

LAKE COUNTY ADAMHS BOARD

Regular Board Meeting

Monday, May 16, 2022

6:00 p.m.

Lake County ADAMHS Board, One Victoria Place, Suite 201, Painesville

Mr. Meinhold called the meeting to order 6:00 p.m.

ROLL CALL:

Members Present: Chair -- Andy Meinhold

Kim Collise	Dave Enzerra
Roberta Kalb	Pam Kurt
Curtis Lau	Julia McGruder
Matt Sabo	Amber Torres Gonzalez
Joanne Zeroske	

Members Excused:

Nancy Brown	Nicole Parker
-------------	---------------

Staff Present:

Kim Fraser, Executive Director
 Jackie Bruner, Director of Business Operations
 Christine Lakomiak, Director of Clinical & Quality
 Kelly Tuttle, Secretary/Receptionist
 Dan Rowles, Behavioral Health Project Manager

Guests:

Damir Pavicic	Bridges	Jonathan Lee	Signature Health
Shayna Jackson	Crossroads Health	Tia Lawrence	Torchlight
Karen McLeod	Extended Housing	Jackie Smith	UH/Lake Health
Angi Daugherty	Family Pride	Lisa Falkenberg	UH/Lake Health
Charles Tong	Lake-Geauga	Doug Kern	Windsor-Laurelwood
Carrie Dotson	Lifeline, Inc.	Andrea Gutka	WomenSafe
Katie Jenkins	NAMI Lake County		

MINUTES OF MEETING:

Ms. Torres Gonzalez moved to accept the minutes of the April 18, 2022, regular Board meeting as mailed. The motion was seconded by Ms. Kurt and the Motion Passed with Mr. Lau and Ms. Kalb abstaining. (22-089)

CORRESPONDENCE:

There was no correspondence.

FINANCIAL REPORT:

Ms. Bruner read the financial report of Board operations for the month of April 2022 as follows:

Beginning Cash Balance	\$7,823,896.88
Plus: Cash Receipts for the Month	\$1,382,458.36
Total to Account For	\$9,206,355.24
Minus: Cash Disbursements for the Month	\$1,399,984.26
Ending Period Adjustments	\$ 0.00
Ending Cash Journal Balance	\$7,806,370.98

Ms. Kalb moved to accept the financial report for the month of April as read. The motion was seconded by Ms. Kurt and the Board voted and the Motion Passed Unanimously. (22-090)

PUBLIC COMMENT ON AGENDA ITEMS & INTRODUCTIONS OF GUESTS:

Guests were welcomed and invited to comment on any agenda items.

EXECUTIVE DIRECTOR'S REPORT:

Ms. Fraser reminded that our Annual Dinner meeting will be held on Monday, June 27th at the American-Croatian Lodge. The final vote for contracts will be held that evening. Please register with Ms. Tuttle.

Ms. Fraser stated that Board staff has been going over Request for Proposals the last two weeks which has been a tremendous amount of work for Ms. Bruner, Ms. Lakomiak and Mr. Rowles.

Ms. Fraser was excited to announce that we have hired a new staff accountant; Milica Radivojevic. Her start date is on May 23rd and she will be a wonderful addition to our group. Sadly, on the other hand, after 17 years with the ADAMHS Board Mr. Markell has decided to retire on June 30th. We are planning a party to be held offsite on that day.

Ms. Fraser presented a power point reviewing who we serve and the goals of the RFP process. Anticipated changes in SFY23 include: additional emphasis on clear measurable outcomes for each program, enhanced quarterly operations meetings to evaluate fiscal/clinical outcomes and utilization of the data dashboard at the Board level to identify trends and address gaps in services.

Ms. Fraser reviewed funding requests for the SFY23 Request for Proposal's as follows:

Bridges (increase) –annualized increase for workforce development.

Catholic Charities (increase) – modest increase in overall funding based on demand in service.

