

Planning and Monitoring Committee Meeting

Meeting date: Monday, August 5, 2019

Meeting time: 5:00pm – 6:30pm

Meeting location: Conference room, 12 Benedict Ave.

Recorder: Kristen Cardone

Committee Members Present:

X	Laura Wheeler	X	Steve Barnes, Committee Chair
X	Rob Duncan, First Vice Chair		Mike White - Excused
	Julie Landoll - Excused	X	Lisa Hivnor
X	Ken Murray		

Board Staff Present:

X	Kristen Cardone, Executive Director	X	Ashley Morrow, Administrative Assistant
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Unfinished business/updates:

- Nominating Committee update – Lisa Hivnor
 - Ms. Hivnor shared that currently there are no new updates regarding the nominations for Board seats. She asked the committee if there were any suggestions for Board seats.
 - Ms. Wheeler stated she felt comfortable nominating Ms. Katie Chieda as Board Chair.
 - Ms. Cardone said that she has spoken with Ms. Chieda and stated she did not decline the nomination but had questions surrounding the responsibilities. Ms. Cardone also shared that Ms. Chieda will not be able to attend the committee meeting or Board meeting next week. It was determined however, Ms. Chieda does not have to be sworn in at a Board meeting, as long as it is done in person, and she also does not have to be at the Board meeting to accept the position as Board chair if she so chooses.
 - Ms. Wheeler said that if Ms. Chieda declines Board chair position, she would be willing to serve as vice or second vice chair.
 - Ms. Hivnor stated that if Ms. Chieda would accept the position of Board Chair she would consider accepting the vice chair position.
 - Ms. Wheeler added that since Mr. Dave Light has stepped down as both vice chair and committee chair, Ms. Hivnor could fill both of those positions.
- FY19 4th Quarter Reports (Attachment I)
 - The committee reviewed the 4th Quarter reports that were attached to the meeting agenda.
 - Mr. Duncan shared that he was happy to hear the House of Hope in Willard was full.
 - Ms. Cardone agreed it is good to see it full. She added that there is a need for more housing as well with ALERT supporters struggling to find housing for clients.
- Historical Underspend Report (Attachment II)
 - Ms. Cardone discussed the historical underspend report that would help Board members decide when and how often to accept RFI's throughout each year. She added that if the Board decides to accept proposals multiple times throughout the year, it may be important to begin seeking out alternative funding for specific needs and ask for RFI's to fill those gaps.
- Office Space Report (Handout)

- Ms. Cardone reviewed the office spaced report with committee members.
- Concerning the office space located at 30 Benedict, Ms. Wheeler asked at what point will the elevator become in issue with the renovations and updates that will be required to be ADA compliant. She stated that would be a concern to think about.
- Mr. Barnes stated that maintenance of an old building would be a concern for him regarding 30 Benedict office space and he does not think that would be a good decision.
- Ms. Wheeler asked Ms. Cardone what the pros and cons are of having an office space right in town vs. being on the outside of town.
- Ms. Cardone responded the pros would be being in walking distance to other place such as the prosecutors office and the cons would be parking uptown is limited and at times difficult.
- Ms. Wheeler stated she would like the group of Board members to walk through a couple of the possible locations. She also stated it would be important to have a space where the Board can make their identity know. She added that the recent decision to move to the current location was the right decision to make a year ago but it is time for the Board to move.
- Committee members agreed to walk through 24 Main Street and the old Hitching Post locations.
- Ms. Cardone said that she will determine a couple days/times for the Board members to have an opportunity to see both properties.
- Strategic Plan (Homework handout)
 - Ms. Cardone reviewed the strategic plan handout given to committee members. She also stated she will email a copy to each Board member.
 - Ms. Cardone asked committee members their opinion on how they would prefer to schedule the work days for the strategic plan.
 - Ms. Wheeler stated she felt that half days would work best for most Board members due to work schedules. Ms. Wheeler suggested scheduling strategic planning for September 9th & 10th, having one morning session and one evening session.
 - Ms. Cardone will share the suggestion with the Implementation committee for feedback.
- FI Community Housing Audit results and report (Attachment III)
 - Ms. Cardone shared a report for the results of FI Community Housing's audit as well as a recent meeting she had with FI Board members which is found in attachment III.
 - Ms. Wheeler stated she appreciates FI wanting to repair the bridges that have been burned with the Board but they also need to be repaired with the commissioners.
 - Mr. Duncan added that the ties are already severed and trust from the community is gone.
 - Ms. Wheeler asked if the sign for FI was still outside the building.
 - Ms. Cardone was not sure but stated she made the Board prosecutor, Mr. Randal Strickler aware.
- Willard Community Connectors (Attachment IV)
 - Ms. Cardone reviewed the attachment for Willard Community Connectors with committee members.
 - Ms. Cardone stated that this proposal was tabled until the state budget was approved and now it has been so the Board needs to make a decision on funding for this proposal.
 - Dr. Ken Murray stated he does have some questions regarding the salary of the coordinator. He said he would be interested in knowing how much time the coordinator works for Northpoint and how much time is with Willard Community Connectors, and what the total salary is combined.
 - Ms. Cardone stated she will request that information and report back to the Board.
 - Dr. Murray added that the amount requested for fringe benefits seemed higher than normal.
 - Ms. Cardone shared that the amount requested was for family benefits.
 - Ms. Cardone shared feedback received from Board member Julie Landoll regarding the program:
 - Dr. Murray added that the state budget was released for the next two years so if the Board agrees to funding the program this year, they need to consider the following year as well.

