

Planning and Monitoring Committee Meeting Minutes

Meeting date: Tuesday, May 7, 2019

Meeting time: 5:02pm – 7:25pm

Meeting location: Conference room, 12 Benedict Ave.

Recorder: Kristen Cardone

Committee Members Present:

X	Laura Wheeler, Board Chair	X	Steve Barnes, Committee Chair
	Rob Duncan, Second Vice Chair	X	Ken Murray
	Julie Landoll		Mike White
X	Ben Chaffee, Jr.	X	Tom Sharpnack
X	DeEte Zimmerman		

Invited Staff Present:

X	Kristen Cardone, Executive Director	X	Ashley Morrow, Administrative Assistant
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Community members Present:

Unfinished business/updates:

Discussion Items:

- Presentation requests for May: FI Community Housing
 - Ms. Cardone shared with the committee members that FI Community Housing has requested to present at the May Board Meeting.
- Project Leadership
 - Ms. Cardone shared with the committee that she was given the opportunity to apply for Project Leadership. The cost is \$500 which the Board would cover.
 - The committee agreed to cover the cost for Ms. Cardone. They feel participation in Project Leadership would be a valuable opportunity for her.
- FY19 Third Quarter Reports (Attachment I)
 - Ms. Cardone shared the FY19 Third Quarter Reports with committee members to review.
- Keelsra discussion (Handouts)
 - Ms. Cardone updated the committee on the concerns previously shared about Keelsra. Ms. Cardone shared with the committee the proposal from the Mental Health and Addiction Services Board of Sandusky, Seneca, and Wyandot Counties and the opportunity to contract with their fiscal agent in place of Keelsra.

- Ms. Cardone shared with the committee that the members of the Implementation committee earlier in the day were in support of the change in fiscal agents.
- FY20 RFI proposal review and discussion
 - Firelands
 - Ms. Cardone shared with the committee that Firelands currently offers mental health and substance use disorder treatment, crisis intervention, case management services, vocational services, prevention, consultation, mental health day treatment, supplemental behavioral health services, and trainings.
 - Ms. Cardone shared they propose to use funds for the following services: crisis services, mental health and substance use disorder services, prevention, training, recovery support services, and other services such as vocational.
 - The committee reviewed the questions from Implementation Committee
 - Additional discussion and questions that arose from the proposal are below:
 - The committee discussed requesting reports that are for services that are not fee for services.
 - The committee discussed the same services being asked for in multiple line items and questioned why that is.
 - Clear Minds Counseling
 - Ms. Cardone shared that Clear Minds Counseling is a new agency, currently not in operation but is proposing to offer services to those who are exposed to trauma on a repeated basis, such as: emergency room workers, child & family services workers, first responders, and dispatchers.
 - Ms. Cardone shared they propose to use funds for the following services: mental health treatment, substance use disorder treatment, prevention, trainings, crisis, chaplain/coach peer support.
 - The committee reviewed the questions from Implementation Committee
 - Additional discussion and questions that arose from the proposal are below:
 - The committee discussed concerns about the separation of church and state due to the fact the Board is unable to fund services that impart religion.
 - The committee discussed the concern of using the funds for clinical services without diagnosing because it is unethical.
 - The committee also asked how Clear Minds plans to implement their services and where their location is.
 - Family Life Counseling & Psychiatric Services
 - Ms. Cardone shared that Family Life Counseling & Psychiatric Services currently provide mental health and addiction services in Huron County.

- Ms. Cardone shared they propose to use funds for the following services: Mental health and substance use disorder treatments
- The committee reviewed the questions from Implementation Committee
- Kids Connection
 - Ms. Cardone shared that FLC currently has Kids Connection in every school in Huron County. Kids Connection is a curriculum based support group for children ages 4-12 that helps teach them essential life skills to help them cope with difficult family situations, resist negative peer pressure, respect others, set and achieve goals, make healthy choices, and refuse alcohol, tobacco, and other drugs. CBSG is not a clinical service but a preventative intervention.
 - Ms. Cardone shared the comment from the Implementation committee about the school's being "very satisfied" with the services from FLC.
 - The committee did not have any other discussion or questions.
- House of Hope
 - Ms. Cardone shared that FLC will be taking ownership of the House of Hope in Willard which is a sober living facility for men.
 - The following is discussion and questions that arose from this proposal:
 - The committee asked who will be the program manager that will be overseeing this project.
- Oriana House
 - Ms. Cardone shared that Oriana House, Inc. operates the Rigel Recovery Services which is in Norwalk. Rigel is an OMHAS-certified outpatient substance abuse treatment service site. They currently offer services such as: Substance Abuse Diagnostic Assessments, Individual Psychotherapy, IOP, Outpatient group, Aftercare treatment services, Medication Assisted Treatment (Vivitrol), and drug testing.
 - Ms. Cardone shared that they propose to use funding for the following services: Uncompensated clients, MAT in the jail, Substance Use Disorder Assessments in the jail, Family Matters (a weekly support group for families affected by addiction), mental health treatment for Huron County residents at Crosswaeh CBCF, and residential withdrawal (detox).
 - The committee reviewed the questions from Implementation Committee
 - Ms. Cardone shared with the committee that Oriana House will pay for 1 client through their "Client Care" program for every 4 clients MHAS pays for.
- Women's Halfway Home Foundation
 - Ms. Cardone shared with the committee the overview of the Women Halfway Home Foundation. They are a women's residential substance use disorder treatment facility located in Castalia Ohio.