Cleveland Rape Crisis Center (increase) – annualized increase for workforce development

Crossroads Health (increase) – annualized increase for workforce development.

Extended Housing (increase) – modest increase in overall funding based on demand in service and a new permanent support housing program.

Family Pride (new proposal) – Family Pride is based in Geauga County and they are proposing to provide Senior Support homebased services for Lake County residents age 60 and over. The modest request is for \$65,000 as a start to see what the demand is.

Question: Knowing this is gap; was Probate Court and Council on Aging reached out to discuss programming? Yes, Council on Aging and Adult Protective Services are aware. The position equivalent is 1.5 FTE and they will collaborate with the Council on Aging.

Lake-Geauga Recovery Centers (increase) – annualized increase for workforce development.

Lifeline, Inc. (increase) – annualized increase for workforce development.

NAMI of Lake County (increase) – annualized increase for workforce development.

Northcoast Behavioral Healthcare (increase) – operational costs increase in overall funding. They have not asked for an increase in 5 years and manage the most challenging cases.

Signature Health (decrease) – annualized increase for workforce development, addition of the patient navigator program and discontinuation of the wellness program (which is now integrated into other programming).

Torchlight Youth Mentoring (increase) – annualized increase for workforce development and modest increase in overall funding based on demand.

University Hospitals/Lake Health (no change)

Windsor-Laurelwood (no change)

WomenSafe (increase) – modest increase in overall funding based on demand.

We have not received final numbers on federal, state or local dollars. Our overall projected revenue is \$16,105,258. After backing out pass through funding, Board operating expenses, and system-wide operating, the projected net non-Medicaid revenue available for contracting is \$11,589,626 and the requested funding is \$12,646,812. Ms. Fraser stated that if proposals are accepted as presented we would be deficit financing in the amount of \$1,018,692. We may see some changes in these requests in the next month. It would not be unusual for staff to recommend moving forward with deficit financing. We anticipate that some FY2022 contracts will be underspent and we anticipate reconciled dollars. Also, some of the requests for FY2023 are for Purchase of Service which means dollars cannot go out until the service is provided.

Ms. Fraser asked Board members to let her know if they have sufficient information or if they would like to learn more from the providers through the scheduled June Program and Allocation Committee meetings. She asked Board members to reach out to her with any questions and let her know if they want committee meetings to be held. A decision will be made at the end of the month depending on the majority. If a Board member does not feel comfortable voting on a certain contract agency due to personal reasons, they are free to abstain from the vote.

EXECUTIVE COMMITTEE REPORT:

Mr. Meinhold reported that the Executive Committee met prior to the Board meeting and the following items were discussed:

Mr. Meinhold reported that the Executive Committee has discussed the structure of Board committees. Sometimes it is difficult to get a quorum and they have discussed combining the Program and Allocation Committee to form the Operations Committee since each of the committees reviews the same information. He noted that updated by-laws were included in Board packets with the indicated changes to consider when voting at the June Board meeting.

Mr. Meinhold reported that last Thursday Lifeline held their annual awards dinner. The Board was awarded the Community Partnership award and the Community Spirit award. He thanked Ms. Dotson for a great event.

On behalf of the Executive Committee, Mr. Sabo moved that the full Board approve the approve 6 month calendar of Board meetings as presented. The motion was seconded by Ms. Kurt and the Motion Passed Unanimously. (22-091)

On behalf of the Executive Committee, Ms. Kalb moved that the full Board accept the updated Employee Handbook. The motion was seconded by Ms. Zeroske. After discussion the Board voted and the Motion Passed Unanimously. (22-092)

Ms. Fraser stated that to be in compliance with insurance the sexual misconduct policy was updated for liability insurance.

On behalf of the Executive Committee, Ms. Zeroske moved that the full Board increase the SFY2022 Board Operating printing and advertising line item (account #653) by \$17,000. The motion was seconded by Ms. Kalb and the Motion Passed Unanimously. (22-093)

Ms. Fraser noted that cash reserves will cover this request.

