you linking residents with local community and treatment services as needed?**

- For residents linked with treatment services, please provide the following information:
 - Number of residents engaged in services at Firelands: 0
 - Number of residents engaged in services at Oriana House: 1
 - Number of residents engaged in services at Family Life: 7
 - Number of residents engaged in services at other agencies: 0
- **How are you evaluating the success of your program?** Are you evaluating outcomes? Please describe your program outcomes. Kevin holds weekly meetings with the men in the house. He was also recently trained on the ORH Outcomes tool. Residents also meet with case management to explore and determine issues/needs.
- **Please describe successes/challenges/trends:** Successes: One resident recently reached 1-year of sobriety. Another resident recently reached 2-years of sobriety.

House of Hope Statistics		
Total Inquiries	Number	Explanation
Huron County Inquiries	1	
Out of County Inquiries	0	
Accepted by HOH	1	
Not Accepted by HOH and Why	0	
Did Not Qualify/Did Not Pursue and Why	0	
Accepted by HOH, Applicant Declined and Why	0	
Applicant Accepted, Not yet moved in	1	1 resident is scheduled to move in Sept. 20 th from residential treatment
Participant Left HOH	1	Successful completion
Current Participants and county breakdown	8	7 Huron Co.; 1 Franklin Co.
Participants engaged in recovery support meetings	8	

- Provide the following documentation to show the intake process is being followed appropriately for each applicant and to ensure intake process is taking no more than 48 hours from the time application is received:
 - *The House Manager is working on the creation and implementation of his spreadsheet.*
- Submit list of email addresses for all residents currently residing in the home. Beginning in May, the Board will be sending a monthly survey to residents to gather their feedback regarding the house to help us assess any improvements that need to be made.
 - *Email addresse have been provided to the Board.*

Jessica Dimpas, LMSW

9/12/2022

Men's House of Hope Monthly Report - September

Due by the 15th of each month

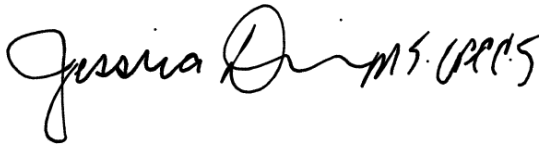
- **Number of unique residents served:** 0
- **Resident relapses and how handled:** 3; 1 Resident was provided linkage to residential treatment. 2 were arrested for violation of probation by their PO.
- **Successful recovery housing graduates to independent living:** 0
- **Resident employment status:** 1
- **Have you made adjustments to the project, and if so, what adjustments have been made and why?** No
- **How are you linking residents with local community and treatment services as needed?**
 - For residents linked with treatment services, please provide the following information:
 - Number of residents engaged in services at Firelands: 0
 - Number of residents engaged in services at Oriana House: 0
 - Number of residents engaged in services at Family Life: 7
 - Number of residents engaged in services at other agencies: 0
- **How are you evaluating the success of your program?** Are you evaluating outcomes? Please describe your program outcomes. Kevin holds weekly meetings with the men in the house. He was also recently trained on the ORH Outcomes tool. Residents also meet with case management to explore and determine issues/needs.
- **Please describe successes/challenges/trends:** Challenges: Staying on course with residents as it relates to fellow residents' relapse. Successes: How residents dealt with relapses as it relates to the training they had with the use of Narcan and house protocol.

House of Hope Statistics		
Total Inquiries	Number	Explanation
Huron County Inquiries	4	
Out of County Inquiries	0	
Accepted by HOH	3	
Not Accepted by HOH and Why	0	
Did Not Qualify/Did Not Pursue and Why	0	
Accepted by HOH, Applicant Declined and Why	1	Resident opted to remain in Sandusky.
Applicant Accepted, Not yet moved in	2	Resident move in date is pending release from CBCF/treatment.
Participant Left HOH	0	
Current Participants and county breakdown	9	9 Huron Co.

Participants engaged in recovery support meetings	9	Meetings are required for all residents.
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- Provide the following documentation to show the intake process is being followed appropriately for each applicant and to ensure intake process is taking no more than 48 hours from the time application is received:
 - *The House Manager is working on the creation and implementation of his spreadsheet.*

- Submit list of email addresses for all residents currently residing in the home. Beginning in May, the Board will be sending a monthly survey to residents to gather their feedback regarding the house to help us assess any improvements that need to be made.
 - *Email addresses have been provided to the Board.*



10/13/2022

Jessica Dickman, MS-LPCC-S
Women's House of Hope Program Director

Date

Attachment III

Summary of Sub. H.B. 523

Proposed Changes to Chapter 340

Withdrawal from Joint-County Boards

- Requires proposed plan for withdrawal from a joint-county board to include proposed bylaws, proposed list of board members, proposed list of services to be made available (including inpatient, outpatient, prevention and housing) provision for employment of an Executive Director and plan for ensuring no disruption in services.
- Requires Director of OhioMHAS to approve the plan within 1 year of the resolution to withdraw.

