Program Committee Meeting

Meeting date: Monday, October 19, 2020
Meeting time: 5:00pm – 6:20pm
Meeting location: https://us02web.zoom.us/j/82436066739
Meeting ID: 824 3606 6739
Passcode: 940866

Dial by phone: (929) 205-6099
Meeting ID: 824 3606 6739
Passcode: 940866

Recorder: Ashley Morrow

Committee Members Present:

	Steve Barnes, Committee Chair -Excused	X	Lenora Minor
X	Ken Murray	X	Mike White
X	Julie Landoll, Second Vice Chair	X	Katie Chieda, Board Chair
X	Silvia Hernandez		

Board Staff Present:

X	Kristen Cardone, Executive Director	X	Ashley Morrow, Administrative Assistant

Unfinished business/updates:

- Grant applications
    - RCORP, Project Dawn, SOR training
        - Ms. Cardone gave an update that The Board was not awarded the RCORP grant which was applied for in May 2020. Ms. Cardone stated they plan to continue to seek out funding opportunities and will focus on smaller grants.
        - Ms. Cardone shared that The Board is currently working on a grant to implement a Project Dawn site, increase education for MAT (medication assisted treatment) and increase the distribution of Narcan in Huron County through the Ohio Prevention Network. The grant amount available is $6,000-$8,000 and will be for a 9-month span. A motion will be added to the agenda for approval to apply for this funding.
        - Ms. Cardone shared that the Board has received SOR (State Opioid Response) funds for training the behavioral health staff at our local contracted providers. Ms. Cardone shared this funding opportunity with Ms. Chieda prior to applying as there was not enough time to obtain approval from the full Board. There will be a motion added to the agenda to approve this and to allocate these funds and the Board will receive $154,000 for Dialectical Behavior Therapy. Ms. Cardone added that this training aligns with the strategic plan objective of retaining qualified behavioral health providers in the local Board area.
        - Ms. Cardone shared that a new funding opportunity through OhioMHAS just became available, the Community Outreach & Engagement initiative, and the application is due October 27th by 5pm. Ms. Cardone stated she would need to submit the application prior

to the upcoming Board meeting and requested verbal approval from the Committee to apply for these funds and then add a motion to the October 27th Board meeting. The funding amount is a maximum of $25,000 for the following: direct and indirect staff time, educational materials for behavioral health, distributing materials, etc. The Committee members were in support of Ms. Cardone applying for this funding.

- SOR 2.0
  - Ms. Cardone shared that the State just released an application for the next round of SOR (State Opioid Response) funds and the application is due November 20, 2020. Ms. Cardone shared that the funds available will be for a two-year period.
  - Ms. Cardone shared that she reviewed the Board's strategic plan and identified areas the SOR 2.0 funds can possibly be utilized. The following are possible ways to utilize the funds: Recovery Navigator, Recovery Housing, Transportation, Peer Support (jail, court, warm handoff), prevention (SOS, vaping). The Board will discuss how to use these funds to meet the needs of the community, based on the Board's strategic plan, in our November Board meeting.

- Building update
  - Awning and trees
    - Ms. Cardone shared that the awning for the entrance to the basement has been installed and recently the Board had two dead trees removed from the parking lot due to being a liability. She informed the Board that the cost to remove the trees was $650 and they will see this expense on next month's List of Bills.

Discussion Items:

- Public Records Request
  - Ms. Cardone shared that the Board received a public records request on 10/5/20 as a follow up to original request which was received at the end of April. There are items on the request that will require Ms. Cardone to reach out to all Board members for information (emails, texts, communication). Ms. Cardone asked Committee members to please keep an eye out for an email from her with this request.
- Agency Promotion Policy (Attachment I, motion)
  - Ms. Cardone stated that in response to the Public Records Request, the Board's legal representative, Mr. Randal Strickler, recommended the Board create a policy regarding how the Board determines what agencies to promote through its website and promotional materials. Ms. Cardone reminded Committee members that she had reached out to other Boards in the spring to determine how they handle promotion of non-contracted agencies. Ms. Cardone shared that how MHAS handles these requests is based solely on how other Boards handle these requests. Ms. Cardone stated the reason it is handled in the way it is because of potential liability issues due to lack of oversight of agencies the Board does not contract with. Ms. Cardone asked Committee members to review potential policy attached.
  - There were no questions or concerns from Committee members regarding the policy.
- Updated MHAS COVID Operating Plan (Attachment II)
  - Ms. Cardone reviewed with Committee members the MHAS COVID Operating Plan which is based on the Responsible Restart Ohio Plan and what other Boards in the state are doing. Ms. Cardone shared with Committee members how other Boards in the state are currently operating and shared that she is not aware of any Boards that are operating in the same manner as they were prior to COVID-19. OhioMHAS and OACBHA are currently operating entirely remotely and Boards are encouraged to follow the state guidelines as outlined in the Responsible Restart Ohio plan including limiting travel, attending meetings virtually, and working remotely when possible. Ms. Cardone will continue to share and update the Board with the operating plan when

changes occur, and stated Board members are welcome to contact her with any questions and she will be happy to revisit the plan with them.

- Board member representation at meetings
    - Ms. Cardone asked if any Committee members are interested in attending meetings with new agencies with her, when/if Ms. Chieda is not available, to please let her know.
    - Ms. Julie Landoll stated that she would be willing to attend meetings if needed.
- Recovery Housing proposal
    - Ms. Cardone reviewed a list of questions and concerns (in Attachment V) that had been collected from the review of the recovery house proposal that was sent out to all Board members. Committee members discussed their concerns regarding the proposal including sustainability and the Board's decision prior to the start of FY21 to not expand funding due to financial uncertainties related to COVID-19.
    - Next steps, as identified in the meeting are as follows:
        - Ms. Cardone will reach out to Mr. Randal Strickler for his feedback regarding Board procedures.
        - Ms. Cardone will add a motion to next week's Board meeting along with a discussion around the Board's financial situation and how to manage proposals for the remainder of FY21.
        - The Committee does not desire to have a presentation on the proposal in the upcoming Board meeting.
- Crisis Infrastructure Funds (Attachment III, motion)
    - Ms. Cardone shared that $62,431 of total funding is available for Huron County to expand mobile crisis services. The intent is to utilize these funds for Mobile Crisis Services by increasing telehealth services through Firelands Counseling & Recovery Services. Fireland's proposal to accomplish this goal is lower than the amount available and Ms. Cardone recommended using the remainder of the funds to support Family Life Counseling's Children's Mobile Crisis Services proposal which is geared toward youth and their families.
        - $37,105.62 to Firelands
        - $25,325.38 to Family Life Counseling
    - Ms. Hernandez asked what type of situation Mobile Crisis would be utilized.
        - Ms. Cardone shared that if law enforcement responds to a mental health call, they can call the Crisis Hotline and be linked with a crisis counselor through telehealth for de-escalation and next steps. This assists the officers as it provides immediate, on-site access to a crisis clinician without automatically having to take the person in crisis to the emergency department at the nearest hospital.
    - Dr. White asked what the sign on and retention bonus was?
        - Ms. Cardone stated it is a difficult to find and retain crisis clinicians. Firelands will be hiring two individuals for this service. The goal is to expand the crisis services and Firelands will be expanding their staff to meet the need. The funds requested will contribute to the staff cost, not paying per instance.
    - The Committee was in support of funding both proposals.
- Arrowhead contract (Attachment IV, motion)
    - Ms. Cardone shared that each year the Board receives regional detox funds and contracts are entered into as a region, allowing Huron County residents to access detox services at any of these locations. Due to carryover from FY20, there were additional funds that needed to be allocated and the Boards in our region decided to enter into a contract with Arrowhead Behavioral Health for Regional Detox. The agreement states that the Board will pay for the stay and continued care of a Huron County resident in their facility that stays longer than the amount of money that is available through the regional contract. The total funds available for Regional Detox are $75,000.00 and Ms. Cardone shared that she does not foresee the region utilizing the full amount.

- There were no other concerns or questions from Committee members.