On behalf of the Executive Committee, Mr. Enzerra moved that the full Board approve line item adjustments to the SFY2022 Non-Medicaid Crossroads Health contract: increase MH Forensic Program \$50,000; decrease Dual Diagnosis Group \$25,000; decrease Employment Services \$80,000; increase MH Evaluation & Management \$65,000; decrease MH Non-Medicaid Groups \$38,000; decrease MH Peer Support \$18,000; increase Psychotherapy for Crisis \$72,000; decrease MH Respite and Therapeutic Foster Care \$19,000; decrease Transportation Services \$7,000 for a budget neutral line item adjustment. The motion was seconded by Ms. McGruder and the Motion Passed Unanimously. (22-094)

EVALUATION/QUALITY IMPROVEMENT COMMITTEE REPORT:

Ms. Kurt reported that the EQI Committee met on May 9th and the following items were discussed:

Quality Improvement Review of Catholic Charities of Lake County Ms. Currie-Manring presented a power point on Catholic Charities and noted they will be celebrating their 75th anniversary this year.

Catholic Charities provides mental health counseling; a large percentage of which are Spanish speaking. Counseling services include individual, families, couples and group. The agency offers SUD assessments and refers clients to services at other agencies.

Ms. Currie- Manring stated the Minority Outreach Program offers low cost immigration assistance, bilingual counseling services, emergency financial assistance, education groups, case management and social service interventions. They have partnered recently with the Free Clinic to help clients to receive medical services. HOLA, which recently opened in Painesville, provides ongoing case management services and employment where they will also refer clients to.

Ms. Currie-Manring stated that the Families of Promise program provides behavioral health and other supports for children and their caregivers impacted by incarceration, with the goal of preventing generational incarceration and child abuse.

Ms. Lakomiak has reviewed the agency's QI plan. It is in compliance with their certification through OhioMHAS and it is her recommendation that we approve their plan.

On behalf of the Evaluation/Quality Improvement Committee, Ms. Kurt moved to recommend that the full Board accept Catholic Charities Lake County Quality Improvement Plan. Seconded by Ms. Zeroske the Motion Passed Unanimously. (22-095)

Quality Improvement Review of the Cleveland Rape Crisis Center Ms. Martin presented a power point on the Cleveland Rape Crisis Center. Their mission is to support survivors of rape and sexual abuse, promote healing and prevention and advocate for social change.

The Cleveland Rape Crisis Center serves anyone affected by rape or sexual abuse no matter how long ago the assault occurred to women, men, children, loved ones and people of all ages, gender identities and walks of life.

Ms. Martin stated the agency currently provides victim advocacy with help throughout the criminal justice system, information on rights, resources and options and link survivors to services and referral. Soon they will be offering free, confidential, short-term legal representation to victims in Lake, Geauga, Ashtabula and Cuyahoga counties.

The Cleveland Rape Crisis Center provides crisis counseling, short term individual counseling, child and family counseling the office, support sessions, group therapy, 24 hour crisis hotline, hospital and police station support, human trafficking services, professional training and community education and justice system assistance. All services are provided at no cost to the survivor. Ms. Martin noted there was an 10% increase in Lake County in the number of survivors served in therapeutic services from SFY20 to SFY21.

Ms. Martin reported that Cleveland Rape Crisis Center's priority populations include: the Spanish speaking community, LGBTQ+ and hearing impaired. The agency is Safe Zone certified.

Ms. Lakomiak has reviewed the agency's QI plan. It is in compliance with their certification through OhioMHAS and it is her recommendation that we approve their plan.

On behalf of the Evaluation/Quality Improvement Committee, Ms. Kurt moved to recommend that the full Board accept Cleveland Rape Crisis Center's Quality Improvement Plan. Seconded by Ms. Kalb the Motion Passed Unanimously. (22-096)

Quality Improvement Review of Torchlight Youth Mentoring Ms. Lawrence reviewed the mission of Torchlight which is to foster the development of children to reach their highest potential as responsible, caring adaptable adults.