Board Composition

- Provides for county commissioners to decide board size with options of 9, 12, 14, 15 or 18 members (existing 18 and 14 member boards can change to 15, 12 or 9 members). In a joint-county district, all county commissioners must jointly determine board size.
- Before adopting a resolution to change board size, the county commissioners must send a representative to a meeting of the board to solicit feedback on the matter and must consider the feedback received.
- A change in board size may not occur more frequently than once every four calendar years.
- A decrease in board size will occur by not filling vacancies as they occur.
- No action is required of existing 18 and 14 member boards that will stay with the current number of members.

Appointments

- OhioMHAS appoints 1/3 of members and the commissioners appoint 2/3.
- The appointing authorities must ensure that, at all times, 1/2 of the Board is comprised of persons who are receiving/have received mental health services, persons who are receiving/have received addiction services and the parents or other relatives of persons who are receiving/have received services.
- Newly established boards have staggered terms of 2, 3 and 4 years.
- Removes the prohibition on the family member of a county commissioner being an employee of the board.

Board Members

- After being informed in writing and afforded the opportunity for a public hearing, a board member may be removed by the appointing authority at will.

Contracting

- Removes the 120-day notice requirement in full.
- Requires contracts to include a process for early termination of the contract for any reason that the board determines termination is necessary that also provides a process for the provider to appeal the early termination.
- Adds language stating that a board can use any process it chooses for entering into contracts

(competitive or otherwise).

- Makes the amendments to this section applicable only to contracts entered into, modified, or renewed on or after the effective date of the legislation.

Executive Directors

- Allows for an Executive Director to be removed for cause, contingent upon any contract between the Board and the Executive Director. (current language also allows removal for cause without reference to a contract). A hearing before the board must still be afforded upon request.

Opiate Hub Reporting

- Removes the county opiate hub reporting requirement.

Wait List Reporting

- Repeals the wait list section (340.20) in its entirety.

Data Language

- Requires Boards to implement working agreements with other government programs that provide public benefits for the purpose of coordinating public benefits and improving the administration and management of the government programs.
- Requires OhioMHAS and the Ohio Department of Medicaid to establish requirements and procedures for the provision of Medicaid-recipient data to Boards for the purpose of coordinating public benefits, the administration and management of the programs and ensuring the essential elements of the board's continuum of care is available to recipients of BH services, as appropriate.

Board Input on Provider Certification and Investigations

- Requires Boards to provide input and recommendation to OhioMHAS regarding initial or renewal applications for certification and when provider is being investigated when they have information that would be beneficial to those determinations.

Proposed Change to OhioMHAS Statute

- Eliminates the requirement that OhioMHAS to establish rules applicable to Boards around the waiting list requirement. Does not change provider wait list requirements.

Proposed Change to Medicaid Statute Regarding Board Access to Data

- Excepts the disclosure of Medicaid recipient information made in accordance with the proposed 340 language from the general prohibition on disclosure.

Proposed Changes to Tax levy Statute

- Allows tax levies that were sought by county commissioners under 5705.221 on behalf of a Board to continue to be collected for the benefit of a newly expanded or contracted service district as long as the county remains a part of the district and any renewal or replacement of the levy lists the name of the newly expanded board.
- Provides that when a county withdraws from a joint-county district, a tax levy that was sought by the county commissioners under 5705.221 on behalf of Board, may continue in effect for a newly formed single board or as the county's contribution to a newly joined joint-county district if joined in the tax

year after withdrawal.

- Requires the following when a county withdraws from a joint-county district that levies a tax under section 5705.19 (the section a joint-county board uses to seek a levy on its own) in the tax year that the withdrawal occurs and the board of county commissioners of the withdrawing county adopts a resolution proposing a tax that specifies that the first tax year the tax is to be levied by the board is the tax year after the year the joint-county Board's existing tax expires or is renewed or replaced:
 - the county auditor must certify to the county commissioners that the proposed tax is a renewal, renewal and decrease, or renewal and increase for the purpose of being identified as such in the proposed tax's election notice and ballot language under section 5705.25 of the Revised Code if the collections in the first year the tax is to be levied, calculated using only carryover property in the county as defined in ORC 319.301 of the Revised Code, is equal to, less than, or more than, respectively, the collections of the existing joint-county tax in the county in the last tax year such tax is to be levied in the county.
 - The required auditor's certification must be certified by the county commissioners to the board of elections and the election notice and ballot language must specify that the tax is a renewal, renewal and decrease, or renewal and increase as stated in the auditor's certification.
 - If the tax is approved by electors, the tax must be treated as a tax levied for the first time for the purpose of calculating the reduction under ORC 319.301.