Attachment I

101.18 Section 18:

Promotion of Local Providers:

The Board shall only promote contracted providers through its promotional materials, the Board's website, and/or through any other avenue of information dissemination it utilizes. The Board shall not promote, or otherwise list non-contracted providers on its website, in its promotional materials or other avenues of dissemination. The Board is of the opinion that the promotion of non-contracted providers may be a potential exposure to liability to the Board because it does not have oversight of non-contracted providers and the clients of those providers are not covered under the Board's Clients Right policy.

Attachment II

MHAS COVID-19 OPERATING PLAN

Staff Requirements

- ***Masks are required to be worn by staff under the following conditions:***
    - *When meeting with visitors*
    - *When occupying common areas including front desk, kitchenette, restroom, lobby, conference room if a visitor or other staff member is in the building. If alone in the building, a mask is not required in these areas.*
    - *Masks will be provided for all staff along with a brown paper bag. Masks are to be placed in bag when removed from face*
    - *Masks are to be worn at all times when staff members are conducting business outside of the office*
    - *Masks are to be placed on face prior to allowing visitors into the building*
    - *Masks to do not need to be worn by staff when they are working in their assigned office space alone*
- ***Unless unavoidable, there will be no more than one staff person in the office at any time***
    - *Per the Responsible Restart Ohio guidelines for General Office Environments, personnel should work from home when possible and feasible with business operations*
    - *Executive Director will make final determination around whether a situation is unavoidable*
    - *Staff will create and follow a schedule for days they are to work in the office*
- ***Staff must perform daily symptom assessment to include taking temperature and monitoring for fever, disclosing if they have a cough or are having trouble breathing***
    - *If staff present with a fever, cough, or trouble breathing they are required to remain at home, and it is recommended they contact their primary care physician*
    - *Staff will be required to sign attestation, attesting they will not present to work if they have a fever, cough, or trouble breathing*
- ***Cleanliness***
    - *Regular handwashing is required*
    - *Frequent disinfection of workspaces, common areas, high-contact surfaces (doorknobs, copier, light switches, counters, etc.), and desks is required*
        - *Cleaning must be done, at minimum, prior to leaving the office each day.*
        - *If a visitor is in the office, the office must be disinfected after each visitor leaves.*
- ***Physical distancing***
    - *Staff is required to ensure minimum of 6 feet between people at all times*
    - *Staff are only permitted to work in their assigned office while working in the Board office. Staff are not permitted to enter another employee's office without prior permission.*
- ***Travel and Meetings***
    - *Staff are to limit travel as much as possible*
    - *In-person events will be cancelled/postponed if physical distancing is not able to be maintained*
    - *In-person events of more than 10 people are prohibited at this time.*

- *Staff will make every attempt to hold meetings online or over the phone and will only attend in person meetings if necessary and unavoidable.*
- *In person meetings at the Board office are to be held in the conference room only. Chairs are set up at a minimum of 6 feet apart and are not to be moved.*

- ***Monitoring of visitors***
  - *Staff are responsible for ensuring visitors follow all requirements listed below. If visitors are unwilling to comply with requirements listed below, they are not permitted to enter building.*
  - *Visitors are required to make an appointment to allow for the staggering of arrival times, per the Responsible Restart Ohio Guidelines.*
    - *Upon making an appointment, staff will inform visitors of the requirements listed below.*
    - *Staff are required to inform potential visitors that meeting over the phone or internet is preferred and encourage them to schedule a meeting in one of these formats.*
  - *The front and back doors of the office are to remain locked at all times.*
  - *Visitors are required to comply with any applicable mask mandates from the state. If there are no active mask mandates, wearing a mask will be at the discretion of the visitor but is strongly encouraged.*
- ***If a staff member experiences any of the following, they are to notify direct supervisor immediately and will be required to comply with recommendations from medical professional and/or Huron County Public Health:***
  - *Staff member tests positive for COVID-19*
  - *Someone who resides in home with staff member tests positive for COVID-19*
  - *Staff member is exposed to someone who tests positive for COVID-19*
  - *Staff member experiences any of the following symptoms: fever, cough, or trouble breathing*