- Audit findings from special audit (Attachment V)
 - Ms. Cardone shared with committee members the results of the special audit conducted on the Board for SFY19.
- Cell phone update
 - Ms. Cardone shared with committee members that she discussed the cell phone issue with the Board's prosecutor, Mr. Randal Stricker. Ms. Cardone shared that Mr. Strickler told her if there was a public records request, all phones would be subject to review. Since Board staff have currently been using their personal phones, they would still be subject to review even if the Board decided to get Board cell phones.
 - Ms. Cardone shared that since personal cell phones would be required as well, she does not feel there is no need to get additional phones for staff.
- Grant opportunity with DJFS and Park and Rec Department

Discussion Items:

- Presentation Requests
 - Ms. Cardone shared that Jeff Ritz and Kelly Shook have requested to present to the Board.
- Drug Free Clubs of America
 - Ms. Cardone shared with committee members that she recently met with NEDC's Executive Director, Heather Horowitz, concerning Drug Free Clubs of America. In that meeting, Ms. Horowitz asked for clarity on the contract. She said she was unaware that when the Board approved the contract that they eliminated the \$6,000 requested for admin. She shared that the NEDC Board would not agree to her doing the program without the administrative fee. She said she does not feel comfortable signing the contract and asked Ms. Cardone to ask the Board if she is able to use the extra money she will have for any administrative time.
 - The committee agreed that the contract has already been approved and it states that funding is not for administration.
 - Ms. Cardone said that she would share that with NEDC.
- Confidential email (Attachment VI)
 - Ms. Cardone shared with the committee a quote she requested for confidential email. She stated that the Board currently is unable to have a fax line so this would be an option to consider to ensure all information shared remains confidential.
 - Dr. Murray suggested waiting until Board staff moves into the new location to determine what would cost less, a business fax or the confidential email
- Policies and procedures
 - Ms. Cardone shared with the committee a discussion her and Ms. Wheeler had regarding the creation of a Policy and Procedures committee. Ms. Cardone stated that according to the Board's bylaws, the Board Chair authorizes the formation of the committee.
 - Ms. Wheeler asked what timeline the Board has to update the policies and procedures.
 - Ms. Cardone stated that the policies and procedures required to be updated for Culture of Quality have a deadline of April 2020. The Culture of Quality updates would be priority followed by fiscal policies.
 - Ms. Wheeler added that she feels a member of the Implementation committee would be a good candidate to head up the committee.
 - Ms. Cardone asked if there were any committee members present that would be interested in being apart of a Policy and Procedures committee.
 - Ms. Wheeler stated she would be interested and felt Dr. Mike White would be a good addition if he was interested.

- Committee formation
- Community Center/Peer Support Center
 - Ms. Cardone shared that recently there has been discussion amongst Board members surrounding the need of a community/peer center. Ms. Cardone asked committee members that if this is a priority for the Board, it can be a discussion with the strategic plan.
 - Ms. Wheeler asked if the community center and a peer center can go hand in hand.
 - Ms. Cardone shared that they don't have to.
 - Ms. Wheeler asked if FI Community Housing was considered a community center.
 - Ms. Cardone stated that according Brown Consulting, FI was a drop-in center, not a community center. FI did not offer any community outreach or engagement, they only were a center for people to stop in for meetings. Ms. Cardone added that the idea of a community center is to include all people, not just people struggling in addiction, a wellness center that also offers peer support.
 - Ms. Wheeler asked if Lorain County currently has a community center.
 - Ms. Cardone said she thought they did at one time and it was connected to their mental health board.
 - Dr. Murray suggested reaching out to see what other counties have wellness centers to gather more information.
 - Ms. Wheeler stated that she would be in favor of a community wellness center.
 - Mr. Barnes stated he would be in favor as well but the concern would be finding a building.
 - Ms. Cardone shared that the Board could use the Community Action Plan, the only issue is finding a location.
 - Mr. Barnes shared that the right location and right size would be needed.
 - Ms. Cardone said the first step is identifying if this is a priority first and if it is, then sending out an RFI
- 40 Developmental Assets (Handout)

Action Items:

Motion: To approve the Mercy Health Foundation SFY 2020 proposal for Willard Community Connectors program in the amount of \$X.

Potential Motions for Implementation:

Motion: To approve purchase of confidential email system through ES Consulting with an initial cost of \$170.00 and an ongoing monthly cost of \$20.00.