Sub HB 523

What The Proposed Changes Would Mean for Local ADAMH Boards

Board Composition

- The proposed changes to Governing Board composition would mean the following:
 - Existing 14 and 18 member boards can remain at that size and would not have to take any action if there is agreement that this size board works for the community.
 - Prior to making a change in the size of the Governing Board, the County Commissioners or one of their representatives must attend an open board meeting to get input.
 - Fifty percent of the Governing Board members must be family members or persons in recovery, and that both the County Commissioners and OhioMHAS have a responsibility to ensure this.
 - Having individuals with lived experience at the table, providing input and making decisions about their community's mental health and substance use disorder services and supports, is the best way to ensure that local systems of care are both consumer-focused and recovery-oriented.
 - County Commissioners would make 2/3rds of the appointments and OhioMHAS would make 1/3 of the appointments to the Governing Board.
 - The bill would give local communities more input into the structure of ADAMH Boards and their governing Boards.

Contracting

- Chapter 340 currently dictates certain aspects of how ADAMH Boards contract with community behavioral health providers for the provision of services. The bill provides for more local flexibility on these decisions which gives ADAMH Boards the ability to make contracting and procurement decisions in the way that makes the most sense for the local system's needs while making the best use of the federal, state, and local dollars they use to purchase mental health and substance use disorder prevention and treatment services and recovery supports.
- The language removes the present 120-day requirement, but it requires that a due process for early termination be put in place as new contracts are negotiated. (This provision was included by the bill's sponsor, Representative Swearingen, at our request following feedback received during previous advocacy efforts.)
- The changes proposed in the bill would allow Boards to make decisions about the services they purchase with public dollars based on their local assessment of what services are needed and which providers are best

suited to provide quality services. Boards would have greater ability to determine service mix and service providers to ensure that the needs of their communities are being met with quality care. Boards would also be given more latitude to change service mix and service providers when that is in the best interest of the local system of care.

- The bill clarifies that Boards have the right to do an RFP process for contracting if they choose to.
- In the last two contracting cycles, multiple lawsuits have been filed over the interpretation of the 120-day notice language and the ability for a Board to do an RFP. The dollars that ADAMH Boards have spent in defending against the lawsuits are dollars that should have gone to funding behavioral health services and supports.
- The changes in HB 523 bring contracting in line with how the state and other governmental agencies contract.
- Allows contracts to change if and when there is a change in community needs.
- The outdated contracting language and the volume of recent lawsuits have stifled innovation and restrained Boards from making changes that would advance the local systems of care to better serve clients and more effectively utilize public funds as they are concerned about the costs of potential lawsuits that would pull funds from local services.

Data

- Boards are required to plan for the entire local system of care; yet have to do it without a complete picture of the services provide in the local system because they are unable to access Medicaid data.
- Boards are HIPAA-covered health plans and have been responsible for the privacy and security of client personal health information (PHI) since the implementation of HIPAA.
- The bill provides for the much-needed exchange of health information among public benefit systems. Currently, Ohio's Medicaid and public behavioral health systems, which both provide public benefits to the same or similar population, do not exchange recipient information with one another. Many other states have legislation or policies in place that provide for the exchange of health information between their Medicaid and public behavioral health systems. There is also a national movement underway for providing health systems with better access to data and enhanced data-sharing to improve the provision of health care and outcomes for persons receiving health care.
- The bill would require the two systems to share data with one another which will allow for coordination and improvement of the public benefit programs but will most importantly enable ADAMH Boards to ensure that the essential elements of their local continuums of care are available to persons seeking or receiving addiction or mental health services, even if they are receiving those service from the Medicaid program.

Certification

- Language in the bill would require that Boards to be in the loop for a certification, re-certification and/or when there is an investigation.
- All too often new providers come into the county and a Board doesn't know until the Board hears a concern.
- ADAMH Boards are in the best position to have information about the service providers operating in their local communities that may be of help with OhioMHAS' certification and investigation processes
- Boards are on the ground in the local community, they know when there are problems and when they need to be addressed.

