

**MINUTES OF THE MENTAL HEALTH, ADDICTION AND  
RECOVERY SERVICES BOARD OF LORAIN COUNTY  
BOARD MEETING HELD OCTOBER 22, 2020**

**VIA GOTOMEETING, FACEBOOK LIVE FOR THE PUBLIC, AND AT THE  
MENTAL HEALTH, ADDICTION AND RECOVERY SERVICES BOARD  
OF LORAIN COUNTY  
1173 NORTH RIDGE RD. EAST, SUITE 101  
LORAIN, OH 44055**

**Board Members Present:** Dr. Hope Moon, Chair; David Ashenhurst, Tim Carrion, David DiTullio, Dr. Denise Eacott, Dr. Tracey Frierson, Joseph Hribar, Inez James, Ted Kalo, Karen McIlwaine, Sandra Premura, James Schaeper, Karen Sutera, Daniel Urbin, Pamela Waite

**Staff Present:** Elaine Georgas, Interim Executive Director; Barry Habony, Business Operations Director; Mark Johnson, Community Services Director; Tonya Birney, Dissemination and Implementation Officer – Prevention Services; Arielle Edwards, System Improvement Officer; Heather Distin, Intersystem Partnership Director; Rebecca Jones, Child and Adolescent Services Director; Clare Rosser, Communications and Community Relations Director; Patrice McKinney, Human Resources and Special Projects Director

**1. CALL TO ORDER:**

Board Chair Dr. Hope Moon called the meeting to order at 5:30 p.m.

**2. ROLL CALL:**

Roll call was taken and a quorum found.

**3. MINUTES:**

Having heard no corrections, Dr. Moon stated that the 09/24/20 Board meeting minutes would be filed accordingly.

- 4.** There were two presentations: 1) by New Sunrise Properties' Lindsay Kochheiser and Mindy Wright; and 2) by Pamela Waite regarding ASAM (American Society of Addiction Medicine Levels of Care Overview. (**Attachment 1**)

**5. COMMITTEE REPORTS:**

- a. Finance Committee, reported by James Schaeper:

**Committee Members Present:** James Schaeper (Committee Chair), Joseph Hribar, Ted Kalo, Dr. Hope Moon (ex-officio), Karen Sutera, Daniel Urbin and Pamela Waite

**Staff Present:** Elaine Georgas and Barry Habony

The Finance Committee met at the Board's Administrative Office Conference Room 118 and via virtual meeting on 10/13/2020 at 5:00 p.m., and reported one (1) informational item and six (6) recommendations.

Informational Item:

1. **List of Contracts** – The Committee reviewed the attached list of *Contracts Authorized by the Executive Director on Behalf of the MHARS Board of Directors*, which includes ISP contracts for which the Board is the Fiscal Agent. **(Attachment 2)** Are there any questions? There was a question with a response about one of the contracts for cleaning services not having the language "...in an amount not to exceed."

Recommendations:

1. **Approval of the Fiscal Year 20 Statement of Revenue and Expenses and Statement of Cash Position** – The Committee reviewed the attached fiscal year 20 Statement of Revenue and Expenses and Statement of Cash Position, along with supporting schedules for the period ended September 2020 and found them to be in order. **(Attachment 3)** The Committee **Recommended** approval of the fiscal year 20 financial statements for the period ended September 2020.

**(Resolution 20-10-01)** Moved by James Schaeper, seconded by Pamela Waite that the Board adopt the resolution to approve the fiscal year 20 financial statements for the period ended September 2020.

**Carried.**

**Resolution adopted.**

2. **Approval of the Fiscal Year 21 Statement of Revenue and Expenses and Statement of Cash Position** – The Committee reviewed the attached fiscal year 21 Statement of Revenue and Expenses and Statement of Cash Position, along with supporting schedules for the period ended September 2020 and found them to be in order. **(Attachment 4)** The Committee **Recommended** approval of the fiscal year 21 financial statements for the period ended September 2020.