- Ms. Cardone shared they propose to use funds for the following services: the proposal for funding would include the Board paying for 2 beds to be held/used for Huron County women who would receive services there.
 - The committee reviewed the questions from Implementation Committee
- Family & Children First Council
 - Ms. Cardone shared that Family & Children First Council offers service coordination to families with multi-system youth to fill gaps in services that regular county agencies may not be able to fill, coordinate services already offered, and connect new resources, and screen for duplication of services.
 - Ms. Cardone shared they propose to use funds for the following services: coordinator wages, wraparound facilitator, fringe benefits, and technology.
 - The following discussion and questions arose from the proposal:
 - The committee discussed what other agencies in the county are contributing to the funds of the program.
 - The committee asked Ms. Cardone to ask other agencies if they are supporting this program financially.
- Willard Community Connectors Mentoring Program
 - Ms. Cardone shared that the Willard Community Connectors Mentoring program provides individual mentoring from caring adult volunteers for at risk students using evidence-based interventions.
 - Ms. Cardone shared they propose to use the funds for the following services: consultants, travel expenses, supplies & equipment, and other activities such as group activities and mentor recruitment.
 - The committee did not have any discussion or questions on this proposal.
- ROY
 - Ms. Cardone shared with the committee an overview of the ROY program. ROY is a one-to-one mentoring program that matches volunteers with at risk youth. The goal of the program is to help youth grow into well-adjusted adults who contribute in a positive manner to their community.
 - Ms. Cardone shared they propose to use funds for the following services: gas cards for mentors (retention), purchase of equipment (camera and supplies for activities), creation of website for marketing and online applications, scholarships for youth in program, passes to the Norwalk Park & Rec for mentors (retention, benefits youth), field trips, and group activities.
 - The committee did not have any discussion or questions on this proposal.
- Bayshore
 - Ms. Cardone shared that Bayshore Counseling is proposing to continue providing an Early Childhood Mental Health Consultant for Huron County.

- Ms. Cardone shared they propose to use the funds for the following services: personnel, payroll taxes & fringe benefits, travel expenses, and training.
 - Ms. Cardone shared that Bayshore stated they are a mandated provider of early childhood mental health services.
 - Ms. Cardone shared with the committee that the Board of DD is currently in the process of completing an RFI for the same service that will be conducted in the county.
 - The committee asked Ms. Cardone to reach out to the Board of DD to ask their timeline for the ability to provide the service needed.
 - Catholic Charities (Miriam House and Guardianship)
 - Ms. Cardone shared an overview of the agency and services offered and proposed.
 - The committee did not have any discussion or questions for this proposal.
 - Drug Free Clubs of America (NEDC)
 - Ms. Cardone shared with the committee the overview of NEDC's proposal for Drug Free Clubs of America.
 - Ms. Cardone shared that for the upcoming fiscal year, Family Life will not be involved, the program will be fully under the direction of Norwalk Economic Development Corporation.
 - The committee reviewed the schools DFCA will be in this year. They questioned why it wasn't in all Huron County Schools and it was determined that the schools not involved in DFCA currently have their own drug testing program.
 - The only school not listed and that does not currently have a program implemented is Willard. The committee will ask NEDC about Willard City Schools involvement at presentations.
 - Presentation schedule
 - Ms. Cardone asked the committee after review of the RFI's, which agencies they would like to present to discuss the proposals and ask questions.
 - The committee agreed to have Firelands, Family Life, Clear Minds, Oriana House, Family and Children First Council, and Drug Free Clubs of America (NEDC) present Thursday night 5/9/19.
- Reporting recommendations (Attachment II)

Attachment I – 3rd Quarter Reports

HURON COUNTY BOARD OF MENTAL HEALTH AND ADDICTION SERVICES SFY 2019 Quarterly REPORT –3rd Quarter CATHOLIC CHARITIES DIOCESE OF TOLEDO AAS Program

Current Clients

We currently have three cases in guardianship. Another one will be added on April 16 as the hearing date is scheduled. Two more applications are pending at Probate Court.

