

MINUTES
MH&R BOARD OF ERIE & OTTAWA COUNTIES
— AUGUST 18, 2015 —

PRESENT:	Jo-Ann Sanders Tim Betton Ronald Mraz Kayleigh Snyder	Craig Stahl Jim VanEerten Charles Murray Connie Kendrick	Betsy Wilber Darwitt Garrett Ron Guerra
MHRB STAFF:	Kirk Halliday	Beth Williams	Patty Notestine
EXCUSED:	Keith Newton		
ABSENT:	Lee Roy Holland	Sandi Carpenter	

THE MHRB MEETING OF AUGUST 18, 2015, WAS CALLED TO ORDER AT 5:15 P.M. AND THE CHAIRMAN NOTED THE PRESENCE OF A QUORUM, JO-ANN SANDERS, PRESIDING.

Oath of Office, Read by; *Charles Murray. Welcome to the Board!*

AGENDA ITEM PROPOSALS & APPROVAL OF AGENDA:

- *Craig Stahl moved to remove item #6 (FRMC Health Officers) from the consent agenda to vote on separately, second by Tim Betton, consent vote all members in favor.*

SECRETARY'S REPORT: (*minutes of July 21, 2015 meeting*); approved as written without objection.

EXECUTIVE DIRECTOR'S REPORT:

- a) Monitoring Reports & Policy No. I-E, Emergency Executive Succession. The two staff persons familiar with issues and processes are Beth Williams and Debbie Kelley.
- b) FY16 Expenses and Revenues – no questions.
- c) Research and Feedback:
 - 1) The State does not track cost per client so we could not follow up on that request. Although, it was decided to determine the *Erie/Ottawa* per client cost to be used as a benchmark which Beth Williams will provide. The Board would also like to see this report in a "graphic format", *consent vote all members in favor on both stated requests.*
 - 2) Break-down request of hourly rate plus benefits on the Genesis proposal has not been finalized at this time.
 - 3) Copy of board training PowerPoint from OACBHA was sent to all board members as requested.
- d) FY16 Contracts detailing Providers, Services, Target Populations, Date Approved, Funding and Funding Type included in packet were reviewed by Beth Williams.

CQI – CONTINUOUS QUALITY IMPROVEMENT

- a) Summary of Services 4th quarter FY15 reviewed by Beth Williams:

One of the trends our agencies saw this year was caused by the expanded Medicaid. More people had their services and meds covered by Medicaid. This freed up our dollars to provide more services that are not reimbursable by Medicaid. One example of additional supports provided is for services not covered by Firelands SAMSHA integration grant to provide primary physical health care to our clients.

Another key highlight this year was the addition of over \$250,000 of competitive grants awarded to this Board (which does not include the Genesis project). These funds allowed us to start

two recovery homes, provide effective evidence-based prevention trainings and programs and to provide specialized services to some of the hardest-to-serve clients.

In addition certified peer support persons, trained by Sandusky Artisans, gave our agencies another option to use in the treatment of our clients. This is a new area of staffing for our system of care and it will most certainly grow in the coming years. Bayshore and Firelands currently use two CPS persons and they are extremely happy about the interactions they are seeing.

b) Agency Progress Reports 4th quarter 2015 (*see report provided in packet*). No questions asked.

c) Agency Presentations:

- 1) Susan Bath from Volunteers of America spoke on the Adult Care Facilities, the Serenity House program, the Residential Housing Program (independent apartments) and the opening of the new Recovery House.
- 2) Judy Flood and Teresa Wells gave a PowerPoint presentation on the stages of development on the new "Light House" sober living group home that has recently opened in Port Clinton and invited everyone to attend their open house this month. Also noted was the insignia edged in stone on the side of the building "occupy till I come".

✓ At this time Marsha Mruk, FCRS, informed the Board that they have been awarded \$1,536,012 from the U.S. Department of Health and Human Services (*hand-out provided*). *Congratulations on this well-deserved award.*

BOARD CONCERNS:

A copy of the email Mr. Mraz sent out to board members and staff on 7/24/15 was handed-out. Mr. Mraz noted that he is still uncomfortable with the present Consent Agenda method for voting on decisions. The current procedure does not allow each Board member to formally express their actual decision concerning each individual agenda item.