Attachment I
SFY19 4th Quarter Reports
HURON COUNTY BOARD OF MENTAL HEALTH AND ADDICTION SERVICES
SFY 2019 Quarterly REPORT
CATHOLIC CHARITIES DIOCESE OF TOLEDO

Number of Guests: In the Fourth Quarter of Fy 19, Miriam House has served 23 clients. Of the 22, 11 were adults (18 and over) and 12 children ages 0-17. Of the adults, 7 had Mental Health Diagnosis and 4 were dual diagnosed with Substance Abuse.

Ages of Clients:

Under 5: 4
Ages 5-12: 3
Ages 13-17: 5

Race/Ethnicity of Guests

White: 15
Black or African American: 7
Native American: 1

AAS Program

Program implementation

The funding contract continues to fill a 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 range individual in need of guardians have dealt with a limited number of potential guardian candidates. The contract has resolved some of this pressure allowing for guardianship candidates being available to serve. Referrals are approved by Kristen Cardone and then processed applications and introduction to potential wards are initiated.

Cases

We currently have seven cases in guardianship. This has more than doubled our case load since last report. We still have one pending case that is dependent on the mental health system deeming candidate incompetent. Placement of these clients is often difficult as few housing options exist in Huron County for these clients. All these clients are currently placed outside of Huron County.

The coordination of the guardianship application process among the interested parties is improving. Application at times is held up by the completed statement of expert evaluation being completed by a medical professional and getting original statement to the Catholic Charities for processing.

House of Hope SFY 2019 Fourth Quarter Report

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 July 1, 2019 House of Hope has been for eighteen months. Senior Resident Kevin Carr, CDCA oversees the daily operations of the house. Kevin is respected by the residents. He enforces rules and dispenses compassion appropriately.

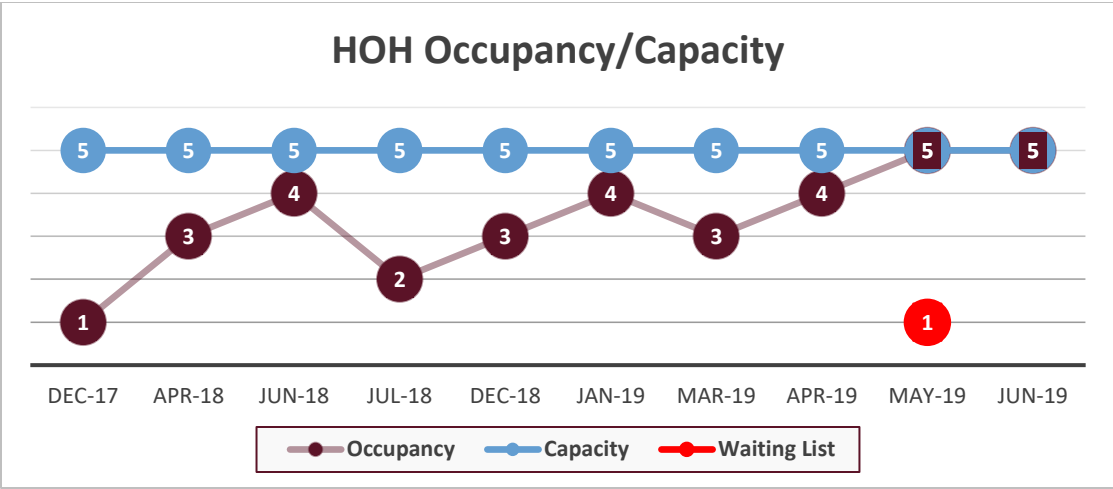
Our contract with Huron County MHAS ends on July 1. We have transitioned the operation of House of Hope to Family Life Counseling. Dr. Steven Burggraf is managing the administration of the house. Mike Bell, project manager under Starting Point, is serving in a consulting capacity.

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

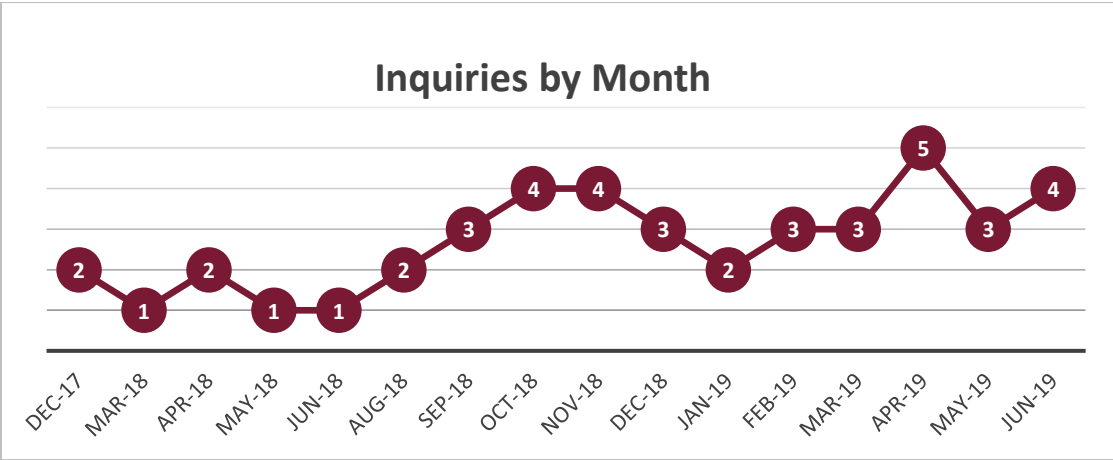
House of Hope is certified by Ohio Recovery Housing. ORH has approved the operational transition from Starting Point to Family Life. House of Hope completed the annual fire inspection and obtained a certificate of occupancy to be compliant with Ohio MHAS Quality Housing Criteria.