Client Successes/Implementation

It appears that this contract is filling a needed void in the community. As the majority of clients referred are under the age of 55, which is Catholic Charities normal range of acceptance into guardianship. Guardianship often is the tool to stabilize client cases. In the age group of 18-55, limited access of potential guardians has been available to serve prior to contract implementation. Referrals are approved by Kristen Cardone and then processed applications and introduction to potential wards initiated.

Fiscal Health

AAS asked for and received an increase from \$5,000 to \$10,000 from OH-VAC for 2019. In the fourth quarter, we will be making application for VOCA funds in addition to renewing a contract with the Erie-Ottawa Mental Health board effective June 30, 2019. An email from the state has requested that we ask for level funding from VOCA FY 2020.

Challenges/Trends

The guardianship process appears to be running smoothly under the contract. One of the growing trends that we are witnessing overall this year is an increase in abuse from families. We initiated three guardianships as a result of protection plans in collaboration with APS and the court system this past year. Consultations with prosecutors have been made to establish formal charges for alleged abuse in some cases.

Respectfully Prepared by Carol Wheeler on April 11, 2019

Edited and Submitted by Sue Brown

**HURON COUNTY BOARD OF MENTAL HEALTH AND ADDICTION SERVICES
SFY 2019 3rd Quarter REPORT
CATHOLIC CHARITIES DIOCESE OF TOLEDO – MIRIAM HOUSE**

Number of Guests: In the third Quarter of FY 19, Miriam House has served 24 clients. Of the 24, 11 were adults (18 and over) and 13 children ages 0-17. Of the adults, 7 had Mental Health Diagnosis and 4 were dual diagnosed with Substance Abuse.

<u>Ages of Clients:</u>		<u>Race/Ethnicity of Guests</u>	
Under 5:	7	White:	23
Ages 5-12:	5	Black or African American:	1
Ages 13-17:	2		
Ages 18-24:	3		
Ages 25-34:	4		
Ages 35-44:	2		
Ages 45-54:	1		

INCOME

Number of guests entering with income: 3

Number of guests who gained/increased income at exit: 2

Number of guests exiting with income: 4

EXITS

Number of individuals who exited the program: 5 adults, 7 children

Of those who exited, number who exited successfully (to permanent housing): 4 Families (80%)

Client Successes: During this Third Quarter of the year, 5 women were residents for over 90 days. Four of the women had volunteer hours where they contributed to the Community. Two Residents are completing their education and are expected to have high school diplomas in June 2019. There are 6 women with income from employment. Eight of the residents have been linked to/continue with

Mental Health Services. A Community Outreach worker from the Domestic Violence Shelter Inc. has been doing a monthly workshop with the women of Miriam House.

Fiscal Health:

In March 2019, Miriam House was notified that \$86,774 in HUD funding through the Continuum of Care program will be terminated as of June 30, 2019. In addition, a 2019 VOCA grant (new for Miriam House) that was submitted in June 2018 was denied. Both of these denials are due, in part, to inadequate funding for prior year's renewal grants in addition to new projects. Despite this news, it has been a priority that continued funding be found to maintain and eventually increase staffing of the Miriam House

Miriam House was awarded a 1-year SHP grant through the Ohio Development Services Agency (ODSA) in the amount of \$44,500. This grant has offset some of the HUD dollars that were anticipated, as state funds were not received in the prior year. In addition, Miriam house was awarded \$15,000 from the United Fund of Norwalk for 2019 and confirmation of the receipt of marriage license and divorce filing fees in 2019 through the Huron County Commissioners is pending.

Catholic Charities is applying to the following in the 4th quarter: 1)VOCA in May, 2019, for funds to support services to women who are victims of domestic violence and other violent crimes; 2) ODSA for 2-year funding for Miriam House and; 3) Westfield Legacy of Caring Fund, a private foundation, for programmatic support, in June, 2019. We continue to search for other federal, state, and private foundation grants and other opportunities to support Miriam House.

Challenges/Trends: Miriam House is seeing a large increase in the number of women who are survivors of or are fleeing domestic violence. In addition, as indicated above, funding to expand staffing to 24/7 continues to be a challenge.

Summary:

Miriam House is a 6-unit, 20-bed transitional housing program (including toddler beds and cribs) with supportive services for homeless women and children and a maximum stay of 24 months. Located in Norwalk, Ohio, it is the only housing of its kind in the area. The only other program similar to Miriam House is a two-unit emergency shelter that can accommodate only two families at one time and whose average length of stay is 60 days. The women and children being served are women with mental health, and/or substance abuse history. Many have a history of and can be fleeing domestic violence.