Visitor Requirements

Visitor definition: anyone that is not a staff member

- ***Visitor requirements will be posted near the front door.***
- ***If there is a mask mandate from the state, visitors will be required to wear a mask while in the building. If no mask mandate, visitors are strongly encouraged to wear a mask while in the building.***
  - *Visitors are encouraged to put on their mask prior to entering the building, or immediately upon entry if they do not have a mask with them.*
  - *Staff, at their discretion, may require visitors to wear a face mask if they request an in-person meeting*
  - *Visitors are encouraged to supply their own masks, however, if they do not have a mask with them, one will be provided for them*
  - *Visitors will also be provided with a brown paper bag along with mask*
  - *Masks are to be placed in bag when removed from face*
- ***Hand sanitizer will be provided and available to visitors near the front door***
- ***Visitors are always to maintain proper physical distancing and remain a minimum of 6 feet away from staff members and other visitors***
- ***Appointments***

    - *It required visitors make an appointment prior to coming to office to ensure adequate physical distancing is able to be maintained*
    - *Arrival times of visitors must be staggered*
    - *Visitors are to be informed of requirements when scheduling the appointment*
- ***Symptom questionnaire will be posted in entryway***
    - *If visitors present with any of the symptoms, they will be asked to leave and come back when they are healthy*
    - *Staff will ask visitors, prior to allowing them entry, if they present with any of the listed symptoms*
- ***Visitors will be required to sign in upon entering the building***

General Office Requirements

- ***Signage on health safety guidelines will be posted in all common areas and entryway***
- ***If possible, enable natural workplace ventilation***
- ***Maintain at least 3 weeks of cleaning supplies and PPE***
    - *Masks, disinfectant, hand sanitizer, gloves*
- ***Frequent disinfection of workspaces, common areas, high-contact surfaces (doorknobs, copier, light switches, etc.), and desks is required***
    - *Office is required to be disinfected prior to leaving for the day, every day, and after each visitor leaves the building*

Attachment III

Mobile Crisis Services

Background:

The COVID-19 pandemic propelled forward the expansion of telehealth services. This expansion was critical in order to ensure continuation of crisis behavioral health services while simultaneously mitigating the spread of COVID-19. Behavioral Health clients could be served in natural environments thus reducing use of Emergency Departments and the potential for exposure.

The "face-to-face" requirement for crisis intervention services was removed. Additionally, the telehealth rule was revised to include the provision of crisis intervention.

Public and private insurers revised their payment structures to encompass telehealth services.

The Counselor, Social Worker and Marriage and Family Therapist Board, the Ohio Credentialing Board and other entities revised rules to support the provision of telehealth services.

While unintended, telehealth services provided a means for meeting the intent of mobile crisis intervention services.

Mobile crisis teams have been promoted due the ability to serve clients within their natural environments and reduce unnecessary visits to the ED and subsequent hospitalizations. Barriers to the implementation of mobile crisis services include the severe shortage of licensed clinicians, the costs of a team response, and safety issues. Telehealth eliminates these barriers.

Firelands has been revising our crisis services in response to emergency rule revisions, however, it is now appropriate to develop a formal tele-mobile response as part of our structure.

Program Overview:

Firelands will enhance its daytime, crisis services in Huron County to expedite access to crisis services.

Firelands will recruit a licensed clinician to provide daytime crisis services to Huron County. This clinician will service Huron and Ottawa Counties so funding can be shared between the respective Boards. This clinician will be able to efficiently serve both counties through the expansion of tele-crisis services including the use of audio-visual software.

Firelands will work collaboratively with the Board and local law enforcement in Huron County to collaboratively develop procedures for accessing crisis services for those in need. This process will include utilization of tele-crisis services, training for law enforcement, and funding for equipment needed to provide tele-crisis services while on calls.

Through partnering with law enforcement, the goal is to reduce unnecessary trips to the ED by providing more convenient access to the crisis service system.