Template Resolution – Please Edit to Meet Your Needs

(Insert Logo Here)

RESOLUTION: The (Insert Organization Name) calls on the Ohio General Assembly to pass House Bill 523 to make needed changes to Ohio Revised Code Chapter 340.

WHEREAS, the members of the (insert organization name) are committed to assuring that residents of every Ohio community live healthier lives through access to high-quality, cost effective and comprehensive mental health, and addiction prevention, treatment, and recovery support services (note: This is the OACBHA mission. You are welcome to use it or put your mission here.) (Ensuring access to mental health and addiction services and resources for prevention, treatment, and recovery supports while educating and advocating for all community members.) ; and

WHEREAS, Ohio Revised Code Chapter 340 is the authorizing statute for Ohio’s Alcohol, Drug Addiction, and Mental Health Boards that empowers ADAMH Boards to assess, plan, develop, fund, administer, and evaluate the local system of mental health and addiction services, ensuring the provision of high quality, cost-effective, and culturally-appropriate services and supports; and

WHEREAS, local ADAMH Boards, who do not provide services, have a statutory requirement to ensure a local continuum of care through contracts with agencies; and

WHEREAS, Ohio is experiencing an increasing incidence of overdose and suicide deaths and the demand for treatment and support services continues to grow, the members of (insert organization name) have determined that there is a critical need for modernization of Chapter 340; and

WHEREAS, Boards are uniquely positioned to rapidly identify changing community needs, respond to crisis situations, and serve as a catalyst for change; and

WHEREAS, HB 523 will modernize governing board appointments, revise board contracting authority, allow for the exchange of Medicaid recipient data, and provide for consideration of additional information related to the certification of providers.

THEREFORE, BE IT RESOLVED the members of the (insert organization name) respectfully request that the Ohio General Assembly support Ohioans impacted by mental illness and substance use disorders by expeditiously passing HB 523 to modernize Chapter 340.

Ratified on the (insert day) day of (insert month), Two Thousand and Twenty-Two.

(Insert Leadership Name, Title)

Attachment IV

HURON COUNTY



**BOARD OF MENTAL
HEALTH & ADDICTION
SERVICES**

2 Oak Street · Norwalk, Ohio 44857
Phone: 419.681.6268 · Fax: 567.743.7132
www.hcbmhas.org

**STATE OPIOID RESPONSE INNOVATIONS
REQUEST FOR PROPOSAL (RFP)**

Revised 10.13.2022

Issue Date	October 25, 2022
Deadline for Submissions	November 23, 2022
Technical Assistance The Board will respond to written questions only. Questions may only be posed through email at director@huroncountymhas.org . All questions and responses will be distributed to all applicants. Questions must be submitted by <u>November 15, 2022 @ 4:00 pm</u> . Any question submitted after this deadline will not be issued a reply.	Kristen Cardone, LPCC-S, LICDC Executive Director Email: director@huroncountymhas.org
Presentations (if requested)	TBD
Final Award Acceptance (tentative)	Meeting of the HCBMHAS Board December 5, 2022

I. Background

The Huron County Board of Mental Health and Addiction Services (HCBMHAS) is a public agency organized under Chapter 340 of the Ohio Revised Code and created to establish a unified system of behavioral health care for Huron County citizens. The Board seeks to provide citizens of Huron County with services of the highest quality in a cost-effective manner and in a manner that promotes continuity of care.

The primary duties of the Board include the following:

- Planning (needs assessment)
- Setting system goals and priorities
- Contracting services with certified providers
- Monitoring and coordinating service delivery
- Evaluating service effectiveness and outcomes

II. Program Objectives

1. To provide innovative approaches to integrated care for individuals with opioid or stimulant use/misuse disorder.

III. Scope of Service

HCBMHAS seeks applications from organizations to expand the utilization of technology to manage co-occurring substance use disorders (SUD) and mental health conditions. This will include the use of web applications, medical devices, and technology that assists with coordinating activities of state agencies and local county systems through an integrated approach to multi-system needs. Innovative technology will especially assist those with co-occurring disorders through partnerships with community behavioral health agencies and ongoing connection to telehealth and recovery support services including housing, MAT, peer recovery supports and vocational programs. Attention to services and supports which address improving the social determinants of health are important areas of focus for community partners.

Total funding allocated for accepted proposals will be made available up to \$483,210.00 for SFY 2023. This funding must comply with State Opioid Response (SOR) guidelines as detailed in Attachment 3.