Written by: Vickie L. Smith, Program Coordinator and Susan Brown, Interim Grants Manager

Submitted by: Susan Brown, Interim Grants Manager

FIRELANDS COUNSELING AND RECOVERY SERVICES OF HURON COUNTY
PERFORMANCE IMPROVEMENT REPORT
QUARTER 3 FY19
(January 1, 2019-March 31, 2019)

I. Continuous Quality Improvement Statistics: Benchmark= 90%

Categories	Results
Appropriateness of Admission	97%
Continued Stay	88%
Appropriateness of Termination	100%
Stakeholders	95%

II. Data Reviewed:

In previous reports the data was broken out by specific patient populations. The report was designed in this manner based on how FCRS' designed our PI processes. We have revised our process to obtain a more comprehensive look at services across the system by utilizing the data inputted into our EMR.

The following key performance indicators represent a random sample of all populations in Huron County from January 1, 2019-March 31, 2019.

Admission (all TX programs)	Treatment plan completed within 60 days after admission	97%
	Treatment plan includes patients' "abilities" clearly listed	
Continued Stay	Treatment plan is active/current	
	Attendance/participation is consistent (or documented exception due to severity of symptom impairment)	

	Progress in treatment –client engagement	88%
Termination (all TX programs)	Discharge Summary is present and complete	100%
Stakeholders	Communication with Referral Source	95%

III. Highlights of Performance Improvement Committee Activities

- 1). Continue to address deficiency themes/findings found during PI reviews- PI reviews are now conducted through the EMR via the Performance Improvement Coordinator focusing on specific indicators.
- 2). HFAP and CARF Accreditations completed.

IV. Client Grievances/Incidents in the 3rd Quarter FY19

Grievances: There were no grievances filed during the first quarter.

Incidents: There was one reportable incident filed during the third quarter in which a patient completed suicide. OhioMHAS and Board notified within the appropriate time frame.

Family Dependency Court

Quarter 3 Report: 01/01/2019 to 03/31/2019		
Report Due Date: 04/30/2019		
Instructions: Please fill in the highlighted boxes.		
Huron County		
Specialized Docket	Number of Clients Served in the ATP for Quarter 3	Number of Clients Served in FY19 (Unduplicated Client count)
Docket Name	Family Dependency Treatment Court	9
Docket Name		
Total Clients Served in Q3		7
	Christina Jones, Janelle Newman, Rachel Reed, Shelby Shepard, Kelsee Sanders, Jason Pugh, Jessica Pugh	
Funding Category	Funds Spent this Quarter (January-March)	
Treatment Services		

Recovery Support Services	
Total	0

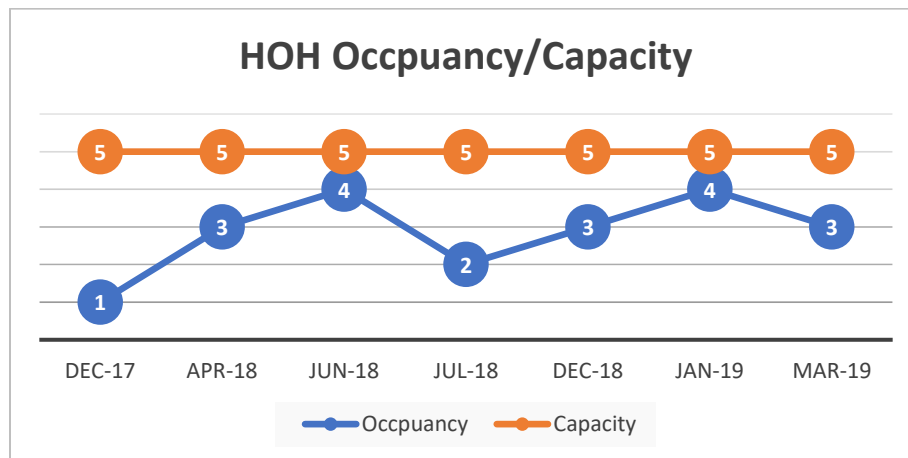
House of Hope

House of Hope is a sober living residence for men administered by the Starting Point Outreach Center, 117 Myrtle Avenue, Willard, Ohio under a grant from the Huron County Board of Mental Health and Addiction Services. House of Hope is located at 115 Woodbine Street, Willard.

1. Describe the progress of your project.

As of April 1, 2019 House of Hope has been operational for fifteen months. Senior Resident Kevin Carr, CDCA continues to oversee the daily operations of the house.