Mobile Crisis Program	Huron
Staffing	**12 month**
Salaries/benefits additional .5 Hotline Staff (additional position)	$ 7,845.42
Salary/benefits of Daytime Crisis Manager	$ 3,960.00
Sign-on & retention Bonuses Daytime 2.0 ES therapists/1.0 CPST	$ 1,650.00
Additional therapist coverage until new ES therapist is hired (this amount covers 9 months, hopefully less if we hire and onboard sooner)	$ 2,970.00
Phones: 2 ES Therapists, 1 ES CPST	$ 475.20
Laptop/licensing (2; one-time expense)	$ 1,155.00
1.0 ES CPST - monthly draw, as needed, to off-set difference between what this position bills compared to traditional CPST. If position generates equal to traditional CPST by year end, funds will be reconciled and credited back to the grant	$ 11,550.00
Training and procedure development for law enforcement and FCRS	$ 2,500.00
Equipment for law enforcement	$ 5,000.00
Total	**$ 37,105.62**

Children's Mobile Response & Stabilization Services

A collaborative community effort by Huron County Children's Services &

Family Life Counseling & Psychiatric Services

Program Description

Mobile Response and Stabilization Services (MRSS) are available 24 hours a day, seven days a week, to help children, youth and their families who are experiencing crises. The services are designed to defuse an immediate crisis, keep children and their families' safe, and maintain the children in their own homes or current living situation in the community.

The goal of MRSS is to provide intervention and support at the earliest moment families identify that help is needed. Early intervention increases the opportunity to minimize the likelihood of future crises and supports a child and family's path to success. MRSS operates through a trauma-informed lens to understand what the family has experienced and then help them cope with the immediate crisis.

When there is a crisis, an MRSS worker is available within one hour to help de-escalate, assess, and develop a plan together with the child and family.

- MRSS is accessible through a designated phone number, which serves as a single point of entry to a range of services.
- As soon as a Huron County Children Service (HCCS) case worker determines that the family meets the inclusionary criteria, the Family Life Counseling clinical staff is dispatched to be on site within the hour or at a more convenient time within 24 hours, depending on the family's preferences and needs.
- MRSS is initially available during the 72 hours following the request for help, with a focus on de-escalating, assessing, and planning, but can be extended for up to eight weeks of stabilization services.

Services vary according to the child and family's individual needs, but often include some combination of the following:

- In-home counseling
- Behavioral assistance
- Caregiver therapeutic support
- Intensive in-community services
- Skill-building
- Medication management
- Coordination and development of informal and natural support systems, such as faith-based organizations, mentors, and peer support
- Coordination of specialized services to address the needs of children/family members with co-occurring developmental disabilities and substance use.
- The treatment plan is developed together with the child and family and is strengths-based, child-centered, family-driven, community-based, trauma-sensitive, and culturally and linguistically mindful.

Families define their own crisis. By working with birth families, MRSS addresses youth and family needs and stabilizes their circumstances, which can prevent the need for higher intensity intervention or additional system involvement, such as entry into foster care. For youth and families who are involved with the child welfare system, MRSS can support youth and foster parents at the time of entry into foster care or at any time during the placement, as well as support a child and family following reunification. MRSS also helps improve relative placement stability, and strengthen post-permanency outcomes by supporting children in guardianship and adoptive families.

How does the MRSS intervention work?

MRSS follows a four-pronged approach:

1. On-site crisis intervention for immediate de-escalation of presenting emotional symptoms and behaviors, including observing, interrupting and shifting dynamics, providing education and skill introduction.
2. Assessment, planning, skill building, psycho-education, and resource linkage to stabilize presenting needs, including understanding strengths, triggers, communication, and other key contexts (medical, mental health, trauma, development, patterns of behavior, collateral outreach, etc.)
3. Assistance to the child and family in returning to baseline or routine functioning, and the prevention of further escalation.
4. Provision of prevention strategies and resources to cope with presenting emotional symptoms, behaviors, and existing circumstances, and create a plan to avoid future crises.

How is MRSS funded?

MRSS is supported through the following sources of funding:

- Medicaid
- Insurance coverage
- Wrap/Flex funds, to support services not covered by Medicaid.