**(Resolution 20-10-02)** Moved by James Schaeper, seconded by Joseph Hribar that the Board approve the fiscal year 21 financial statements for the period ended September 2020.

**Carried.**

**Resolution adopted.**

3. **Approval of the MHARS Board Listing of Expenses for September** – The Committee reviewed the attached Listing of Expenses for September that totaled \$2,850,793.84, and found them to be in order. **(Attachment 5)** The Committee **Recommended** approval of the fiscal year 21 financial statements for the period ended September 2020.

**(Resolution 20-10-03)** Moved by James Schaeper, seconded by Karen McIlwaine that the Board adopt the resolution to approve the MHARS Board September Listing of Expenses.

**Carried.**

**Resolution adopted.**

4. **Approval of the ISP Revised Budget for Fiscal Year 21** – The Committee reviewed the attached ISP Revised Budget for Fiscal Year 21 for which the Board is the fiscal agent (**Attachment 6**). The budget revision for fiscal year 21 was found to be in order. The Committee **Recommended** approval of the ISP Revised Budget for Fiscal Year 21.

**(Resolution 20-10-04)** Motion by James Schaeper, seconded by Tim Carrion that the Board adopt the approval of ISP Revised Budget for Fiscal Year 21.

**Roll Call: (Aye):** Dr. Hope Moon, Chair; David Ashenhurst, Tim Carrion, David DiTullio, Dr. Denise Eacott, Dr. Tracey Frierson, Joseph Hribar, Inez James, Ted Kalo, Karen McIlwaine, Sandra Premura, James Schaeper, Karen Sutera, Daniel Urbin, Pamela Waite

**Carried.**

**Resolution adopted.**

5. **Approval of the MHARS Board Revised Budget for Year 21** – The Committee reviewed the attached MHARS Board Revised Budget for Fiscal Year 21 (**Attachment 7**). The budget revisions for fiscal year 21 were found to be in order. The Committee **Recommended** approval of the MHARS Board Revised Budget for Fiscal Year 21.

**(Resolution 20-10-05)** Moved by James Schaeper, seconded by Dr. Tracey Frierson that the Board adopt the resolution to approve the MHARS Board Revised Budget for Fiscal Year 21.

**Roll Call: (Aye):** Dr. Hope Moon, Chair; David Ashenhurst, Tim Carrion, David DiTullio, Dr. Denise Eacott, Dr. Tracey Frierson, Joseph Hribar, Inez James, Ted Kalo, Karen McIlwaine, Sandra Premura, James Schaeper, Karen Sutera, Daniel Urbin, Pamela Waite

**Carried.**

**Resolution adopted.**

6. **Approval of Contracts** – The Committee reviewed the attached *Contract to be Authorized by the MHARS Board of Directors* and found them to be in order. (**Attachment 8**)
7. ) The Committee **Recommended** that the Executive Director be authorized to execute the attached *Contract to be Authorized by the MHARS Board of Directors*,

**(Resolution 20-10-06)** Moved by James Schaeper, seconded by Joseph Hribar that the Board adopt the resolution that the Executive Director be authorized to execute the attached *Contract to be Authorized by the MHARS Board of Directors*.

**Roll Call: (Aye):** Dr. Hope Moon, Chair; David Ashenhurst, Tim Carrion, David DiTullio, Dr. Denise Eacott, Dr. Tracey Frierson, Joseph Hribar, Inez James, Ted Kalo, Karen McIlwaine, Sandra Premura, James Schaeper, Karen Sutura, Daniel Urbin, Pamela Waite

**Carried.**

**Resolution adopted.**

The Business Operations Director informed the Committee that for future meetings, information and updates will be presented in relation to: establishing an operating reserve; updating and simplifying the 5-year forecast and; detailing information on the operational funding of the proposed Crisis Receiving Center.