Occupancy rates are below capacity and expectations. We continue to work to make ourselves known to area and regional resources.



2. Explain how the property plans or has met Ohio Recovery Housing standards.

After a four-month process involving document review and revision, procedural reviews and site inspection, we were certified as an associate of Ohio Recovery Housing on February 4, 2019.

Their standards include financial accountability, proper operating protocols, appropriate living conditions, operating in a way that supports the recovery of persons who live in the house, and being a good neighbor to the community.

3. Has the property accepted residents? How many residents have been provided housing?

Most inquiries come from Huron County residents. Of persons who applied for residency only one was not accepted; three were accepted but chose to live elsewhere.

HOH Statistics as of:		4/9/19	
1	Total Inquiries	31	
2	Huron County Inquiries	23	74%
3	Out of County Inquiries	8	26%
4	Inquired but did not qualify/did not apply	20	65%
5	Total Applied to HOH	11	
6	Accepted by HOH	10	91%
7	Not Accepted by HOH	1	9%
8	Accepted by HOH, Applicant Declined	3	30%
9	Current Participants	3	

- Percentages in lines 2 through 4 are based on line 1; lines 6 and 7 are based on line 5; line 8 is based on line 6.
- Did not qualify/did not pursue means that the person did apply. They were either ineligible for participation based on factors listed below or did not choose to pursue the opportunity to apply.
- Accepted by HOH but applicant declined means we accepted the person into the house, but they chose other living arrangements instead.

Following are the reasons that sixty-five percent of inquiries did not qualify or apply for HOH. We have assisted persons with insufficient sobriety by offering to help them qualify for living at HOH and offering referrals to treatment centers and other recovery resources.

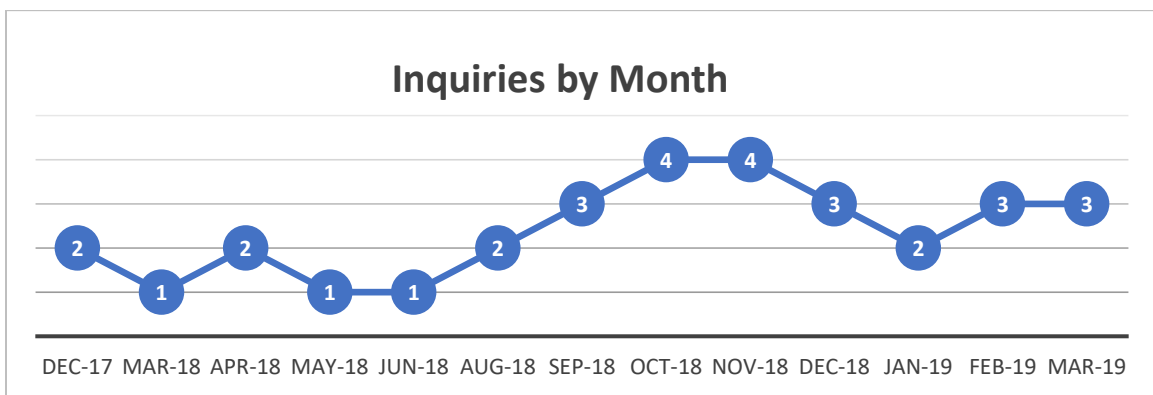
Inquired but did not qualify/did not apply

Insufficient Sobriety	4
Sex offense	3
Chose alternative living arrangements	3
Relapsed	3
Follow up, no response	2
Violent criminal behavior	1

Incarceration/Criminal Record	1
Using Prohibited Medicine	1
Application Pending	1
Significant Mental Health Needs	1
Grand Total	20

House of Hope 3rd Quarter SFY19 Report

Since lowering the sobriety requirement in August 2018, we have had three to four inquiries per month.



We have eliminated the statistic reporting the number of persons who have left HOH, because everyone ultimately leaves and have focused on length of stay. Anticipated length of stay is one year but is also self-determined as participants do not have a contract for a set length of time and may apply to stay longer than a year. Longer length of stay is regarded as better. [The Role of Recovery Residences in Promoting Long-term Addiction Recovery Outcomes](#) suggests an adequate length of stay is more than six months.¹

Current and Past Participants Length of Stay	
Avg. Days	161
Avg. Months	5.4
Longest (days)	325
Shortest (days)	27

¹ Jason, L.A., Mericle, A.A., Polcin, D.L., & White, W.L. (in press, 2013). *The Role of Recovery Residences in Promoting Long-term Addiction Recovery*. American Journal of Community Psychology. Posted at www.williamwhitepapers.com. The length of stay mentioned in the article is for a Level 1, peer to peer residence. House of Hope is a Level 2 residence which provides more residential oversight than a Level 1 but has the same social structure and expectations of residents.

