

LAKE COUNTY ADAMHS BOARD

Regular Board Meeting

Monday, December 16, 2024

5:30 p.m.

Lake County ADAMHS Board, 9237 Mentor Ave., Unit B, Mentor

Ms. Kalb called the meeting to order 5:30 p.m.

ROLL CALL:

Members Present: Chair – Roberta Kalb

Carl Dondorfer	Mike Hatton
Pam Kurt	Nicole Parker
Marty Phillips	Matt Sabo
Beverly Schilero	Jeff Taylor
William Wilson	

Members Excused:

Stacy Kramer	Amber Torres Gonzalez
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Staff Present:

Kim Fraser, Executive Director
 Jackie Bruner, Director of Business Operations
 David Schick, Director of Marketing & Communications
 Dan Rowles, Director of Quality & Clinical Operations
 Kelly Tuttle, Secretary & Receptionist
 Milica Fiedler, Staff Accountant

Guests:

Ed Trevena	Bridges	Angi Daugherty	Family Pride
Laura McIntosh	Bridges	Melanie Blasko	Lake-Geauga
Mike Matoney	Crossroads Health	Charles Tong	Lake-Geauga
Karen McLeod	Extended Housing	Carrie Dotson	Lifeline, Inc.
Mark Basista	Extended Housing	Alicia Cody	OhioMHAS
Mark Hill	Extended Housing	Jonathan Lee	Signature Health
Marcie Kasmarcik	Extended Housing	Tia Lawrence	Torchlight
Ray Delamotte	Extended Housing	Andrea Gutka	WomenSafe

MINUTES OF MEETING:

Mr. Phillips moved to accept the minutes of the October 21, 2024 regular Board meeting as mailed. The motion was seconded by Mr. Dondorfer and the Motion Passed Unanimously. (25-026)

CORRESPONDENCE:

There was no correspondence to report.

FINANCIAL REPORT:

Ms. Fiedler read the financial report of Board operations for the month of October, 2024 as follows:

Beginning Cash Balance	\$5,194,898.56
Plus: Cash Receipts for the Month	\$2,028,580.65
Total to Account For	\$7,223,479.21
Minus: Cash Disbursements for the Month	\$1,419,433.76
Ending Period Adjustments	\$ 0.00
Ending Cash Journal Balance	\$5,804,045.45

Ms. Fiedler read the financial report of Board operations for the month of November, 2024 as follows:

Beginning Cash Balance	\$5,804,045.45
Plus: Cash Receipts for the Month	\$ 446,100.33
Total to Account For	\$6,250,145.78
Minus: Cash Disbursements for the Month	\$1,620,158.55
Ending Period Adjustments	\$ 0.00
Ending Cash Journal Balance	\$4,629,987.23

Mr. Hatton moved to accept the financial report for the month of October and November as read. The motion was seconded by Mr. Phillips and the Motion Passed Unanimously. (25-027)

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 thanked everyone for joining our holiday open house. There will be no formal power point this evening but she would like to reflect on the last year and in particular talk about some of the highlights from our staff. Periodically throughout the year you have heard about some of the great things that the staff here has done. It is a good time of the year to give a shout out to what we've done and what we've accomplished. It has been an incredibly dynamic and busy year. We just completed our first year in our new building. There have been a few improvements, a few changes, but all in all, we have found our new home here.

Ms. Fraser stated that one of the highlights as a team is the passage of Issue 10. It was passed with a 58% passage rate, which, in a very contentious time, is a testament to the work of every one of our team members. Most importantly during the campaign season, when we were out talking, literally every candidate on the ballot at every one of our public speaking events, spoke about the importance of the ADAMHS Board and Issue 10 in addition to their own campaign. Ms. Fraser reminded that we brought Chris Herron to Lake County. He spoke to over 5,000 students across the county about substance use and healthy living. We also had our highest grossing celebrity art auction ever. Those are some of the things that we did as a collective team.