Ms. Lawrence stated that Torchlight's Youth Mentoring assists youth in reaching their highest potential as caring and responsible adults. Programs offered include Community Based (traditional match), After School Program, Foster Care, E-City and COUL Club.

The Community Based program or the traditional match pairs an adult volunteer with a child of the same sex. The wait list currently has 25 kids. Most are males and they don't have as many male volunteers. The COUL Club is for unmatched mentees while they are on the wait list. Volunteers help supervise monthly events.

Ms. Lawrence reported the After School program uses high school volunteers and matches them with younger students one day a week in a supervised setting during the school year. Cross gender matching does occur. The program is offered in various schools in Lake and Ashtabula County.

The Foster care program provides mentors to youth in Foster Care. Volunteers help youth learn life skills and identify resources to promote a path to a successful future. Ms. Lawrence state the E-City entrepreneurship program is available to students at Harvey High School which lasts a semester and course credits are received.

Discussion: Which school districts have the after school program? Willoughby-Eastlake, Perry Elementary, Wickliffe Middle and Ashtabula.

Ms. Lakomiak has reviewed the agency's QI plan. It is in compliance with their certification through OhioMHAS and it is her recommendation that we approve their plan.

On behalf of the Evaluation/Quality Improvement Committee, Ms. Kurt moved to recommend that the full Board accept Torchlight's Quality Improvement Plan. Seconded by Ms. Collise the Motion Passed Unanimously. (22-097)

Quality Improvement Review of WomenSafe Ms. Brant presented a power point highlighting services at WomenSafe. The agency's mission is to provide emergency shelter and support services to survivors of domestic violence throughout Northeast Ohio. Services provided include: 24-hour crisis hotline, emergency shelter, diagnostic assessment, counseling, art therapy, play therapy, CPST, education, outreach and prevention.

WomenSafe's shelter provides state of the art security with a trauma informed care design from entry to exit. The maximum occupancy is 32. It is staffed 24/7 to meet the needs of their survivors. During SFY21 and the first half of SFY22, they provided emergency shelter services to 52 Lake County residents comprising of over 1,857 nights. All services at WomenSafe are elective. All guests have access to transportation, all items needed for daily living, and items needed for reestablishment when transitioning to safe independent living.

Outreach and prevention in SFY21 included: Healthy Relationships, Domestic Violence Task Force and Professional Education (2,070 attendees reached); Lake County Outreach Events (857 individuals reached); and in SFY21 ten schools were involved with "Rock the Purple Ribbon".

Ms. Lakomiak has reviewed the agency's QI plan. It is in compliance with their certification through OhioMHAS and it is her recommendation that we approve their plan.

On behalf of the Evaluation/Quality Improvement Committee, Ms. Kurt moved to recommend that the full Board accept WomenSafe's Quality Improvement Plan. Seconded by Mr. Enzerra the Motion Passed Unanimously. (22-098)

Quality Improvement Review of Lake Health Ms. Smith stated that the Emergency Based Behavioral Health Crisis Intervention Team provides assessments 24/7 to all patients who enter the Lake Health Emergency Departments who are in a behavioral health crisis. The crisis team consists of 20 mental health professionals with experience in crisis intervention, behavioral health and substance abuse treatment.

Last year Lake Health joined University Hospitals Health System. They continue to offer enhanced healthcare services close to home for residents of Lake County.

Ms. Smith stated that accomplishments this year include: they now have two full-time advanced practice providers (nurse practitioners) available to the ED and inpatient units, successful Joint Commission Survey in July 2021, Recertified by OHMAS until 2022 and is the in the 3rd year of initiatives for the Workplace Violence Committee.