4. Has your agency developed the required protocols for administrative oversight? If so, please explain.

We have more than forty policies, procedures and forms. Many undergo periodic revision to respond to our operational learnings. We have made revisions based on feedback from Ohio Recovery Housing and have made changes based on reasonable suggestions from participants.

Our Advisory Board, consisting of five persons, meets monthly to review participant status and make policy decisions. The Advisory Board and Senior Resident are trained quarterly in the same procedures that are presented to participants, plus training in compliance and sexual abuse awareness.

We keep detailed spending and revenue records and maintain awareness of spending in relation to budget. House of Hope funds are maintained in a separate checking account from Starting Point funds.

5. Has your agency developed the required policies and procedures and house rules? If so, please explain.

House rules and policies are detailed in the Rights-Rules-Responsibilities document which are reviewed in detail with participants and require participant signature. Revisions to the document are reviewed with all participants. This document, along with the application for participation and HIPAA release form is available online at <http://www.startingpointoc.org/house-of-hope.html>.

Participants receive periodic training and review in fourteen procedures and documents related to living in the house. This includes bloodborne pathogens and personal hygiene, approved visitors, grievance policy, optional assistance with budgeting and faith development and review of their recovery progress.

6. Have you made adjustments to your project that was not included in the original proposal? If so, what changes have you made and why?

We lowered our sobriety requirements to thirty days in August 2018 to help persons who are leaving a rehabilitation program or incarceration. We have extended our advertising and communications to groups beyond Huron County out of recognition that persons may need to leave their community or county to find suitable sober living away from substance abuse influences.

7. How is your recovery housing linking residents to local community and treatment services as needed?

These are some of our activities in the last quarter.

- Established relationship with Spherion employment services of Willard to be able to refer persons from HOH to them for employment. They offered to provide interview and resume coaching.
- Attending Huron County Public Health mental health and addiction planning meeting for community improvement planning. Part of Community Health Improvement Program (CHIP).
- Connected with Heather Love Carman at JFS concerning job opportunities.
- Applied for and was awarded \$600 by local church to assist participants who could not pay for their HOH program.
- Engaged with Family Life Counseling's effort to establish a Level 3 residence in Huron County.
- Kristen Cardone, MHAS Executive Director, Stephen Burggraf, Executive Director Family Life Counseling and John Chime, Northern Regional Operations Manager Family Life Counseling toured House of Hope on February 14.
- Visited Lighthouse Recovery in Port Clinton, an ORH certified recovery residence, to share practices and gain knowledge from another recovery house operator.
- Probation officer Andrea Cooke and Officer Zappa visited HOH on March 18.
- Expanded our drug testing and relapse policy in our Requirements-Rules-Rights document to better identify the early stages of relapse to permit us to intervene in the event of risky behavior.
- One of our Advisory Board members, who is a former counselor, conducted relapse awareness training with HOH participants on March 21.
- The Senior Resident and Project Manager work to ensure participants attend required appointments for counseling, personal health and parole officer visits.
- HOH conducted 52 drug screens in the quarter. Screens are 16 panel that include alcohol and fentanyl. There is no cost to the participant for the screens.

8. How are you evaluating the success of your program? Are you collecting outcomes? Please include your projects outcomes.

Following are outcomes concerning four participants, including the Senior Resident, that occurred in the quarter.

- The Senior Resident is working to put his CDCA training to use to support persons in recovery.
- The Senior Resident was invited to speak on recovery at the Mansfield Reformatory and has been the lead speaker at area recovery meetings.
- HOH enabled a new participant to get a birth certificate and ID which enabled them to apply for and secure employment with a local factory. HOH advocated on behalf of the person to the factory and was able to engage support to hire the person. Participant is doing well in the job with only one absence due to illness in two months of work. HOH purchased work boots for the person with funds donated from a local social club.
- Helped participant create resume and apply for part time job.
- Participant is working through personal health issues and the recent passing of a family member. The social environment of HOH has been supportive in this stressful time and has provided transportation to medical appointments. Participant reports improvement in overall outlook and sense of hope for the future.

- Worked with the Norwalk Lions Club to help fund an eye examination and glasses for one of our participants.
- Participant is growing in recovery and recognizes the value of a sober lifestyle versus the life he once led. Participant values relationships with family and is learning, after years of substance use at a young age, positive social and relational skills.
- Participant voluntarily left HOH after 10.6 months of residence. Intends to live on his own. Had some difficulty in the HOH social setting with three other persons whose specific behaviors, while appropriate, did not match his expectations.
- HOH participants attended 309 sober meetings in the quarter for an average of seven meetings per person per week. (The minimum requirement is five.)
- HOH participants have engaged in 381 hours of community service in FY 2019.