Feedback/Discussion:

- Do not believe this would end up taking any longer to vote on items separately.
 - Do not see it as micro-managing. See it as doing our due diligence.
 - We're talking about the method this board seeks to understand and to vote.
 - This same conversation has been on-going for months.
- *Mr. Mraz moved that the board discontinue the current consent agenda and replace it with an individual item consent agenda in this procedure all of the items that require board consent will be discussed and voted on before moving on to the next item, second by Betsy Wilber.*

Discussion:

- In the long run this is probably going to save time.
- Certain items have already been separate from the consent again for voting. An example would be the Genesis project.
- The issue is how this Board makes decisions.
- The Governance Policies is how this Board operates.
- Is this in violation of our governance? Nothing was found in the governance policies stating we cannot change the consent agenda. Therefore we would not be in violation.
- Why and how do you choose what is put in the consent agenda and what is separate? Sometimes it's a matter of Dr. Halliday's administrative judgment and others are matters of specific resolutions for the auditor.
- Dr. Halliday would prefer to see this issue tabled until further information and discussion and take place.

Roll call vote taken on above stated motion by Mr. Mraz – Mr. Betton, yes; Mr. Garrett, yes; Mr. Guerra, yes; Ms. Kendrick, yes; Mr. Mraz, yes; Mr. Murray, yes; Ms. Snyder, yes; Mr. Stahl, yes; Mr. VanEerten, yes; Ms. Wilber, yes; and Dr. Sanders, yes; motion approved unanimously.

MOTIONS REQUIRING ACTION:

CONSENT AGENDA: Beth Williams presented an overview of the consent agenda items and called for any questions.

RESOLUTION NO. 08-2016-01: Whereas: The attached Consent Agenda has been reviewed for appropriateness and compliance with Board Policies; therefore Betsy Wilber resolved the Mental Health and Recovery Board of Erie and Ottawa Counties approve the business contained in the Consent Agenda items #1, 2, 3, 4 and 5, second by Jim VanEerten. Roll call vote taken – Mr. Betton, yes; Mr. Garrett, yes; Mr. Guerra, yes; Ms. Kendrick, yes; Mr. Mraz, yes; Mr. Murray, yes; Ms. Snyder, yes; Mr. Stahl, yes; Mr. VanEerten, yes; Ms. Wilber, no; and Dr. Sanders, yes; resolution approved.

Beth Williams reviewed consent agenda item # 6.

Designation of: Beth Vandevender, PC; Karin Mobley, PCC; and Mark Pemberton, PC. Employees of Firelands Regional Medical Center (Erie County, Ottawa County & Afterhours Erie/Ottawa/Huron), as **Health Officers**, to Perform the Duties Under Chapter 5122 of the Ohio Revised Code. **Health Officer Designation** is for the period 7/1/15 through 6/30/16 and shall end on 6/30/16 or upon the employees' termination of employment with FRMC, resolved by Betsy Wilber, second by Ron Guerra. Roll call vote taken – Mr. Betton, yes; Mr. Garrett, yes; Mr. Guerra, yes; Ms. Kendrick, yes; Mr. Mraz, yes; Mr. Murray, yes; Ms. Snyder, yes; Mr. Stahl, abstain; Mr. VanEerten, yes; Ms. Wilber, yes; and Dr. Sanders, yes; above stated item approved.

TAX BUDGET RESOLUTION FY2015: Betsy Wilber moved the adoption of the following resolution: RESOLVED, by the Mental Health Recovery Board, Erie County, Ohio, in accordance with the provisions of law has previously adopted a tax budget for the next succeeding fiscal year commencing on January 1st, 2016; and WHEREAS, The Budget Commission of Erie County, Ohio has certified its action thereon to this Board together with an estimate by the County Auditor of the rate of each tax necessary to be levied by this Board, and what part thereof is without, and what part within the ten-mill tax limitation; therefore be it RESOLVED, by the Mental Health Recovery Board of Erie and Ottawa Counties, Ohio that the amounts and rates as determined by the Budget Commission in its certification, be and the same are hereby accepted; and be it further RESOLVED, That there be and is hereby levied on the tax duplicate of said Board the rate of each tax necessary to be levied within and without the ten mill limitation as follows: SCHEDULE A – summary of amounts required from general property tax, SCHEDULE B – levies outside 10 mill limitation, exclusive of debt levies, Official Certificate of Estimated Resources and Total Revenue by Fund Type. Connie Kendrick seconded the Resolution and a roll call vote taken resulting in unanimous approval.

File Copy of full resolution can be obtained at the Mental Health & Recovery Board office.

