



**b. FINANCIAL REPORTS**

Ms. McKivitz presented the “Budget vs Actual Expenditures for Fiscal Year 2016”, covering expenses through January 31, 2016 for the Board. The budget target is 58.3% and the expenses are under budget at 53.3%. She commented that Building Repair/Maintenance increased to 92.6% of expenditures, that will go over budget as we had to replace the furnace on Saturday. There was carbon-monoxide leaking into the building. She commented that later on Ms. Devney will be discussing a budget revision. (copy attached)

Ms. McKivitz then referred to the “Agency Expenditure Report” for In-County Agencies’ Non-Medicaid Expenditures noting that the targets are based on actual provider billing through December. She explained that Tri-County Help Center expenditures are higher than anticipated and staff has met and discussed this with staff at Tri-County Help Center. She also mentioned that Crossroads expenditures are lower than anticipated and they have also met and discussed this with staff at Crossroads Counseling. She then reviewed the “Grants and Other” section for services provided with grant funds and other board supported services. She commented that this is the 3<sup>rd</sup> year for the Strong Families, Safe Communities Grant with the Belmont County Department of Developmental Disabilities. Although not on this particular report, conversations with the Department of Development indicates that this year they will be overspent on their grant allocation. This happened last year and the Board of Developmental Disabilities paid the amount that was over expended. Ms. Devney expressed her concerns that the business partner is slow in what they submit to the Board, making it difficult to determine where expenditures are in relation to allocation. Again this year, the Board of DD wanted to know if the MHR Board would help cover the overspending incurred this year. (copy attached)

Ms. McKivitz commented that we have received a quote for the Board’s building insurance for the year covering the property and the building. She will be reviewing the quote to make sure it covers our updated computer changes and upgrades.

**MANAGEMENT (QUALITY) REPORTS**

**a. HOSPITAL UTILIZATION REPORT**

Mrs. Krusec pointed out the two graphs for the Hospital Bed Days, the bottom graph shows a comparison of FY2016 (blue) and FY2015 (red). The graph shows that in FY2016 the trend in comparison to FY2015 had been going up, that is due in large part to a forensic population in the jail requiring hospitalization. However, it has stabilized in the last month or so. The charts reflect the decreased number for number of bed days (based on a three year average) assigned to the Board for the fiscal year. Thus, since our bed day target has decreased, the percent of increase (over utilization) will be higher. She commented that as you can see for the month of January the average bed days were at 3.94, this is below our target of 5.86 which is also lower in comparison to FY2015. (copy attached)

**b. ACCESS REPORTS**

Mrs. Krusec presented the Access Reports. The agencies will provide the Board with the average number of days an individual has to wait for an appointment for that month. Beginning in January the agencies will be reporting additional information for this report including average number of days between intake and 2<sup>nd</sup> scheduled appointment; average number of days for new adult and youth client to be scheduled

with a psychiatrist; percentage of clients completing their program for recovery supports/residential services that continue with outpatient or another level of care within 7 days. Mrs. Krusec commented that she has had several conversations with the agency providers and they seem to struggle to capture the information needed. She and Ms. Devney feel it may be a lack of electronic records. They plan to meet with the agency directors to discuss this situation. (copies attached)

**c. JAIL SERVICES REPORT**

Mrs. Krusec informed that this grant went into effect August 1, 2016. Southeast and Crossroads Counseling are the providers under contract with for this grant. The intent of the funding project is to increase the amount and type of services offered to the inmates at Belmont County Jail. Behavioral health services are provided within the jail in lieu of transporting to community contract providers. The approach is a multi-disciplinary team including a mental health professional, a substance abuse professional, a community psychiatric supportive team worker and telemedicine for pharmacological services. The entities contracted agreed that the services and supports provided under Contract are to accomplish the following goals and agreed to collect and document all efforts necessary to show the system success. Goals include:

Reduce the percentage of referrals/admissions to Appalachian Behavioral Health coming from Belmont county jail by 10% in FY 2016 and an additional 5% in FY 2017; 90% of inmates initiating a request for services will be accessed for treatment services within one hour of making their request; 90% of jail releases who participated in jail services will be enrolled in Medicaid within 30 days of release; for program participants, 50% or less will be re-incarcerated in the first 6 months following release; 80% of participants released from jail will keep their first follow up appointment; 90% of jail releases who received jail services will remain in engaged in services after release until treatment goals are accomplished; 100% of participants will receive case management upon release; 50% of participants will be enrolled in an education program, vocational program or employed with 3 months of release.

She reviewed the attached report which shows system performance for the first six months of the two-year funding period. Clearly the system is not meeting all performance measures - both in service outcomes and service delivery. Neither Southeast nor Crossroads Counseling is providing enough services to earn their respective contract allocations. Board staff already met with both providers to identify barriers that may be impacting their contract goals. Additional meetings are being scheduled to try to eliminate performance barriers. (copy attached)

**DIRECTOR'S REPORT**

Ms. Devney asked if there were any questions from the written Director's Report that covers many topics and may help prioritize the information that needs to be discussed at the Board meetings.