Another dimension of recovery house outcomes is that it assists in understanding client needs and dynamics in ways that may not be captured by an agency and offers a personal level of social support that cannot be replicated by an agency. Investing in a recovery residence offers a unique opportunity for learning as well as helping.

9. Does your agency and/or program need additional technical assistance, or training support? If so, please explain.

We take advantage of training offered through Ohio Recovery Housing and Ohio MHAS seminars. Our greatest current need is referral of potential participants to our sober living house.

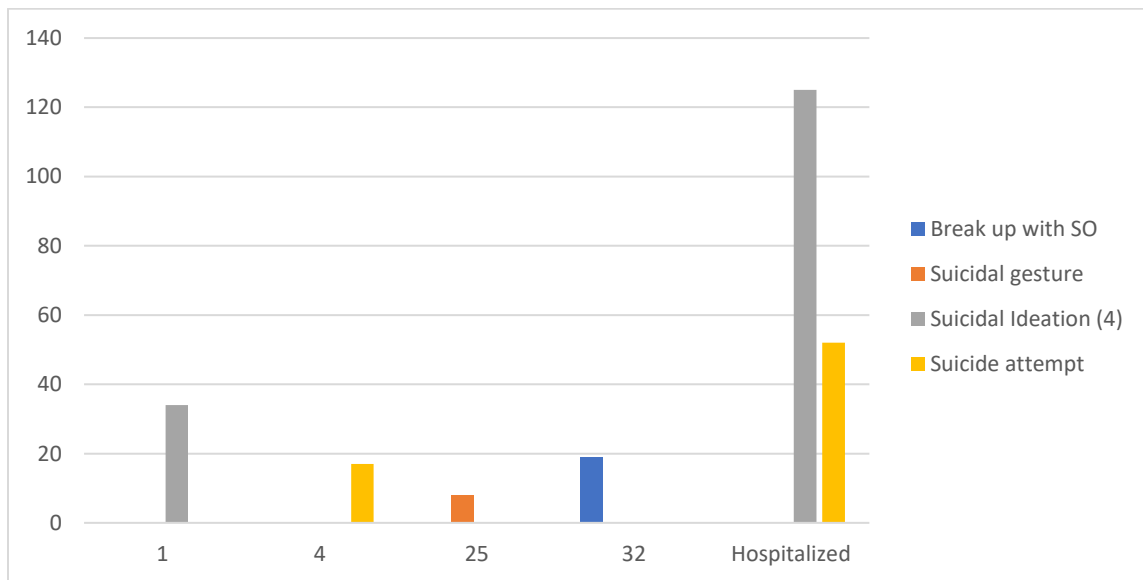
Knowing that the board receives presentations from and supports other recovery efforts in the area it may be worthwhile to consider creating a consortium of area recovery housing providers for the purpose of sharing best practices, data and referrals.

Firelands Crisis QA Report for third quarter of FY19

Three to five random cases per month are reviewed. The purpose of the Quality Assurance (QA)/Utilization Review (UR) is to monitor and, as needed, improve the quality of Firelands' crisis services, through Board staff evaluation of the following records:

- Board-paid psychiatric hospital admissions;
- Emergency evaluations of persons not hospitalized;
- Major Unusual Incidents; and
- Other records as specified by the Board.

The graph presents each client by age and presenting problem (this is not his/her diagnosis) and the number of days for follow up. For SFY19 third quarter, nine (9) emergency screenings were reviewed. Six (6) clients were hospitalized and four (4) received follow up appointments. Overall, the emergency screenings were thorough, and clients were appropriately managed and linked to care.





Huron County Family and Children First Quarterly Report Huron County MHAS Board Third Quarter May 2, 2019

Currently the Huron County Family and Children First Council has fourteen families involved in service coordination. Of these fourteen families, six families have children/youths with mental health diagnoses including, oppositional defiance disorder, bipolar disorder, obsessive compulsive disorder, intermittent explosive disorder, conduct disorder, and anxiety disorder. Due to the change in staffing and with no transition, families who were previously involved in service coordination and wraparound (which is currently on hold pending funding and hiring of new personnel), were reintroduced to the service coordination process while creating expectations of what that will look like moving forward (based on revitalization of processes/reeducation of council and community). Most service coordination processes are in the infant stages, with initial introductions made/intake processes completed, and new referral paperwork filled out. When appropriate, camp registration and respite care has been provided or scheduled for summer time implementation (as needed).