Ms. Fraser noted we have three different departments at the ADAMHS Board. The first is Marketing and Outreach (David and Sandra). Sandra applied for the safer community project grant, which brought in over \$58,000 for our trauma response team. She also provided presentations to thousands of Lake Countians. Sandra has truly become the face of the Lake County ADAMHS Board throughout the county. People recognize her and really understand that she speaks on behalf of this Board. After almost two and half years with the board, David has transformed our marketing efforts. This year, our binge drinking and suicide prevention campaign topped five million impressions, but more importantly, over 2,000 residents clicked for more information about our services. We are making an impact on the people in our community. David also spearheaded our entire levy campaign from overseeing our literature to our commercials, our endorsements, our speaking engagements, our signs, literally every aspect of our campaign. The fact that our campaign went so smoothly is due to Dave’s relentless work. Under Dave’s leadership our board has greater visibility than we have ever had in 55 years.

Ms. Fraser advised the second department is Quality and Clinical Operations (Dan, Amy and Danette). They have the most interaction with individuals and families in our community who depend on the services we offer. This year, our transportation line fielded almost 14,000 calls from over 3,400 residents. The compass line assisted in over 700 referrals. Amy and Danette monitored 60 different program reports to our providers

and ensured that all of our state reporting requirements were met. As Dan approaches his three-year anniversary with Lake ADAMHS, he has established himself as a true resource for our agencies. They know that they can reach out to Dan with clinical or quality questions or problems without fear of repercussions or consequences. They know Dan is here to help. Dan was also formally approved to be on the board of directors for the Forensic Psychiatric Center of Northeast Ohio representing Lake County. The Forensic Center provides competency evaluations and other vital services to the courts throughout northeast Ohio. As a board member, Dan is part of the oversight team charged with ensuring that those services are performed efficiently and ethically. He also held the first behavioral health leadership collaborative with all of our agency's clinical leadership, a retreat that will become an annual event, aimed at building relationships that ultimately will improve our ability to serve our community.

Ms. Fraser stated that the third department is Operations (Jackie, Kelly, Carla and Mili). This is the department that was most significantly impacted by our move. They now navigate interactions with our county government from a distance. Working with our county auditor, this team has transitioned 20 new vendors or providers to EFT and brought on eight new account numbers to separate funding. Also, they were the most significantly impacted by changes in leadership at OhioMHAS with new rules about information being shared, how to access information, and how we get our funds has meant more work, particularly for Mili and Carla and their relentless attention to detail. As we made our move to our new home and looked to purge and sort through 20 years' worth of information, we depended on Kelly and her historical knowledge to help us determine what we needed to keep, what we could get rid of and how we were going to manage all this information. And second, between the levy, art auction, week of appreciation, we really depended on Kelly to help keep us organized with registrations, ticket distribution, and all of the other details associated with really big events. And finally, Jackie has been our Director of Business Operations for 17 years. And in this past year, she has been absolutely invaluable in helping us navigate our new building, our new landlord, new state rules, and new building systems. And while managing the day to day operations of an \$18 million organization, Jackie also serves as Treasurer of Friends of Lake ADAMS and is the Northeast Hub Policy and Advocacy Committee Chair, SUD subcommittee member, steering committee member, and older adult behavioral health committee member, all for the Mental Health Addiction and Advocacy Coalition of Ohio. So, as you can see, you're ADAMHS staff has been extremely hard at work in 2024. I have no doubt we will work equally hard in 2025, but I wanted bring this up to you because I am eternally grateful to work with this team.

Ms. Kalb added that all that has been accomplished could not have been possible without Kim's leadership.