**a. BUDGET REVISION**

Ms. Devney informed that we will be asking for a budget revision for our Board Operations Budget. Not only has the furnace been an issue, our copier has been acting up and the

electric typewriter broke. She commented that we will be presenting a suggested budget revision. She also commented It is becoming more clear that the MACSIS billing system supported by OhioMHAS will “be retired.” MACSIS (billing) is

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only a small part of the information technology requirements that are now facing mental health and addiction boards. The ability to merge the Medicaid database with the Board funded service database with the client specific clinical data is critical in moving forward. Assuring adequate security measures and meeting HIPAA compliance must be a part of the new way of doing business. She, Wendy and Anita have been reviewing the options that are available. Ms. Devney also added that the Medicaid-re-design is bringing additional demands for the system with new services, codes, rates and system operation. She commented these changes will have significant impact upon local funding decisions and operations and demands for information

**b. STRATEGIC PLAN**

Ms. Devney informed that the Strategic Plan is offered for Board approval. It is offered for Board information and monitoring. She added the Strategic Plan captures the work in the By-Laws review, the SWOT analysis, the ROSC (recovery oriented system of care) assessment, and the needs assessment. There are two documents attached. The first is the Strategic Plan recommended for approval by the Board. The second document is the staff implementation plan to accomplish the strategic directions and strategies identified in the Plan. This Strategic Plan is intended to cover the period January 2016 through December 2018. **IT WAS MOVED BY RANDY PROCTOR TO ADOPT THE BOARD’S STRATEGIC PLAN FOR THE PERIOD CY2016 THROUGH CY2018. MOTION WAS SECONDED BY JOHN SHAVER AND CARRIED UNANIMOUSLY.** (copy attached)

**c. EARLY CHILDHOOD MENTAL HEALTH CONTRACT**

Ms. Devney commented that as announced last month, the BHM Board is part of a state award to the Stark County Board to provide early childhood intervention services in child care centers. The Ohio Department of Mental Health and Addiction Services announced the award officially last week. The allocation includes an amount for Board administrative functions, primarily processing the invoices for billing and payment. She also commented that a request for information was sent to four potential providers. Three providers responded indicating a desire to be considered for the grant and addressing their abilities in meeting the grant requirements. Responses were evaluated independently by Board staff using a pre-agreed evaluation tool. The results were analyzed and discussed with agreement that The Village Network should be offered the contract to meet the terms of this grant. The contract amount shall not exceed \$85,625 for the term February 1, 2016 to June 30, 2017. After discussion, **IT WAS MOVED BY ROGER FRANCIS TO OFFER THE VILLAGE NETWORK A CONTRACT TO PROVIDE MENTAL HEALTH CONSULTATION, MENTAL HEALTH EDUCATION, MENTAL HEALTH INTERVENTIONS, AND BEHAVIORAL SUPPORT TO EARLY CHILDCARE CENTERS AND HEAD START PROGRAMS IN BELMONT, HARRISON AND MONROE COUNTIES. MOTION WAS SECONDED BY THOMAS ZANI AND CARRIED UNANIMOUSLY.**

**d. NEEDS ASSESSMENT**

Ms. Devney explained that the Needs Assessment is completed. Copies were passed around to the Board Members for their review. This document contains a review of demographic information for mental health and addiction services by residents within Belmont, Harrison and Monroe Counties. (copies attached)

**e. ANNUAL BOARD TRAINING SURVEY**

Ms. Devney informed that under 340.02 Board members are required to participate in an annual Board training. Enclosed in the Board Packet is a survey of possible training topics. She asked that everyone please select the topic of most interest (1), followed by your second (2), and then the third choice (3). The required annual training (April) will be on the topic of interest the majority selects.

**APPROVAL OF BOARD POLICIES**

Ms. Devney informed that enclosed in the Board Packet are two policies for review: Board Relationship with Director and Board Member Expectations - Responsibilities. Following discussion: (copies attached)

**a. BOARD RELATIONSHIP WITH DIRECTOR**

**IT WAS MOVED BY ROGER FRANCIS TO APPROVE THE POLICY AND PROCEDURE FOR BOARD RELATIONSHIP WITH DIRECTOR. MOTION WAS SECONDED BY RANDY PROCTOR AND CARRIED UNANIMOUSLY.**

**b. BOARD MEMBER EXPECTATIONS - RESPONSIBILITIES**

**IT WAS MOVED BY THOMAS ZANI TO APPROVE THE POLICY AND PROCEDURE FOR BOARD MEMBER EXPECTATIONS - RESPONSIBILITIES. MOTION WAS SECONDED BY PAULA GINTHER AND CARRIED UNANIMOUSLY.**

**OLD BUSINESS**

There was none.

**NEW BUSINESS**

**a. SCHEDULE JOINT PLANNING & PROGRAM AND BUDGET & FINANCE COMMITTEE MEETING**

Ms. Devney suggested that a Joint Planning & Program and Budget & Finance Committee Meeting to consider the services that are being proposed this year and recommended service design. A view of the Board's financial position in conjunction with needed services should produce a recommendation to the Board. Those members on the Planning and Program Committee are: William E. Frank, Jr., Paula Ginther, Randy Proctor, John Shaver and Tom Zani and those members on the Budget & Finance Committee are: Randy Proctor, Karen Zonker and Roger Francis. Following discussion, it was agreed to have the Joint Planning & Program and Budget & Finance Committee Meeting on Thursday, March 10, 2016, at the MHR Board Office at 6:00 p.m.

**b. CULTURE OF QUALITY SITE VISIT**

Ms. Devney informed that the Association will be here at the MHR Board Office to do their Culture of Quality (Peer Certification Review) on Monday, March 21, 2016 and Tuesday, March 22, 2016. They will need to meet with a Board Member as part of the review. Ms. Devney asked Board Chairperson, Debbie Ruffner to see which day best fits her schedule.

**PUBLIC COMMENT**

There was none.

As there was nothing further to come before the Board, **IT WAS MOVED BY ROGER FRANCIS TO ADJOURN THE MEETING. MOTION WAS SECONDED BY PAULA GINTHER AND CARRIED UNANIMOUSLY.**

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Debbie Ruffner, Chairperson

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Randy Proctor, Vice-Chairperson