

LAKE COUNTY ADAMHS BOARD

Regular Board Meeting

Monday, January 27, 2025

6:00 p.m.

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

Ms. Kalb called the meeting to order 6:00 p.m.

ROLL CALL:

Members Present:	Chair – Roberta Kalb
Carl Dondorfer	Mike Hatton
Pam Kurt	Stacy Kramer
Nicole Parker	Marty Phillips
Matt Sabo	Beverly Schilero
Jeff Taylor	Amber Torres Gonzalez
William Wilson	

Members Excused:

Staff Present:

Kim Fraser, Executive Director
 Jackie Bruner, Director of Business Operations
 Dan Rowles, Director of Quality & Clinical Operations
 Milica Fiedler, Staff Accountant

Guests:

Cindy Skinner	Crossroads Health	Kim Hearn-Vance	UH/Lake Health
Melanie Blasko	Lake-Geauga	Nicole McKinney-Johnson	Cleveland Rape Crisis
Carrie Dotson	Lifeline, Inc.	Andrea Gutka	WomenSafe
Michelle Giancola	Windsor Laurelwood		

MINUTES OF MEETING:

Mr. Hatton moved to accept the minutes of the December 16, 2024 regular Board meeting as mailed. The motion was seconded by Mr. Phillips the Motion Passed with Ms. Kramer and Ms. Torres Gonzales abstaining. (25-042)

CORRESPONDENCE:

There was no correspondence to report.

FINANCIAL REPORT:

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

Beginning Cash Balance	\$4,629,987.23
Plus: Cash Receipts for the Month	\$ 342,267.43
Total to Account For	\$4,972,254.66
Minus: Cash Disbursements for the Month	\$1,198,467.71
Ending Period Adjustments	\$ 0.00
Ending Cash Journal Balance	\$3,773,786.95

Mr. Hatton moved to accept the financial report for the month of December, 2024 as read. The motion was seconded by Mr. Taylor and the Motion Passed Unanimously. (25-043)

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 reported the Board sponsored Catholic Charities Families of Promise program again this year. The event was held at the Central YMCA and over 80 families took photos with Santa and enjoyed swimming.

Ms. Fraser reported the Board has received a grant from the Centers of Excellence through Ohio MHAS in the amount of \$10,000. The grant follows SAMHSA guidelines and is called You Speak, They Hear You. It addresses Drug and Alcohol Awareness. The board will be using the grant for a campaign at cinemas and local billboards.

Ms. Fraser reported the Board has received a Landlord Incentive grant through Ohio MHAS in the amount of \$37,000. This grant will be awarded to Extended Housing who will work with local landlords to incentivize them to rent to consumers with a mental illness or substance use disorder. The grant will pay for repairs and damages to properties rented by a consumer.

Ms. Fraser reported the Board applied for a Disaster Relief Grant in the amount of \$58,000. The grant is pending approval. The grant is in partnership with Lifeline and United Way and is an expansion of Code Blue. Code Blue ensures nobody is left out in the cold when temperatures dip to or below freezing.

Ms. Fraser reported Board Staff has been working on internal controls. A risk management questionnaire has been sent out to all agencies. The questionnaire addresses budgetary concerns, fiscal rules which are in place, audit, management and reorganization changes, financial software, lines of credit, loans, minimum operating balances and irregularities. Staff is able to review and determine stability of an agency before the RFP process.

Ms. Fraser reported the Board is required to mail out Privacy Notices every three years to any consumer who receives a service in the last year. Approximately 6,300 notices were mailed. This requires help from all staff folding, stuffing, stamping, and mailing but Carla took the lead to ensure everything went out timely.

Ms. Fraser reported the Board is required to keep clinical records for any agency which closes, consolidates, or merges. In the event which a client does not go to another agency, the record becomes property of the Board. The records have been stored offsite at Iron Mountain because of the amount of records. We have been able to purge records according to record retention policy. We recently have been able to transition 58 remaining records at the Board which will be monitored for destruction. At its height the Board maintained over 6,000 client records due to the closure of clinical agencies within the system.

Ms. Fraser reported the Board has a record retention policy to address all types of records required to keep at the Board offices. This is monitored and updated as requirements change.