BOARD CONCERNS CONTINUED:

- a) Dr. Sanders noted in the July minutes that Firelands detox center was shut-down in 2006 when the Board shifted funding. Concerned that there seems to be a need for it now. Beth Williams noted that we currently purchase detox through Firelands and Bayshore at other facilities (out of the area). If we have this service capacity within our community now it should be a point for re-consideration as a board concern.
- b) FCRS crisis visit – consider attending if at all possible.
- c) Concerns relating to the approval of CKG Consulting contract. Dr. Sanders noted that this consultant was paid \$120 an hr. and was going to give us an \$80 rate but the memo she read on March 28 stated that she had agreed to \$51.28 an hr. This is a disparity for me in terms of the price per hour difference. If there was information that suggested this project had been effective I still have not seen it or any evidence of the work done and we just approved for another \$40,000. Dr. Halliday noted that Leigh Ann Faulkner forwarded the same information

to him on the \$51.28 per hr. Dr. Halliday also noted that he was unaware of this. Ms. Gunderson negotiated a rate of \$51.28 per hr. so as doing the Board a favor by reducing her rate. Dr. Halliday stated that he recognized that this could be a problem for the Board which is why he reduced the original request down to \$40,000 instead of the original \$80,000. This is a major concern for Dr. Sanders. We continue to hear so much work has been done and all we have asked is to show us the evidence. This Board has not seen any report and could not find any credentials as well. I don't see the justification for that price. Dr. Halliday suggested letting him present to the Board showing that property values have gone up in an area that has been declining. For the amount invested, Dr. Sanders does not want a summation. She would like to see a report that is supported by literature and the likeness that what this particular consultant did made a difference. Anything outside of a formal report would not be satisfactory. This is another Board concern brought forth for consideration.

- d) Agenda – Proposed Changes: The introductions, Agenda approval, Secretary's Report and Executive Director's Report could remain the same but after the ED Report we should move the Motions Requiring Action up to that point. Then address board concerns. After checking with an expert there is not such thing as "Old Business" instead look at "Unfinished Business". Clinical Topic of Interest next, CQI planning, Commentary and New Business last.

Would also like the Board to consider moving our time back one hour? We are losing some members who cannot get here before then.

Feedback/Discussion:

- Like the time as it is now.
- Move Clinical Topic later as well.
- Make changes addressed and adjust as needed.

All in favor of format change (*excluding the time*) consent vote approved.

- e) Executive Director Evaluation: See Policy No. III-C *Monitoring Executive Performance*. The Board Chair has asked Dr. Halliday to develop an Executive Summary evidencing how he has met the goals/objectives outlined in the Governance document relative to Ends and Executive Limitations. In that summary, we would like him to make clear and specific (measurable and objective) how he felt he contributed to the organizational performance of the Ends and Executive Limitations. Dr. Halliday will be provided 30 days in which to provide a written Summary for the Board.

In the meantime, the Board will develop a ranking/rating scale that will be used to evaluate the ED. The ranking/rating scale will be provided on a confidential survey system, e.g., Survey Monkey or Google so that the ranking may be appropriately aggregated. This scale will be available 30 days after receipt of the Summary; anticipated time frame of 60 days for this entire process to occur.

The Chair has reviewed what some other Boards have done in the way of evaluation and will provide to the Board in the development of the ranking/rating scale. After the data has been aggregated, the Board will have an *Executive Session* to discuss the results and then a written evaluation summary provided to Dr. Halliday after the Board has discussed its findings with him.

Note: Do not see "*monitoring*" to be the same as "*evaluation*." But it is what the governance document stipules.

Common consent approval was made to give the Board Chair the authority to facilitate the above stated ED evaluation.

COMMENTARY: None

NEW BUSINESS:

- 1) Annual Awards for Excellence, it was noted that this year's dinner will be held in Ottawa County. Additional information forthcoming.
- 2) The Board Chair asked that members start bringing the board governance policy to the meetings – it would be helpful.

RECORD OF FOLLOW-UP ACTION REQUEST (RESEARCH AND FEEDBACK):

- Erie/Ottawa average cost per client and graphic representation of prior numbers.

LIST OF ATTACHMENTS:

- ❖ Rep. Kaptur Congratulates Firelands Medical Center for \$1,536,012 HHS Award
- ❖ Hand-out of the email sent by Mr. Mraz to board members and staff.

THE MHRB MEETING OF AUGUST 18, 2015, WAS ADJOURNED AT 7:30 P.M. WITHOUT OBJECTION BY, JO-ANN SANDERS, CHAIR.

Respectfully submitted,

Signature – Board Trustee