Ms. Smith reported that in FY21/22, 96% of patients are seen within in 60 minutes of arrival. 52% have a discharge disposition in less than 180 minutes. 17% are in the ED 12 hours or more. A lot of times it is difficult to find psychiatric beds available at other hospitals. Sometimes a bed cannot be accessed and staff will work with the family and collaborate with provider partners to come up with an outpatient solution.

Ms. Lakomiak advised that she conducted the agency's Contract Compliance Review and found them in full compliance.

On behalf of the Evaluation/Quality Improvement Committee, Ms. Kurt moved to recommend that the full Board accept UH/Lake Health's Quality Improvement Plan. Seconded by Ms. Zeroske the Motion Passed Unanimously. (22-099)

Ms. Lakomiak stated if any Board members are interested in taking a tour of the provider agencies to please let her know and she will make arrangements.

Next Meeting Date: Monday, June 13, 2022 at 5:30 p.m. at the Lake County ADAMHS Board

*As the **PROGRAM COMMITTEE** did not meet since the last full Board meeting, the Board moved on to the next agenda item*

*As the **ALLOCATION COMMITTEE** did not meet since the last full Board meeting, the Board moved on to the next agenda item*

LONG RANGE PLANNING COMMITTEE REPORT:

Ms. Zeroske reported that the Long-Range Planning Committee met on April 25th and the following items were discussed:

Strategic Plan Update Ms. Fraser advised that the Strategic Plan expires at the end of the fiscal year and the committee needs to make a decision on how they would like to move forward with the plan. When the committee met last August, we talked about streamlining goals, continuing to align with ROSC principles, moving some of the goals to established or operational, and identify more opportunities to incorporate data (GOSH & Filemaker). Since bringing on Mr. Rowles, he has helped us with some additional ways to use the GOSH data warehouse and how we can have better oversight of the programs. We also talked about next steps and how do we facilitate the process.

Ms. Fraser reported that a Strategic Plan survey was sent out to 250 constituents including provider agency directors, provider agency staff, Board members, community partners and stakeholders. We received about 50 back so we were able statistically to use the data. Ms. Fraser reviewed the highlights from the survey identifying the following categories:

1. Youth/School – notable progress this fiscal year
 - a. Population with whom we should focus greater attention
2. Outreach/Education – notable progress this fiscal year
 - a. Top priority in next 3-5 years (constant evolution and growth)
3. Substance Use Disorder – notable progress this fiscal year
 - a. Strategic goals that has had the greatest impact (opiate response dollars, additional recovery homes and residential treatment)
4. Seniors – population with whom we should focus greater attention
 - a. Changes occurring impacting future community needs
5. Workforce – new area of focus
 - a. Changes occurring impacting future community needs
6. Digital Media – new are of focus
 - a. Opportunity to share what we have learned
7. First Responders – notable progress this fiscal year

a. Population with whom we should focus greater attention

Noteworthy Additions:

- * Inflation impact – noted as changes occurring impacting future needs
- * Pandemic related challenges – noted as area of progress
- * Suicide prevention – noted as area of impact
- * Future collaborations – all recommendations are entities with which we are connected – how can we strengthen and promote those relationships?
- * Recommendations regarding how we can share what we've learned: include newsletter (our newsletter must not be reaching intended audience), regular meeting of clinical directors, more media outreach.
- * New areas of focus and areas to discontinue – consensus was that we are focusing on the right areas and there is nothing we need to discontinue.
- * Numerous comments regarding ADAMHS responsiveness, flexibility, timeliness of support through the pandemic – how can we ensure this continues?

Ms. Fraser stated Board staff recommendation going forward is to move expanded housing services, expand substance abuse services/detox services, and special populations (Aging, LGBTQ and Youth) to established and operational. And to continue with the following proposed goals:

1. Efficiency, Effectiveness, and Accountability of Behavioral Health System
2. Education, Outreach, Accessibility and Supports
 - a. Includes youth/school based services
 - b. Includes services for first responders
3. Data/Technology
4. Health Equity – Black, Indigenous, People of Color
5. Emerging Issues/Key Areas of Focus (encapsulates what we know is trending today -- current area of focus)
 - a. Workforce
 - b. Services for Seniors

Ms. Fraser noted the proposed goals would be more of guiding principles under which our action steps occur. The first step would be to streamline the strategic plan and the second is that we create a data dashboard. This is very preliminary. We are looking at Power-BI as the tool we use for data analysis. This would allow us to merge GOSH and Filemaker.