EXECUTIVE COMMITTEE REPORT:

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

On behalf of the Executive Committee, Ms. Kurt moved that the full Board approve the 6-months calendar of Board meetings as presented. The motion was seconded by Mr. Phillips and the Motion Passed Unanimously. (25-028)

On behalf of the Executive Committee, Mr. Sabo moved that the full Board approve Health Officers for calendar year 2025 as presented by the Director of Quality and Clinical Operations. The motion was seconded by Ms. Parker and the Motion Passed Unanimously. (25-029)

EVALUATION/QUALITY IMPROVEMENT COMMITTEE REPORT:

Mr. Taylor reported that the Evaluation/Quality Improvement Committee met on Monday, November 4th and Monday, December 9th and the following agenda items were discussed:

Quality Improvement Review of Fine Arts Association Ms. Raddell reviewed the mission and values of the Fine Arts Association. She stated that they provide creative arts therapy through music, art, dance and drama therapy. Currently they are not able to provide drama therapy due to the number of limited licensed therapists in the state.

Fine Arts provides services to all ages, abilities and levels of functioning. They also provide adapted services to allow for a more individualized class. The Early Childhood program is for children ages 0-6 years where they learn social skills and fundamentals.

Ms. Raddell stated that the Fine Arts Association provides services to ADAMHS Board provider agency staff. They also hold staff wellness events.

Ms. Raddell listed some strengths which include: quality of services and programming, understanding of DEI, uniqueness of services, strong personnel of art and music therapists and mental health experience, enthusiasm amongst faculty & staff and ability to advocate for the importance of creative therapies. Weaknesses include limited availability of personnel, creation of new systems, lack of desk administration, competitive salaries leading to retention issues and lack of desk administration.

Mr. Rowles reviewed the agency's QI plan. It is in compliance with their certification through OhioMHAS and it is his recommendation that we approve their plan.

On behalf of the Evaluation/Quality Improvement Committee, Mr. Taylor moved that the full Board accept the Fine Art Association's Quality Improvement Plan. Seconded by Ms. Kurt the Motion Passed Unanimously. (25-030)

Quality Improvement Review of North Coast Behavioral Healthcare Services (NBHS) Ms. Torbert presented a power point stating that NBHS provides residential treatment services and med/som services at Willoughby Place and Madison Place. The two homes provide safe supportive transitional housing along with needed residential support services for up to 8 mental health clients at each site. A resident must be at least 18 years-old, severely mentally ill with co-occurring disorders living in the community and at high risk of psychiatric hospitalization or psychiatrically hospitalized or incarcerated needing to transition back into the community.

They are staffed 24 hours/7 days a week by a trained and skillful staff. They monitor and reinforce skills and interventions through 1:1 and groups. Residential staff assist with personal care services such as: bathing, oral hygiene, grooming, dressing, and toileting; meal preparation, household skills (chores, laundry); medication monitoring; care of minor illness; care for medical condition (i.e. diabetes, arthritis) and socialization/leisure skills.

Ms. Parr stated that 75% of their residents will transition to a more independent or supported environment within 18 months. In SFY24 there were 12 discharges from the two homes. Bed utilization was at 66%; below the target of 85% due to unexpected discharges.

Some challenges the group homes face include: less restrictive housing options, wait times, stigma and staffing stability. Strengths include: evidence-based programming, collaborative, trained staff, good stewards of public funds and strong leadership.

Mr. Rowles reviewed the agency's QI plan. It is in compliance with their certification through OhioMHAS and it is his recommendation that we approve their plan.

On behalf of the Evaluation/Quality Improvement Committee, Mr. Taylor moved that the full Board accept Northcoast Behavioral Healthcare's Quality Improvement Plan. Seconded by Mr. Hatton the Motion Passed Unanimously. (25-031)

Quality Improvement Review of Extended Housing Ms. McLeod shared Extended Housing's mission which is to prevent and end homelessness for individuals in Lake County with serious mental illness. She also shared the vision statement. Extended Housing offers housing services for the mentally ill which include: property acquisition, maintenance & management; housing subsidies; housing loans; projects for assistance in transition from homelessness (PATH); continuum of care; emergency housing vouchers; permanent supportive housing and housing support workers.

Ms. McLeod noted that Extended Housing's strengths include: a strong mission and clear impact on the community, proven track record and positive relationships with local health organizations and government agencies. Weaknesses include: limited brand awareness outside of the immediate service area and heavy reliance on grants and donates which can fluctuate.