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

As of May 5 we have reached our capacity of five participants. For a short time we had one person on a waiting list with two additional inquires after we reached capacity.



During the month of June two persons left but they were quickly replaced with referrals from new sources which indicates we are increasing our visibility among providers and the recovery community. Of the five persons currently at the house, four are from Huron County, one is from Franklin County and has supportive relatives living in the Willard area.



Inquiries have remained between three and four per month since we lowered our sobriety requirements in August 2018.

HOH Statistics as of:		7/1/19	
1	Total Inquiries	43	
2	Huron County Inquiries	29	67%
3	Out of County Inquiries	14	33%
4	Total Applied to HOH	20	47%
5	Accepted by HOH	14	70%
6	Not Accepted by HOH	1	5%
7	Accepted by HOH, Applicant Declined	3	15%
8	Did Not Qualify or Pursue Application	28	65%
9	Current Participants	5	

- Percentages in lines 2 through 4 are based on line 1; lines 5 through 7 are based on line 4; line 8 is based on line 1.
- Did not qualify/did not pursue application has been expanded to include persons who were either ineligible for participation based on sobriety or judicial status or applied but chose other living arrangements.

- 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 pursue an application 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.)

Reasons for not qualifying/applying/accepting.	
Chose alternative living arrangements	8
Insufficient Sobriety	6
Relapsed	4
Sex offense	3
Follow up, no response	2
Significant Mental Health Needs	2
Violent criminal behavior	1
Incarceration/Criminal Record	1
Using Prohibited Medicine	1
Grand Total	28

Our analysis leads us to conclude that many persons who did not qualify would benefit from a Level 3 sober living environment which provides greater structure and permits a broader spectrum of needs to participate. As leaders, we tend to view the recovery housing levels for their clinical and administrative requirements. We need to view them as steps in the progression of sobriety and provide services and place persons accordingly.

Length of stay includes all persons who have been accepted into and have resided at House of Hope, excluding the Senior Resident. Six months is considered a minimum desirable length of stay. We permit persons to stay as long as a year and renew if needed and space is available. Length of stay is lower at this time due to the number of new participants.

All Participants (excludes Sr. Resident) Length of Stay		7/1/19
as of:		
Avg. Months		3.8
Longest (months)		10.7
Shortest (days)		3

The following data shows age groupings for all applicants. Prior to opening the house we expected the majority of applicants to be in the 20 to 30 age range.

Age Groupings for Applicants	Age
<20	
20-29	6
30-39	5
40-49	2
50-59	6
60-69	1

Grand Total	20
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Client interviews yield data on drugs used. Below is the summary of drugs of choice. Many participants report abusing multiple drugs but there is typically one primary drug.

Primary Substance Abused (Gathered at Interview)	Total
Heroin	7
Alcohol	3
Crack Cocaine	2
Cocaine	1
Prescription Opioids	1
Methamphetamine	1
Grand Total	15

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

House of Hope maintains many policies, procedures and forms which undergo review for continuous improvement. We recently redefined the residency term to thirty days with an ongoing thirty day renewable length of stay. This enables us to terminate participation quickly while remaining compliant with fair housing laws. This strategy was suggested at the latest Ohio Recovery Housing conference.

We have developed the analytics shown in this report to help us better understand our client base, demographics and recovering community needs.

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

Participants receive periodic training and review in fourteen procedures and documents related to living in the house and participate in a review of recovery progress, needs, concerns and goals.

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?

Sobriety requirements were lowered to thirty days and we have accepted persons outside of Huron County.

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.

- Mike Bell and Kevin Carr attended the Ohio Recovery Housing conference on April 2 and 3 in Columbus.
- Advisory Board member Mark Fritz presented to the Huron County Starfish project on April 4 and was warmly received.
- Have provided business plan, operational and compliance documents to a group from Bellevue who is interested in starting a recovery residence in that community.
- Hosted visit from Surest Path Recovery Center in Fremont on 5/15.
- Provided advocacy for a participant to be employed at a local trucking company.
- Provided funds for the purchase of a birth certificate so participant could apply for employment.
- Connected two participants with local banking services.
- Connected two newest participants with Spherion staffing. One person has secured employment. The other will be looking for local small business employment.