Ms. Fraser reported staff will be bringing through policy updates in June. This is an annual process.

Ms. Fraser reported the Governor signed HB257 on January 8, 2025 which allows ADAMHS Boards to hold virtual meetings. This law is effective April 8, 2025. The Boards will need to have policies and procedures in place in order to hold virtual meetings. OACBHA is currently drafting policy guidance for Boards.

Ms. Fraser reported what will be happening at meetings through the end of the fiscal year. February the Board will be publishing the SFY2026 Request for Proposals and will be issuing 120-day Notices. In March the Board will be making Nominating Committee Appointments. April the Board will be voting on SFY2026 Non-Medicaid contracts and SFY2026 Board Operating Budget. This will also be the last opportunity for agencies to request line item adjustments for the FY25 contracts. June will be the Annual Meeting which has been a dinner for several years. The Board has had lower attendance due to other events and will be looking at whether or not the Board would like to have a breakfast instead. The staff is also looking at streamlining the three traditional awards down to one award. The Board has added the hometown hero which would replace the unsung hero award. Each year near year end, the consumers are recognized at the Bridges holiday party which would replace the consumer achievement award. The new award would be for a community partner who has really embraced behavioral health in the past year.

Ms. Fraser provided an update on the State's 2026-2027 Biennium Budget Timeline. On February 3rd, the Governor's blue book budget will be published which is a line item only. Mid-February, a detailed budget will be released. The budget will likely mirror the 2024-2025 budget. Many federal funding sources will be discontinued which could result in a budget cut. Ohio MHAS is potentially looking into flexibility in the 421 line item which is where the majority of funding is. There are currently many small pots of funding which have to be spent for specific purposes. All cabinets are currently in blackout period. The House will vote in late April or early May. The Senate will vote in May and the Conference Committee will vote in Early June. The House and Senate are more cooperative this year. The hope is to come to agreement early.

Ms. Fraser reported on some mid-year service contract updates. Crossroads Health is requesting line item changes to SFY2025 Non-Medicaid contract. Some of the adjustments are between programs which requires Board approval and some are within programs which can be approved by the Executive Director. Some of the changes are requesting to contract on a grant type instead of purchase of services (POS) retroactive to July 1, 2024. This can also be approved by the Executive Director but there are some substantial differences so Ms. Fraser wanted to inform the full Board.

The programs impacted are Psychotherapy for Crisis/Mobile Crisis, Jail Based Behavioral Health Services, and Residential Treatment Services (North Coast House). Additionally, 13 programs are requesting line item adjustments within the programs in which 7 have significant increases in administrative charges. The Board must provide Crisis services to the community. They also must provide Jail Based Behavioral Health services to the community. Residential Treatment Services (North Coast House) has 14 beds which provides services to adults with severe and persistent mental illness, 24 hours a day, 7 days a week.

The impact of transitioning from POS to grant type contracting means approximately 1,260 fewer trackable direct hours of crisis services provided to the community; approximately 2,430 fewer trackable direct hours of jail based behavioral health services provided to inmates in the jail. There would be a decrease in Medicaid-billable treatment services provided to individuals residing at North Coast House by 41%. There would be an increase in administrative overhead to over 25% in 7 programs which requested line item adjustments within the program. Board staff asked Crossroads Health about changes after the first quarter agency operations meeting when various programs were tracking low. Crossroads did not request any changes at that time.

Ms. Schilero stated she has some concerns about changes from POS to grant type contracting and the high charges in administrative overhead. Ms. Fraser stated she understands the concerns and questions around the changes being requested. Ms. Kurt stated she believes these changes are necessary in order to provide services through the end of the fiscal year.

Mr. Phillips asked if Crossroads is in crisis mode? Ms. Fraser stated it appears they are based on the nature of these requests.

Ms. Kramer asked if programs are mismanaged, can another provider take over. Ms. Fraser stated that every service in the RFP is competitive so if the Board chooses to contract with a different provider, they can.

Mr. Hatton asked if the increases in administrative overhead are due to new positions being hired or charges from existing staff. Ms. Fraser stated there have not been new hires to her knowledge in administration positions. Previous Crossroads Health leadership had cut administration over the last year.