Ms. McLeod reviewed agency highlights which included forming the social club, Windemere Village and marketing and development.

Ms. McLeod noted that the housing wait list currently has around 80 people. Individuals are prioritized leaving the group homes before those on the wait list.

Mr. Rowles reviewed the agency's QI plan. It is in compliance with their certification through OhioMHAS and it is his recommendation that we approve their plan.

On behalf of the Evaluation/Quality Improvement Committee, Mr. Taylor moved that the full Board accept Extended Housing's Quality Improvement Plan. Seconded by Mr. Phillips the Motion Passed Unanimously. (25-032)

Quality Improvement Review of Lake-Geauga Recovery Centers, Inc. Ms. Luckner presented a power point reviewing Lake-Geauga's mission statement, programs and services. Services include residential treatment, outpatient treatment, peer recovery support, recovery housing, prevention services, gambling prevention & treatment, drug-free workplace services, education program, family program, medication assisted treatment, ambulatory detox, grief support group and tobacco cessation.

Ms. Luckner reviewed the following highlights and outcomes from SFY2024:

- Current outcomes exceed the national average in every metric presented.
- The average return rate from intake was 81%. The national average is 50%.
- The average no show rate for appointments is 24% while the national average is 37%.
- Outpatient Services: 67% of the clients met their outpatient group treatment goals and in their intensive outpatient program 56% of clients met their treatment goals; both above the national average of 42% and 26%.
- Residential Treatment: 265 clients were admitted into residential treatment. 65% of women and 67% of men completed residential treatment and met all of the treatment milestones, exceeding the national average of 41%.
- Working with Leadership Lake County to create new accessibility and stakeholder satisfaction surveys.

- They welcomed the 36th drug-free baby born to residents at Oak House and Neveah Ridge.
- Expanded to add adolescent services (saw the first adolescent in November 2024).

Mr. Rowles conducted the agency's Contract Compliance Review and found them in full compliance.

On behalf of the Evaluation/Quality Improvement Committee, Mr. Taylor moved that the full Board accept Lake-Geauga's Quality Improvement Plan. Seconded by Mr. Sabo the Motion Passed Unanimously. (25-033)

Ms. Luckner offered a tour of the facility for anyone interested.

Next meeting date: Monday, January 13, 2025 at 5:30 p.m. at Crossroads Health

OPERATIONS COMMITTEE MEETING REPORT:

Mr. Hatton reported that the Operations Committee met on Tuesday, December 10th and the following items were discussed:

Family Pride – Social and Emotional Health Funding Ms. Fraser reported that Hershey Montessori reached out about receiving social and emotional health funding from the ADAMHS Board. They have two locations, one in Concord and the other in Huntsburg. The school in Concord serves ages birth through sixth grade. They have had a contract the last several years with Family Pride to provide social and emotional wellness programming throughout their school through a grant by the Lake-Geauga fund of the Cleveland Foundation. This year the Lake-Geauga fund is suspending their grant services due to some strategic planning. Currently the Board has contracts with Signature Health and Crossroads health to provide prevention and clinical services at all of the public schools throughout the county. We have not engaged the private schools. Their contract with Family Pride was for \$10,000 at the Concord location. Ms. Fraser reached out to United Way and asked if they would like to partner on this; they agreed. Staff recommendation is to enter to a one-time contract with Family Pride to provide social and emotional health services at the Hershey Montessori Concord location in an amount not to exceed \$5,000. This amount will be matched by United Way.

On behalf of the Operations Committee, Mr. Hatton moved that the full Board enter into a one-time SFY2025 contract with Family Pride for social and emotional health at Hershey Montessori for an amount not to exceed \$5,000. The motion was seconded by Mr. Dondorfer and the Motion Passed Unanimously. (25-034)

Privacy Mailing/Board Operating Budget Adjustment Ms. Fraser stated that she is requesting a Board operating line-item adjustment to distribute privacy notices. When the budget was set at the beginning of the year, we did not realize that we were going to need to mail out our notice of privacy practices. Typically, it is mailed every three years to clients who receive ADAMHS funding. Because we changed our address, we have to resend it ahead of schedule. Unfortunately, some of the language is going to change in 2026, so we're going to have to resend it next year. Staff recommendation is to increase line-item 611 (office supplies) by \$500, and increase line-item 654 (postage) by \$4,600.