- Working closely with Family Life Counseling on a seamless transition of the operation of the house.
8. **How are you evaluating the success of your program? Are you collecting outcomes? Please include your projects outcomes.**

Following are outcomes concerning all participants that occurred in the quarter.

- The Senior Resident is putting his CDCA training to use and is employed by Family Life Counseling.
 - Participant successfully passed CDL license test and is now working which was one of his goals.
 - Participant has returned to church and is maintaining relationships with key family members.
 - Three participants attend church regularly.
 - Participant has been engaged in community service through his church at area nursing homes.
 - Participant working to restore relationship with spouse.
 - In June all participants were employed. Participants have worked a combined 48 weeks in 2019.
 - Participant was able to realize goal of having their own apartment, rejoining spouse and preparing to have children rejoin the family.
 - HOH participants attended 601 sober meetings YTD for an average 6.8 meetings per person per week. (The minimum requirement is five.)
 - HOH participants have engaged in 435 hours of community service in FY 2019.
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. We continue to need is referral of potential participants to our sober living house.

Report prepared by Michael Bell, HOH Project Manager, 7/11/2019

FIRELANDS COUNSELING AND RECOVERY SERVICES OF HURON COUNTY
PERFORMANCE IMPROVEMENT REPORT
QUARTER 4 FY19 (April 1, 2019-June 30, 2019)

I. Continuous Quality Improvement Statistics: Benchmark= 90%

Categories	Results
Appropriateness of Admission	93%
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 April 1, 2019-June 30, 2019.

Admission (all TX programs)	Treatment plan completed within 60 days after admission	93%
	Treatment plan includes patients “abilities” clearly listed	
Continued Stay	Treatment plan is active/current	88%
	Attendance/participation is consistent (or documented exception due to severity of symptom impairment)	
	Progress in treatment –client engagement	
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 conducted through the EMR via the Performance Improvement Coordinator focusing on specific indicators.
- 2). HFAP follow up completed.
- 3). Satisfaction Surveys for 2019 will be distributed in September.

IV. Client Grievances/Incidents in the 4th Quarter FY19

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

Incidents: There were no reportable incidents in the fourth quarter.

ALERT Tracking & Reporting April – June 2019

In recent months, the ALERT program has evolved to help fill the gaps in peer services that were needed in both the jail and the community.

As discussed in previous meetings, the ALERT team has extended their services to the jail as well as responding to requests from community members and agencies.

In the recent months ALERT has helped individuals in the jail, individuals referred to from probation, and also individuals who have called MHAS requesting help.

Jail Groups April 21st-June 30th

We began our ALERT groups in the jail April 21st. Below is a list of the number of attendees for ALERT jail groups each month. We have seen a total of 87 males and 95 females in the last 3 months. Please note that these numbers are not all new individuals and some of these individuals may be duplicated due to the fact that multiple inmates are serving an average 11-30 days in jail. We do have each inmate sign in however so we can track those who attend multiple times vs. one-time attendees.

ALERT JAIL GROUPS		
Date	Men	Women
April	19	0
May	26	51
June	76	55
Total	121	106

No female ALERT groups in month of April

Extended services April-June 2019

The below are the extended services that have been provided by the ALERT peer supporters in the months of April-June.

April

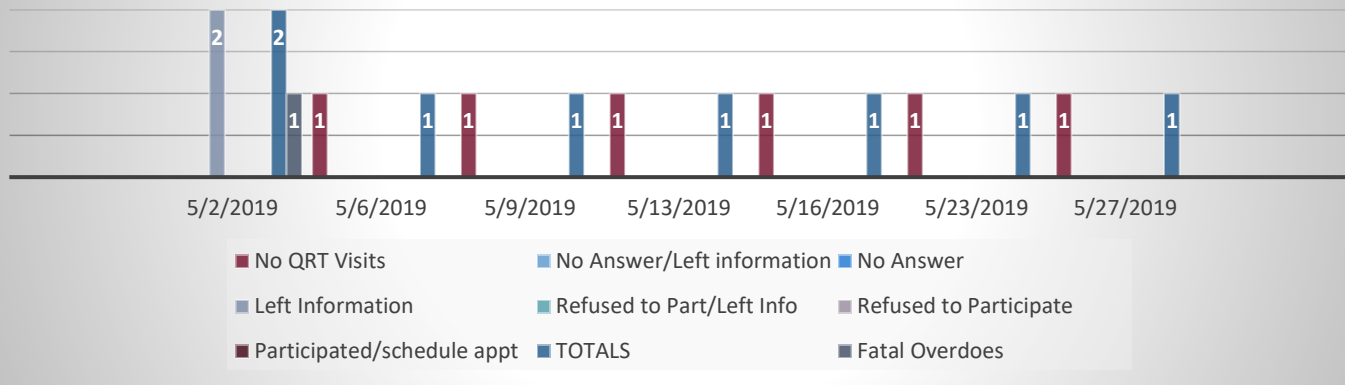
ALERT Services Tracker			
SERVICES	Male	Female	Description of Services
Detox	1		One client was served and taken to detox on 4/11/19 at Widsor Laurelwood and transported to Surest Path for treatment on 4/16/19
Treatment	1		
Recovery Housing			
Substance Abuse Tx			
Health Care Benefits			
Incomce Support/Benefits			
Food/Clothing			
Transportation			
Legal			
Other			
Total	2		