Ms. Parker asked if whether or not crisis services are being provided to individuals in need. Ms. Fraser stated the crisis department reports that services are being provided; the challenge is that Crossroads appears unable to accurately track and document the level of service.

Ms. Fraser stated changing from POS to grant funding requires approval by the Executive Director. There is no change in overall amount that the Board contracted for services with Crossroads for SFY2025. The change decreases the number of accountable hours of services that Crossroads Health stated they could and would provide in SFY2025. Ms. Fraser reiterated that these changes appear necessary in order to ensure that crisis, jail-based behavioral health, and residential treatment services are provided through the remainder of the fiscal year.

Ms. Fraser reported Board staff has scheduled mid-year meetings with providers to assess year-to-date progress; however, all other internal fiscal, clinical and quality reviews of agencies conducted by Board staff through December 2024 have been positive. Staffing challenges continue to trend lengthy waiting lists across all agencies. Board staff is also identifying emerging needs and opportunities.

Ms. Fraser reported staff has been planning for the Request for Proposals (RFP). The RFP will have no new funding for SFY2026. In SFY2025, Lake ADAMHS reduced staff and reduced board operating budget. The .9 mil levy passage brings in the same level of local funding. Addressing any new needs will mean reductions in other areas. Anticipate addition of specialized services for children and families. We have seen a lot more kids with acute needs. Anticipate updates to prevention investment strategies. We currently invest in a scattered approach. Providers will be meeting next week to talk about a streamlined menu of prevention services. Anticipate change in crisis continuum which mirrors SAMSHA guidance. Anticipate change in emergency department crisis services. UH will most likely cover services in emergency department and crisis funding will transition to mobile crisis or other services.

EXECUTIVE COMMITTEE REPORT:

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

On behalf of the Executive Committee, Ms. Torres Gonzales moved that the full board approve the following FY25 budget neutral line item adjustments for Lake-Geauga Recovery Centers: Decrease Peer Recovery Support Grant by \$38,000, Increase Residential Treatment POS by \$20,000, Increase Individual Counseling POS by \$10,000, Increase Group Counseling POS by \$4,000, and Increase IOP POS by \$4,000. The motion was seconded by Ms. Kurt and the Motion Passed Unanimously. (25-044)

On behalf of the Executive Committee, Mr. Sabo moved that the full board approve the following FY25 budget neutral line item adjustments for Crossroads Health: Decrease Psychotherapy for Crisis/Mobile Crisis POS by

\$37,926, Decrease Jail Based BH Services POS by \$100,000 and Increase Residential Treatment Services Grant by \$137,926. The motion was seconded by Mr. Dondorfer and the Motion Passed with Ms. Schilero and Ms. Parker abstaining. (25-045)

On behalf of the Executive Committee, Ms. Kurt moved that the full board enter into a SFY2025 non-Medicaid grant-type contract with Extended Housing for the Landlord Incentive Program for an amount not to exceed \$37,000. The motion was seconded by Mr. Wilson and the Motion Passed Unanimously. (25-046)

Ms. Fraser noted that funding pass-thru funding from the Ohio Department of Mental Health and Addiction Services.

EVALUATION/QUALITY IMPROVEMENT COMMITTEE REPORT:

Mr. Taylor took a moment to review the scope of the EQI committee, and how it differs from the other reviews of the agencies. The committee's purpose is to monitor contract compliance and evaluate all services from a program evaluation and quality improvement perspective. The committee is not looking at the detailed fiscal accountability of the agency. Throughout the state fiscal year and prior to the EQI Committee meeting, Mr. Rowles reviews the agency's Quality Improvement Plan, Annual Quality Assurance Report, Board's Compliance Guidelines, SWOT analysis, and Program Summaries. Mr. Rowles reports out on these objectives and makes recommendations to Committee regarding agency compliance. Based on Mr. Rowles' recommendations and the agency's presentation, the committee recommends whether the agency meets the compliance standards discussed. These standards are extremely important, but they only represent one component of an agency's health; board staff provides much deeper oversight of the overall fiscal, clinical and quality operations of our agencies.