On behalf of the Operations Committee, Mr. Hatton moved that the full Board make the following line item adjustments in the Board operating budget: increase 611 (office supplies) \$500, increase 654 (postage) \$4,600. The motion was seconded by Ms. Schilero and the Motion Passed Unanimously. (25-035)

Lake Geauga Recovery Center – Capital Project Ms. Fraser advised that every couple of years, we have the opportunity to submit a capital project request to the Ohio Department of Mental Health and Addiction Services. The Lake-Geauga Recovery Centers submitted two projects in one proposal that require a match. The Board has already approved this match. The match funding has decreased a small amount. The funding

will provide some renovations at both their outpatient office and Nevaeh Ridge. The capital improvements include roofs at both locations, security at Nevaeh Ridge and a universal lock system for all of their 14 locations. Staff recommendation is to enter into a non-Medicaid grant contract with Lake-Geauga Recovery Centers for an amount not to exceed \$109,203 to support the project. This is one-third of the total amount for the project.

On behalf of the Operations Committee, Mr. Hatton moved that the full board support the OhioMHAS FY25-26 Community Capital Project between Lake-Geauga Recovery Centers and the Ohio Department of Mental Health and Addiction Services for the Mentor Outpatient Center and Nevaeh Ridge renovation project. The Lake County ADAMHS Board moves to enter into a non-Medicaid grant contract with Lake-Geauga Recovery Centers for an amount not to exceed \$109,203 to support the project. The Lake County ADAMHS Board approves the aforementioned project with an assurance of intent to support Lake-Geauga's project consistent with the application and to monitor the operations to assure compliance. The motion was seconded by Ms. Kurt and the Motion Passed Unanimously. (25-036)

SOS 4.0 Funding Ms. Fraser reminded there was a change in the state opiate and stimulant response funding this year. Instead of all the funding going through the Board, agencies were allowed to propose individually. The Board submitted a proposal that was a combination of funding for our opiate inpatient care at Windsor-Laurelwood and funding for marketing/advertising. Funding was awarded in the amount of \$104,400. If we do not use all of those funds for inpatient care we will use them for marketing. Staff recommendation is to enter into a contract with Windsor-Laurelwood in the amount of \$104,400 for SOS 4.0 funding.

On behalf of the Operations Committee, Mr. Hatton moved that the full board enter into a SFY2025 non-Medicaid contract with Windsor Laurelwood in an amount not to exceed \$104,400 for SOS 4.0 funding. The motion was seconded by Mr. Phillips and the Motion Passed Unanimously. (25-037)

SOS 3.2 Sunset Funding Ms. Fraser reported that Lake-Geauga Recovery Centers, Crossroads Health and Signature Health all submitted proposals for the 4.0 funding. Signature Health and Crossroads Health both requested significantly more than they received for 3.2 funding and Lake-Geauga requested the same amount received last year. All requests received were awarded around 70% of the amount requested. Since Crossroads Health and Signature Health requested more dollars, they received more than last year. Lake-Geauga received less than last year.

Sunset funding was provided for two months to provider agencies and it was said that if the agency received 4.0 funding they had to pay it back. Since Lake-Geauga has received less in 4.0 funding, we are not recommending asking for the sunset funding back. Board staff is recommending that Crossroads Health and Signature Health reimburse the Board for sunset funds. The awarded 4.0 funding will cover the expenses during the sunset period. Funding is due back 30 days from the invoice date. They can back bill to September 30th for the funds that they received.