IV. Requirements for Applicants

a. General

The project must expand the utilization of technology to manage co-occurring SUD and mental health conditions and must align with the Scope of Service detailed above.

b. Contract for Accepted Proposals

A specific contract for State Opioid Response Innovations projects funded by the Board will be required for all programs who are awarded funding. This contract will stand alone and be one time funding. Providers with existing Board contracts will be required to have this additional contract specific to the State Opioid Response Innovations project.

c. Reporting Requirements

Additionally, all accepted programs will be required to submit an annual report to the Board detailing utilization of funding.

V. Review Criteria

a. Considerations

Members of the Huron County Board of Mental Health and Addiction Services will review submitted responses. Responses that do not conform to the requirements of the application, do not address the criteria of the program, or are submitted late will be returned without comment. Proposals will be evaluated on the basis of the following criteria:

- The Board will consider the structure of the project, anticipated number served, and potential community impact of the project.
- The Board will also consider the responsiveness of the proposal to the description of the required scope of service elements.
- The Board will review proposals with OhioMHAS to ensure projects are approved for funding; OhioMHAS has final approval of all proposals.
- The Board reserves the right to allocate funding to some, none or all of the applicants.

- The Board reserves the right to negotiate with any or all applicants and thereafter alter any terms of the proposal submitted by the applicants with whom negotiations have been undertaken.

b. Evaluation & Scoring

The Huron County Board of Mental Health and Addiction Services will review and evaluate all proposals. Board staff will assist Board members by reviewing all proposals and provide content summaries highlighting areas of focus for Board members including relevant questions for applicant during RFP presentations (if requested) and review. A standard evaluation scoring grid (Attachment 2) will be used offering a maximum score of 105 points. RFP applicants may be asked to present their proposal and address any questions from the members of the Board.

VI. Responses shall include the following information

- Coversheet** – Agency Contact Information, Total Funding Request & Certifications, if applicable (Attachment 1)
- Abstract** – provide a brief, no more than a two (2) page description of the project(s). Include how project will serve special population groups, improve social determinants of health, anticipated number served, and potential community impact. Clearly explain how the project aligns with Scope of Service.
- Elements to be Included in the Proposal**
 - Your Customer
Describe who you are targeting with these program(s) and service(s). Define the characteristics of the population.
 - Your Service
Describe your proposed project, mission and key policies, its key features and its comparative advantages over other approaches to achieve similar outcomes.

Highlight any aspects of the proposal that are innovative and that describe integrated best practices.
 - Performance Targets/Outcomes
Define the specific client-focused performance targets/outcomes you are committed to achieving. Describe the methods you will use to verify that your performance targets/outcomes were achieved.
 - Collaboration & Partnerships
Describe how the provider will network with organizations within the Board’s provider system and any other key community stakeholders.
 - Organizational Supports
List specific financial, physical, staff and other resources that the provider will contribute to the program(s) and/or service(s) to help achieve the intended target outcome(s).
 - Implementation Plan & Timelines
How will the provider put what has been proposed into place? Describe the timeline for the implementation of the project(s) from the date of the award.
 - Accountability

A condition for consideration for an award is that the applicant, a) on the date of the award, is not delinquent with the submission of any required fiscal reports, reconciliations, governance and/or informational reports required under any prior agreements with the Board; and b) include an affirmative statement that the applicant will perform all fiscal and compliance audits; promptly submit claims and service invoices; and comply with contracted reporting guidelines.

e. **Budget**

Provide a detailed budget for the program(s) described in this proposal. Please include the following:

- Project Budget
 - Include all estimated expenses, detail revenue (if applicable) and expenses.
- Financial Audit Statements, if applicable

VII. Application Process

The Board may provide answers to written questions, submitted prior to November 15, 2022 at 4:00 pm. Any responses to the written questions will be disseminated to all interested entities who have indicated a desire to receive them by written notice given to the Board.

Proposals are to be in a PDF document and titled in the following format: "SOR Innovations RFP Proposal-Agency Name- FY2023".

Proposals must be received **no later than 4:00 PM, November 23, 2022**, by email to: director@huroncountymhas.org. The subject heading should follow the same format as the PDF document title and appropriate agency contact information (including designated contact person with phone number, email, and address) should be included in the coversheet of the document as well as the body of the email.

Proposals not submitted according to requirements indicated above may not be reviewed by the Board, pending the discretion of the Executive Director.

If desired by the Board, an RFP Presentation & Review meeting may be scheduled. Final recommendations will be considered at the subsequent Board meeting, December 5, 2022 at 4:00pm. The Board reserves the right to delay decisions on funding if additional information is needed.