May

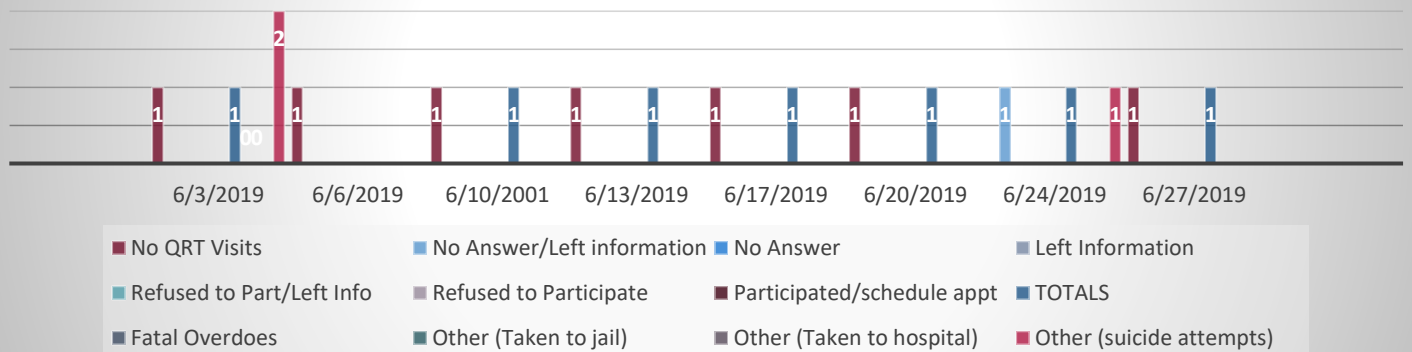
ALERT Services Tracker				
SERVICES		Male	Female	Description of Services
Detox		1	2	We had a total of 2 females placed into detox. Both were taken to Erie County Detox.
Treatment		1	3	We had 1 male taken to Erie County Detox.
Recovery Housing				We had 3 females taken to treatment. 1 female was taken to New Day and 2 females were transported to Becky's House.
Substance Abuse Tx				We had 1 male fill out and submit a medicaid application.
Health Care Benefits		1		We had one male released and in need of toiletries, clothes and shoes. Ms. Morrow provided the needed items.
Incomce Support/Benefits				We had one male in need of transportation after being released from HCSO. Mr. Riley transported the individual to Vermillion where he resides.
Food/Clothing		1		We had one male transported to Primary Purpose for treatment after release from HCSO.
Transportation		1		
Legal				
Other				
		5	5	

June

QRT May 2019



QRT June 2019

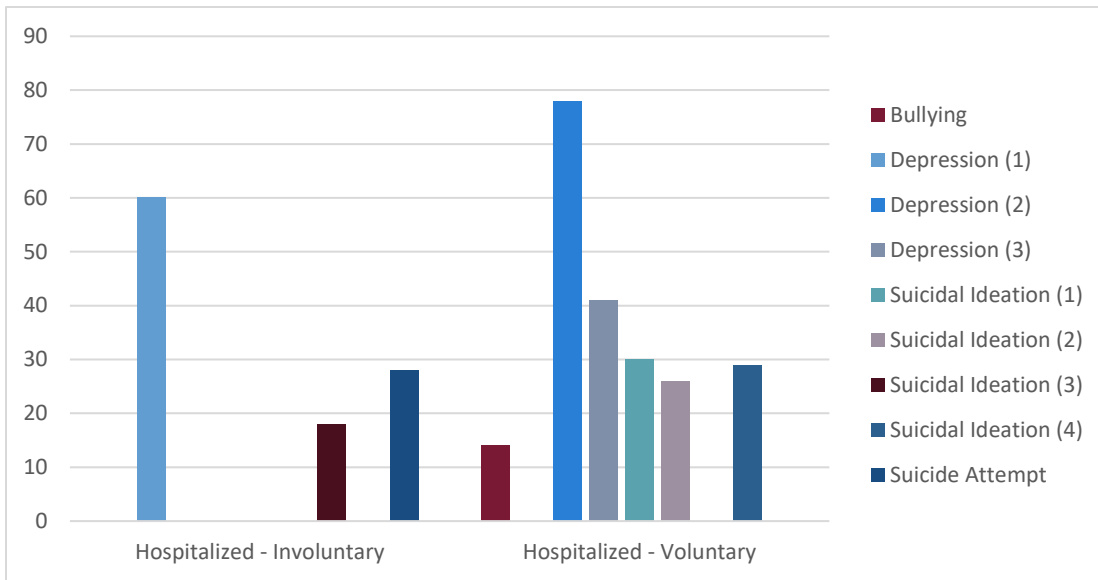


Firelands Crisis QA Report for fourth quarter of FY19

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. Nine (9) clients were hospitalized. Overall, the emergency screenings were thorough and clients were appropriately managed and linked to care.