Mr. Taylor reported that the Evaluation/Quality Improvement Committee met on Monday, January 13th and the following agenda items were discussed:

Quality Improvement Review of Crossroads Health Ms. Seifreit shared a power point on Crossroads Health reviewing the history of the agency, locations and services provided. Crossroads Health served 6100 unduplicated clients in SFY24; spanning infants to seniors. They were recertified by the Joint Commission and received their HRSA (Health Resources and Services Administration) designation.

Ms. Wright presented on two of Crossroads clinical programs. The Day Treatment Program provides services to children referred by local school districts from the ages of 5 to 18. The goal is to stabilize the students and to teach them coping skills to better manage their emotional needs so that they can return to their public-school. A half day involves academics and a half day involves therapy. They have the capacity for 40 students; current census is 18. In SFY24, 42 children a total of were served and so far in SFY25 28 have been served. Last fiscal year, they had 426 aggressive acts, 23 self-harms and six hospitalizations. 50% of the 42 students served had at least one episode of an aggressive act during treatment. 40% of the 42 students served had three or more aggressive acts. There were 167 physical holds for an average of 15.7 minutes to get the student back to baseline. Holds are necessary for safety since they are not in a lock down facility and can be dangerous for the student if they get outside the building. Staff meets regularly to look at data to look at ways of lessening restraints for individuals.

School Based services are provided in the following Lake County school districts: Kirtland, Madison, Mentor, Perry, and Willoughby-Eastlake. Services are provided upon referral by the school district. Crossroads provides brief early intervention, assessment, and ongoing treatment in both individual and group sessions.

They also provide a variety of presentations and consultations for district staff. So far in FY25, 1134 unduplicated students have been seen with 7,390 hours of services provided.

Ms. Seifreit addressed Crossroads' strengths and weaknesses from a quality perspective. She acknowledged that the agency is looking to broaden their payor source because they have relied heavily on grant dollars and ADAMHS funding without pursuing Medicaid revenue as actively as needed, and that struggles with Electronic Health Records have created further financial burden. Ms. Seifreit discussed staffing vacancies including key management positions – no CCO and interim CEO and CFO. She stated that they have been looking for ways to reduce administrative overhead as well.

Discussion: What has been done to keep morale up with the shift in leadership? Ms. Seifreit stated that Mr. Matoney was with Crossroads Health previously so he has built trust with staff previously and they are familiar with him. He sends out daily emails and has gone around engaging with staff listening to concerns, being as transparent as possible about where things are with the agency. Staff meetings are held and support is given. Mr. Matoney will stay on at Crossroads Health for six months to a year during the search for a new CEO.

Mr. Rowles has 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 Crossroads Health's Quality Improvement Plan. Seconded by Mr. Hatton the Motion Passed Unanimously. (25-047)

Next Meeting Date: February 10, 2025 at 5:30 p.m. at the Lake County ADAMHS Board

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

*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. Hatton moved that the Board approve the January bills totaling \$2,791,055.13 be paid as presented. The motion was seconded by Ms. Kurt and the Motion Passed Unanimously. (25-048)

GOOD OF THE GROUP:

Ms. Fraser reported Ms. Tuttle accepted the Transportation & Navigation System Specialist position at the Board. She is wonderful with the consumers and she has been back-up for the position for several years. We are excited for her. She has been our Secretary for 29 years.

Mr. Sabo stated Lifeline did a presentation to the Lake County Fire Chiefs which was wonderful and appreciated.

Ms. Blasko announced Lake Geauga Alumni Association will be hosting a sober St. Patrick's Day dinner on March 14, 2025 from 7 p.m. – 10 p.m. at Painesville Township Park. She will bring fliers in February for anyone interested.

Ms. Gutka announced WomenSafe is hosting a Casino night on February 15, 2025 at LaMalfa. The theme is Kentucky Derby. Anyone interested should contact the Board Offices. We still have a couple of seats available.

Ms. McKinney-Johnson reported Cleveland Rape Crisis Center opened a Human Trafficking Center. A flyer will be sent for the open house.

As there was no further business, Mr. Sabo moved for adjournment at 7:15 p.m. The motion was seconded by Ms. Parker and the Motion Passed Unanimously. (25-049)

Respectfully submitted,

Roberta Kalb
Chair

Nicole Parker
Secretary