Family one: 17-year-old female. Bipolar disorder. (Re)Intake meeting held on 2/13/2019, respite care reimplemented immediately. Various phone meetings scheduled leading to service coordination meeting held on 5/1/2019. Client successes will be reported as service coordination plan takes place. Previously involved in wraparound program, good candidate for reimplementation.

Family two: 17-year-old male. Bipolar disorder. Intake date 3/12/2019. Service coordination plan in process. So far during the process family was connected to parent/child advocate through referral of HCFCFC. IEP meeting and evaluation was performed with high school. Child qualified for IEP and it is expected that an increase of school achievement, school attendance, and positive family functioning and a decrease in suicide risk will result.

Family three: 15-Year-old male. Bipolar disorder. Currently in juvenile detention and on house arrest. Intake meeting 5/1/2019. Service coordination meeting follow up to be determined upon return of intake packet.

Family four: 17-year-old female. Intermittent explosive disorder, oppositional defiant disorder, conduct disorder, PMDD, anxiety disorder, ADD/ADHD, Asperger syndrome, Obsessive compulsive disorder. Intake meeting occurred on 4/23/2019. Guardian concerned with escalating behaviors and fearful for safety of other children in household. Meeting with family and children services scheduled for 4/24/2019 was converted into an emergency service coordination meeting with guardian, child, children services, HCFCFC, and child's parole officer present to come up with plan to help youth deescalate. Child

continued to escalate and resulted in emergency removal from the home. Awaiting update from children services on youth placement. Excellent candidate from wraparound program upon reimplementation.

Family five: 12-year-old female, 11-year-old male, 8-year-old male. Behavioral health diagnoses reported. (Re)intake date 4/1/2019. New service coordination plan meeting scheduled for May 27th. Receiving respite camp services monthly at camp NuHop in Ashland, OH. Child successes include an increase in family functioning and judgement/decision making, children are more involved in community including involved in youth sports, and a decrease in anger and intentional misbehavior as a result.

Upon my arrival to the HCFCFC, it was found that the organization book keeping was in disarray, including one available funding source misinterpreted in the budget. I have since ironed out the budget and am now working on implementing a new bookkeeping/reporting system. I will be submitting many payment authorizations for respite/camps for children/youths involved in service coordination and will be submitting various requests for reimbursement from our available funding sources within the next few weeks to keep our budget on track. Right now, the FCFC budget seems to be in good health, barring any new developments as a result of my predecessor's mistakes.

It has been found that the position of the HCFCFC had been left in disarray and while new in position, I have found that it has taken many man hours to iron out all the mishaps as they come about. It has also been found that these tasks, plus service coordination, balancing the budget, revitalizing the council, seeking out new parent representatives and more has been difficult to squeeze into 29 hours/week. Notwithstanding, there have been many positive steps in the right direction and HCFCFC is on the way to be what it is intended to be. I have been in constant contact with the executive committee, east regional director, and state director, and peers from neighboring counties as we move through the process increasing transparency and establishing/implementing protocol I have also been in contact with our wraparound consultant, Neil Brown, for advice on transitioning with families who were involved in the wraparound process prior to my predecessor's departure and as how to best move forward with them (with service coordination) until the wraparound program can be reimplemented. I look forward to the presentation to the MHAS Board as we move forward with our plan to remedy some of these roadblocks that we have encountered.

Attachment II:

FY20 Reporting and Outcomes Recommendations

Current:

Not all providers are required to submit reports to the Board on a regular basis, and those that are required, do not follow the same reporting timeline.

Proposed:

I propose requiring all providers to submit quarterly reports, with some universal reporting data and some specific to each provider. I would also like to hold quarterly provider team meetings, divided based on type of service provided, during which we will review reports, discuss successes and challenges, and discuss trends in the community.

Quarterly Reports should include current clients, client successes (as defined by the outcomes in the *Service Purchase Plan*), fiscal health of program and any challenges/trends noted for quarter. The Board will require one annual presentation on the program.

First quarter: 10/15/19

Second quarter: 1/15/20

Third quarter: 4/15/20

Final report: Annual summary including data in the *Service Purchase Plan* 7/15/20.

Our fee for service agencies (currently Firelands and Family Life) will be required to submit quarterly reports for non-fee for service programs, such as CBSG, QPR, trainings, etc. The GOSH system we use for fee for service billing is working on developing reports, and these will hopefully be in place in early FY20. We will be reviewing My Outcomes as a possible outcome measurement tool and will then need to have contract addendums completed for each fee for service agency once a decision is made as we will not have time to review this tool prior to the start of FY20.