Family Dependency Court 4th Quarter Report

Quarter 4 Report: 04/01/2019 to 06/30/2019

Report Due Date: 07/31/2019

Instructions: Please fill in the highlighted boxes.		
Huron County		
Specialized Docket	Number of Clients Served in the ATP for Quarter 4	Number of Clients Served in FY19 (Unduplicated Client count)
Docket Name	Family Dependency Treatment Court	11
Total Clients Served in Q4	7	

Attachment II

Historical Underspend Report

SFY 2018

	Approved Budget Amount	Spent	Percentage of funding utilized
Firelands	\$1,169,568	\$814,803	71.72%
All Expenses	\$1,879,580	\$1,348,118	71.63%

SFY 2017

	Approved Budget Amount	Spent	Percentage of funding utilized
Firelands	\$1,132,743	\$775,814	68.49%
All Expenses	\$1,713,741	\$1,229,889	71.77%

Attachment III



FI COMMUNITY HOUSING REPORT

Information

- July 5, 2019, phone call from Rick Buchanan and Tiffany (FI Board members)
 - Phone call to gather information around FI leaving Huron County, asked questions around certain concerns (audit, not being welcome in Huron County, would they be welcome back in Huron County)
 - Request for Board meeting minutes from meeting when FI stated they are leaving Huron County
- July 11, 2019, phone call with Tracey Jones (former FI Board Chair)
 - Stated she is stepping down as Board Chair and voiced her reasons behind this including comingling of funds, concerns over how money is spent, FI being 5 months behind in paying bills in Summit County
 - Email from Tracey
 - Tracey asked how to report fraud concerns
 - Randy recommended she contact the State of Ohio Auditor
 - Ms. Cardone relayed this information to Tracey
- 7/24/2019, phone call from Rick Buchanan and Tiffany
 - Rick Buchanan is now Board Chair
 - Requested meeting on 7/29/2019
- 7/24/2019, phone call from Randy Strickler stating Rick Buchanan called the Prosecutor's office to ask how to report misappropriation of funds
 - Rick was advised to contact NPD and the State of Ohio Auditor
- 7/29/2019 Meeting with Board member and volunteer from FI
 - Board member and volunteer representatives for FI Community Housing requested a meeting the MHAS staff to discuss the previous relationship between FI & MHAS. The goal of the meeting was to identify and discuss concerns that contributed to FI leaving Huron County.
 - Representatives from FI shared the following:
 - There have been dramatic changes in the FI Community Housing Board: new Board members have been brought on with various backgrounds and expertise such as finance, clinical, and medical. There have also been significant staff changes "from top to bottom".
 - The changes on the Board were necessary to establish strong fiscal management as well as clinical and peer-based models to ensure comprehensive services are being provided.
 - Their vision is providing "long term sustainable recovery solutions" by offering wraparound services, not just peer support.
 - Currently FI is working towards OMHAS certification and is submitting their application 8/2/19. They also are working on diversification of funds. In addition to government

funds, they plan on expanding their funding streams to include foundation, corporate, and individual donors.

- FI representatives repeatedly apologized for any and all issues that had occurred during the time FI was offering services in Huron County. In closing they asked how they can repair the “bridges that have been burned” by previous administration and what/if anything can they do to help fill the needs in Huron County.
- They acknowledged that Huron County might not consider working with their organization again which they understood and respect however if Huron County would possibly consider working with their organization again, they asked what the areas of opportunity would be.
- The following areas were discussed:
 - Tracking
 - Collaboration
 - Transparency & Honesty
 - Communication

Summary of Audit Findings

- The formal Strategic Plan reviewed did not elaborate how the short-term and long-term goals are to be achieved.
- There is no Policy Statement on Client Service Fees or Client Fee Agreement.
- FI Community Housing, Inc. needs to prepare financial statements where certain key figures did match – net income on Statement of Financial Position (Balance Sheet) and Statement of Activities (Profit & Loss); and cash on hand Statement of Financial Position (Balance Sheet) and Statement of Cash Flows
- No formal Business Plan exists for FI Community Housing, Inc. to effectively and efficiently address fiscal and operations challenges
- It is not possible to determine FI Community Housing, Inc.’s overall financial condition as Brown Consulting was not provided with their most recent external independent auditor’s report as requested. The limited financial information provided by the Norwalk facility operation does not allow Brown Consulting to evaluate the FI Community Housing, Inc. as a whole. Questions and requests for additional information to FI Community Housing, Inc. remained unanswered as of June 14, 2019.
- During its initial document request, Brown Consulting requested a number of documents / reports that could demonstrate performance outcome results, contract deliverables and reporting compliance, etc. The only document received that might address the above was a Power Point presentation demonstrating HCPRCC’s “stats” for the sample period of February 2018 through March 2019.