Ms. Fraser stated she has reached out to a group of 5-6 Boards in North Central Ohio (Heartland Group) who have been working on data. They have a couple of data experts and we have contacted them as a place to start so that we don't have to recreate the wheel.

Ms. Fraser noted intuitively it made sense to Board staff to take a step back on the strategic plan and look at it as a larger guiding principle and then use data to drive the action steps.

Ms. Fraser asked if Board staff was on the right track with the plan and data dashboard. Consensus of the committee was to move forward.

Ms. Fraser acknowledged that Mr. Rowles was not hired as a programmer and is not a data expert. As we start down the Power-BI path we may want to bring someone in to help us build the dashboard. We would bring before the Board and have internal and external eyes to look at on an ongoing basis.

Ms. Fraser stated the updated strategic plan would be narrowed down to the five goals but still include timelines, stakeholders, partners and where we made progress. The action steps are much more data driven.

Board staff will look at overarching strategies and the goals is where we put the action.

NOMINATING COMMITTEE REPORT:

Ms. Kurt reported that the Nominating Committee met on April 18th to determine a SFY23 Slate of Officers. The SFY23 Slate of Officers that will be brought before the Board are: Matt Sabo (chair), Roberta Kalb (vice-chair), Joanne Zeroske (Treasurer), Kim Collise (Secretary) and Andy Meinhold (past-chair).

Ms. Kurt will confirm with candidates their willingness to serve. If all accept, this slate of officers will be presented for consideration and vote before the full Board at the Annual Board Meeting (June 27, 2022) at which time the Board Chair will also accept nominations from the floor.

OLD BUSINESS:

There was no old business.

NEW BUSINESS:

Payment of Bills Ms. Zeroske moved that the Board approve the April bills totaling \$990,516.54 be paid as presented. The motion was seconded by Ms. Kalb and the Board voted and the Motion Passed Unanimously. (22-100)

GOOD OF THE GROUP:

Mr. Lau shared that Commissioner Plecnik made Lake County pins available to Board members along with a card. Please help yourself to one.

Mr. Meinhold congratulated Mr. Lee on the new Signature Health Painesville location and noted what a great addition it is to the community.

Ms. Jackson reported that Crossroads Health is holding their Soaring Hearts kite flying event on Saturday, May 21st. Check-in is at noon and the kites will be flown at 2:00 p.m. They are trying to beat a world record of the most kites being flown at one time. Ms. Fraser noted that VIP wristbands were available for Board members interested in attending.

Ms. Gutka stated that WomenSafe brochures and information on the NE Ohio Task Force were available for anyone interested.

EXECUTIVE SESSION:

Mr. Lau moved that the full Board, by roll call vote, enter into Executive Session for the purpose of discussing personnel matters.. The motion was seconded by Ms. Kalb.

The roll call was taken and the Motion Passed Unanimously. (22-101) The Board went into Executive Session at 7:16 p.m. and guests were asked to leave.

Mr. Sabo moved to exit Executive Session at 7:39 p.m. The motion was seconded by Ms. Kalb and the Motion Passed Unanimously. (22-102)

Ms. Kalb moved that the full Board increase the Executive Director salary by 4%, effective July 1, 2022. Seconded by Mr. Sabo, the Motion Passed Unanimously. (21-103)

As there was no further business, Ms. Zeroske moved for adjournment at 7:45 p.m. The motion was seconded by Ms. Kurt and the Motion Passed Unanimously. (22-104)

Respectfully submitted,

Andy Meinhold
Chair

Joanne Zeroske
Secretary