Phase Two Proposal

Phase two of this proposal involves the implementation of short term **Crisis Foster Homes** for children/youth that require placement for safety purposes. The Crisis Foster Home care givers would be trained in the **Therapeutic Crisis Intervention for Families** model, produced by Cornell University, College of Human Ecology. The training is designed to:

- Present strategies for dealing with upset children to prevent and de-escalate potential crises.
- Teach methods to help adults avoid power struggles and enlist a child's cooperation.
- Show how a crisis can be an opportunity for the child to learn new coping skills

The crisis foster home care givers would serve as an integral part of a comprehensive Children's Mobile Response & Stabilization Services team. The objective of the crisis foster home placement will be to provide a short term safe environment while working with the team to safely reintegrate the child/youth back with their family. This component would be implemented when crisis placement criteria is met at the direction of Huron County Children Service

Draft proposal: # 1 – submitted 9/18/2019

Steven Burggraf Ph.D.

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Attachment IV

AGREEMENT

This agreement between the Huron County Board of Mental Health & Addiction Services (MHAS Board) and Arrowhead Behavioral Health (ABH) will be effective October 1, 2020 through September 30, 2021 and may be renewed by mutual written consent of the parties. Either party may terminate this agreement, without cause, with a 30 day written notice to the other party.

MHAS and ABH agree that ABH will provide inpatient drug and alcohol detoxification treatment for pre-screened indigent adults. The indigent adult must be a resident of Huron County. Prior to sending patient for admission, MHAS agrees to verify county of residence for patient sent for treatment to ensure they are covered under this contract.

MHAS agrees to pay ABH in full per terms of this agreement within 30 days of receipt of an invoice. ABH agrees to provide an invoice for services provided at ABH at the below all-inclusive per diem rate.

ABH agrees to provide inpatient drug and/or alcohol detoxification treatment to indigent adult patients to the extent such services are provided at ABH and subject to admission criteria and capacity at the following all-inclusive per diem rates:

Inpatient Drug and/or Alcohol Detox: $800.00/day

The rate in this agreement is a rate for payment by MHAS and no third party may rely on the use of this rate. The rate applies to all services rendered to the client while a patient at ABH.

When a patient with third party coverage is referred for services, ABH will bill the patient's third party coverage. MHAS assumes no financial liability for patients having third party coverage. In the event the third party does not authorize payment, MHRBEO, based on findings of utilization review, may authorize payment of services at the agreed upon rate indicated in this agreement.

ABH will not be responsible for transportation costs for patients being brought to, discharged from, or transferred from ABH whose treatment is paid under this agreement.

MHAS agrees to pay for services to be deemed medically necessary. Within the first 24 hours of admission, ABH will complete the assessment to include diagnosis and projected length of stay. MHAS agrees that treatment length of stay of any patient sent to ABH for services will be determined by the ABH Clinical Team.

ABH agrees not to reject or eject any patient referred for drug, and/or alcohol treatment under this agreement to the extent treatment can be provided at ABH, provided that ABH has capacity, and that medical clearance for the patient has been obtained prior to transfer to ABH (following the ABH Medical Clearance Policy) and admission has been authorized by and ABH Attending Psychiatrist.

ABH agrees to transition/discharge plan patients from MHAS back to services in their community by partnering with and coordinating care with Firelands Counseling and Recovery Services and/or other community mental health providers in Huron County

ABH reserves the right to determine whether a potential patient is not clinically appropriate to be treated at ABH due to physical risk of harm to self or others. Patients that pose such risks will be sent to other area hospitals in accordance with the ABH policies and procedures.