On behalf of the Operations Committee, Mr. Hatton moved that the full board reconcile SOS 3.2 Sunset funding with the following agencies: Crossroads Health \$22,857.86; Signature Health \$64,822.88. The motion was seconded by Mr. Dondorfer and the Motion Passed Unanimously. (25-038)

Quarterly Operations Agency Meetings Ms. Fraser advised that the quarterly operations meetings with provider agencies are going very well. These meetings allow us to find out where we are in terms of both clinical and fiscal standpoints; keeping us up to speed with productivity and addressing any clinical challenges. This was informational and no committee action was required.

RFP Process Ms. Fraser stated that Board staff will be recommending a change in our Request for Proposal (RFP) process going into FY2026. There is a competitive bidding process each fiscal year. Historically we have issued the RFP in March and vote on contracts in May with an effective date of July 1st. Senate Bill 105 has been introduced. It changes some of the language in the Ohio Revised Code (ORC) 340 which defines how ADAMHS Boards operate. One of the obstacles in ORC 340 is the 120-day notice. This is the notice that states, if the ADAMHS Board or the provider is going to make a substantial change to a contract, they must give the other party a 120-day notice our Board, it doesn't matter because we enter into a one-year contract with providers. The change that is being proposed for all boards is a 60-day notice. Board staff is recommending that we move back the timeline. This would mean that we'll be recommending that the Board publishes the RFP on February 25th. Those proposals would be due back to the board on March 31st and we would then vet those and bring them before the Board for a vote on at the April 21st Board meeting. This moves the timeline up one month. Ms. Fraser has spoken to providers and they are fine with this. This was informational and no committee action was required.

Other Ms. Fraser reported that Extended Housing has made a change to their IT provider this year. They have found their IT hardware is very outdated. The overall cost to update and repair their IT system is just north of \$100,000. They have requested \$50,000 from the Board as part of that IT investment. We have not made a substantial IT investment at the agency in a very long time and we have the funding available at this point. Extended Housing would cover the remaining amount. Staff recommendation is to enter into a contract with Extended Housing for IT needs in an amount not to exceed \$50,000.

On behalf of the Operations Committee, Mr. Hatton moved that the full board enter into a one-time SFY2025 non-Medicaid contract with Extended Housing for an amount not to exceed \$50,000 for IT hardware needs. The motion was seconded by Ms. Parker and the Motion Passed Unanimously. (25-039)

Ms. Fraser reported that Signature Health has been chosen as a location for Coordinated Specialty Care for First Episode Psychosis (CSC FEP) in partnership with the Ohio State University. There are approximately 40 sites statewide. The program is an evidence-based practice, recovery oriented, with proven outcomes to improve quality of life for those who participate. With this program, Signature brings another opportunity to expand and improve our ability to serve Lake Countians living with behavioral health challenges.

Mr. Sabo asked for updates on the crisis stabilization unit. Ms. Fraser stated with news about the Supreme Court hearing against the Trumbull/Lake opiate litigation that we need to pivot and look for alternative ways to address the crisis needs right now. We have a \$500,000 earmark that Senator Cirino was able to get us and she thinks we need to look at creative ways to address the crisis continuum.

Next Meeting Date: Tuesday, February 11, 2025 at 5:30 p.m. at the Lake County ADAMHS Board

*As the **LONG-RANGE PLANNING COMMITTEE** did not meet since the last full Board meeting, the Board moved on to the next agenda item*

OLD BUSINESS:

There was no old business to bring before the Board.

NEW BUSINESS:

Payment of Bills Mr. Sabo moved that the Board approve the December bills totaling \$1,506,739.45 be paid as presented. The motion was seconded by Mr. Phillips and the Motion Passed Unanimously. (25-040)

GOOD OF THE GROUP:

Mr. Hatton reminded that at a previous meeting he had mentioned that his friend's son was not doing well. He is now better than anyone expected. He thanked Carla and Dan again for navigating him in the right direction to get them help.

As there was no further business, Mr. Hatton moved for adjournment at 6:05 p.m. The motion was seconded by Ms. Schilero and the Motion Passed Unanimously. (25-041)

Respectfully submitted,

Roberta Kalb
Chair

Nicole Parker
Secretary