Public Records Requests

- Tracey Jones requested a copy of FI’s final billing invoice submitted to the Board (emailed)
- Rick Buchanan requested a copy of Board meeting minutes from X meeting during which FI shared they will no longer be providing services in Huron County (emailed)
- Rick Buchanan requested a copy of all of FI’s billing invoices

- Rick Buchanan requested copies of the past 2 years of Board meeting minutes, stating he is concerned with how FI staff treated the clients, Board staff, and Board members

**Attachment IV
Willard Community Connectors**

CAS	Fund Group	Fund	ALI	ALITitle	As Passed by the Senate FY 2020	As Passed by the Senate FY 2021	As Reported by Conference Committee FY 2020	As Reported by Conference Committee FY 2021
EDU	SLF	7017	2006 29	Community Connectors	\$0	\$0	\$0	\$0

Janet’s list of responsibilities includes:

- Identifying partner agencies and individuals to supply mentors
- Mentor background checks, orientation and training
- Mentor matching and scheduling
- Working with school to identify children who need mentoring
- Mentee intake (student and parent)
- Creating the mentor curriculum for orientation and ongoing professional development
- Gathering all needed supplies for mentors/mentees (teaching and curriculum supplies; mentor resources)
- Coordinating mentor/mentee schedules with classroom teachers
- Data collection for outcome reporting (mentor hours, mentee hours, documenting progress toward goals)
- Data input for funder reports and advisory board updates
- Communication and meeting coordination with advisory board
- Communication with parents
- Developing community events for mentors, mentees and parents
- Securing donated resources or sponsorships for program; assisting with grant writing
- Budget tracking

I do not know how her original compensation was derived (I did not work for Mercy), but I did compare it to the average full time teacher salary in Willard City Schools, which is about \$51,500, so it seems reasonable for a coordinator role. She has a bachelor’s degree, is working toward her MBA, and has a work history in volunteer coordination, school programming and grant management. I have attached her resume. This role requires her to work very independently because we can’t offer the school any compensation for their services.

For the grant that ended 6/30/19, Janet was paid \$38,942 for her 188 day contract (182 working days and 6 paid holidays) and fringes in the amount of \$23,623. We have done a 2% cost of living increase in the salary both of the years that I have been responsible for the grant. Lynn Detterman, on behalf of the advisory board, agreed to a cost of living increase from 18-19 to 19-20 because they have been very happy with her performance.

Attachment V

Special Audit Findings

We conducted a special review of the Huron County Mental Health and Addiction Services Board. We reviewed the payroll of the Executive Director and the Assistant to the Executive Director. We verified that they were paid according to the agreed salary rate approved at the board meeting. We did not note any overtime payments and the rate paid for the sick and vacation balance on their last day of employment was based on the agreed salary rate.

A total of 36 disbursement transactions were tested, of which 20 were disbursements for non-claims, supplies and mileage reimbursements. We noted:

- a. One instance when the mileage computed and reimbursed was higher by \$2. We recommend computation of mileage be reviewed to avoid over or understating reimbursements; and
- b. Two instances when the support for mileage reimbursement for a training attended did not include documentation for the type of training attended. We recommend that registration forms or other supporting documents always be included in the file.

In general, all disbursements were properly supported by invoice, purchase order and warrants. However, all of these are reviewed and signed off by the Executive Director only. Since the Executive Director is the only person overseeing and approving all payments, we recommend a more active participation by the board in reviewing payments/reimbursements made to the Executive Director.

**Attachment VI
Confidential Email**

ES | CONSULTING
TECHNOLOGY SOLUTIONS PROVIDER

3849 Park Avenue West, Ontario, OH 44903
Phone 419-756-1869 FAX 419-529-6833

Q U O T E

Number ESIQ8333
Date Jul 9, 2019

Sold To
Huron Co Mental Health & Addiction Svc Kristen Cardone 12 Benedict Norwalk, OH 44857 United States Phone (419) 668-9858 Fax

Ship To
ES Consulting Inc Timothy Nyman 50 North Linwood Avenue Norwalk, OH 44857 United States Phone Fax

vCIO	Quote Expires	Terms	
Timothy Nyman	8/8/2019	Upon Receipt	
Qty	Description	Unit Price	Total
2	Virtu email privacy - monthly	\$10.00	\$20.00
1	Onboarding: One time Setup fee	\$150.00	\$150.00

Purchasing Notes:

ES Consulting Professional Consulting and Installation Services is an estimate and will be based on actual time needed to complete project to client satisfaction. Labor is not included in the total line of quote and will be billed separately. Professional Service after normal business hours will be billable at time and half.

Disclaimer
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Sub-Total	\$170.00
Shipping	\$0.00
Tax	\$0.00
Total	\$170.00
Mthly Chrgs	\$0.00