Theresa Contreras, CEO
Arrowhead Behavioral Health

10/6/2020
Date

Kristen Cardone, Executive Director
Huron County Board of Mental Health
And Addiction Services

Date

Attachment V

Questions/Comments about Proposal and Business Plan:

1. Did not submit a complete proposal as budget forms were not submitted. Emailed 10/15 in AM to request and still have not received.
2. Staffing
    a. Do they plan to have 24/7 staffing?
    b. How many staff on site at one time?
    c. Payroll/staffing estimates are FAR too low
3. Spiritual wellness
    a. What if the client is not Christian?
    b. Is this a faith-based organization?
4. Did not answer regarding evidenced-based practices under Core Features section.
5. Define violent crimes
6. Organizational description in proposal is lacking. How long have they been a 501c3? what other programs and services have they been involved in? What is their history?
7. Amount listed in operational budget for utilities does not align with what was said during walkthrough
    a. Average for gas and electric while operating as a bank (i.e. less than 50 hours per week) was $1,800 per month. Will be significantly higher when used at full capacity 24/7.
8. How do you plan to bill for peer support services?
9. Will you be receiving a portion of the money the counseling agency brings in for services provided?
10. It states in the RFP that there will be "resident payments" and "resident monthly fees". What is the difference? What are the amounts? What does it cover?
11. How much is rent?
12. At what point are clients permitted to obtain jobs?
13. What if they do not have jobs or are unable to pay? Will they be accepted?
14. Are residents expected to work full time and participate in programs at house if so, what does that look like?
15. Define personal items the client is expected to pay for
16. Are they expected to walk to the grocery? Have to pass quite a few bars to get there which could be a risk to an individual's recovery.
17. Why is Terry Boose no longer on the Board?
18. Has an inspection been completed for the property?
19. Is there increased liability insurance needed since share a wall with bar/restaurant?
20. Who are they collaborating with for the programs?
    a. The partners listed in RFP such as FTMC, county health departments etc. – have they already been contacted and offered support?
21. The focus of the project is a recovery house for substance abuse but how will they address any and all mental health needs?
22. Details on how clients will be linked to resources is lacking
23. Is there data to support the listed anticipated outcomes?
24. It states in the "Organization" section that the 501C3 "is being transferred, has that been completed?
    a. Please provide proof of 501c3
25. Business plan states "residents can stay as long as needed"; who determines this? What is the longest possible length of stay? What is the plan for transitioning to independent living?

26. It is stated most funding will be obtained through grants, which are very competitive and not guaranteed. Also, the operating budget does not reflect this statement.
27. Risk assessment: did you already reach out to neighbors/community members and seek feedback regarding recovery house?
28. Should procedures and standards already be in place before moving forward with purchasing a building and renovations?

Best Practices:

1. Do not have anyone on their Board that has experience with Recovery Housing or clinical background.
2. Onsite counselor is not permitted according to the State
3. Recovery Homes should be in an actual house and look like a home, according to best practices. They should also be located in a residential neighborhood. This feedback was shared with them.
4. Bar (Eagles) in the same building – they share internal walls.
5. No outdoor space which is identified as being important in the Best Practices document and is needed.

Concerns from a Board consistency perspective:

6. Told all other organizations that we are not considering expanded funding at this time for FY21 – how do we justify funding this project and not those?
7. Did not approve House of Hope's request to expand beds. Again, how justify funding this and not HOH?
8. They are requesting funding for purchase and anticipate renovations to cost close to $600,000 which is extremely high. How will they pay for this? What happens if they cannot get that funding? The financial stability of the project is currently unknown.

General concerns

9. No experience operating a Recovery House. Starting a recovery house is not easy and a lot of things need to be taken into consideration.
10. Only ¼ of Bellevue is in Huron County so they most likely will not be serving more than ¼ to 1/3 of Huron County residents.
11. How was the need determined? Did not ask us.
12. How did they decide on men?
13. What is the sustainability plan?
14. Do not believe renovation cost includes furniture – what is estimate on furniture cost?
15. 20 – 25 men is a large number of people in one recovery home

General Information:

16. If fund, would need to require they be certified within 12 – 18 months.
17. Our number one commitment is to our current contracts and the clients they serve.
18. Only funds we have that can be used for capital projects is Levy reserves.
19. FY21 and FY22 funding is still unknown and we will most likely see cuts to our funding in the near future.

20. Recovery Housing was identified as a need in our strategic plan. When we submitted the capital funding request to the state, we asked for funding for a women's recovery house as that was identified as being the main need.