**Next Meeting** of the Finance Committee to be determined. (It was later determined that the next meeting would be 11/17/2020).

b. Community Relations and Plan Committee, reported by David DiTullio:

Committee Members Present: David DiTullio, Committee Chair, Dr. Denise Eacott; Dr. Tracey Frierson, Regan Phillips, Sandra Premura, Pamela Waite, Dr. Hope Moon

**ABSENT:** Daniel Urbin

Expected Staff: Elaine Georgas, Mark Johnson, Barry Habony, Arielle Edwards, Heather Distin

Guests in attendance: Don Schiffbauer, CEO, The Nord Center; Don Sheldon, MD, President, The Nord Center; Lindsay Kochheiser, New Sunrise Properties and Mindy Wright, Director of Housing, New Sunrise Properties.

The Community Relations and Plan Committee met virtually via the GoTo Meeting platform on 10/01 2020 at 5:15 p.m. The meeting was made accessible for the public via Facebook Live. Three informational items and six recommendations were presented. A quorum was present.

**Informational:**

1. **Provider Agency Presentation --** Arielle Edwards, System Improvement Officer, MHARS Board gave a housing overview to explain levels of care within housing. (**Attachment 9**) Mindy Wright and Lindsay Kochheiser from New Sunrise Properties explained how they utilize Shelter Plus Care funds and reviewed the housing options offered our clients through NSP.

Are there any questions? There were no questions.

2. **Ohio's Regional Treatment Provider Training –** Mark Johnson reported that the MHARS Board of Lorain County has been named the lead for Ohio's Regional Treatment Provider Training Program through the National Drug Court Institute.

Are there any questions? There were no questions.



3. **Crisis Continuum Update Nord submission** – Don Schiffbauer presented a response to the questions asked by the full Board on 09/24/2020. (**Attachment 10**) Answers regarding revenue streams and expenses would first be presented to the Finance Committee.

Are there any questions? There were no questions.

Recommendations:

1. **FR CARA - FFY 21 Allocations – For information, go to:**  
<https://insight.livestories.com/s/v2/opioid-landing-page/c468684a-f693-4eb9-8866-5b89a30d0d71>

Elaine Georgas described the work of the Quick Response Teams (QRT) staffed by Firelands and The LCADA Way, as well as the Warm Hand Off program through Let's Get Real. FR CARA funding for FFY21 (Oct 1, 2020-Sept 29, 2021) was recommended for these providers. A motion was made by Sandra Premura and seconded by Regan Phillips to approve funding. Are there any questions? There was question with an explanation provided about FR CARA.

The Committee **Recommended** that the Board approve FR CARA funding allocation to Firelands, The LCADA Way and Let's Get Real as outlined in Table A. (**See Attachment 11**).

(**Resolution 20-10-07**) Moved by David DiTullio, seconded by Sandra Premura

**Roll Call: (Aye):** Dr. Hope Moon, Chair; David Ashenhurst, Tim Carrion, David DiTullio, Dr. Denise Eacott, Dr. Tracey Frierson, Joseph Hribar, Inez James, Ted Kalo, Karen McIlwaine, Sandra Premura, James Schaeper, Karen Sutura, Pamela Waite

(**Nay**): Daniel Urbin

**Carried.**

**Resolution adopted.**

2. **OMHAS Community Transitions Program (CTP) - FY20** – Mark Johnson presented unexpended funding that was approved by the state to carry over to FY21 for this program that supports community reentry from prisons through The Nord Center. A motion to approve allocating the CTP carryover funds was made by Pam Waite and seconded by Sandra Premura. Are there any questions? There were no questions.

The Committee **Recommended** that the Board approve the OMHAS Community Transitions Program (CTP) carry over funding from FY20 into FY21 for The Nord Center as outlined in Table B. (**See Attachment 11**)

(**Resolution 20-10-08**) Moved by David DiTullio, seconded by Tim Carrion.

**Roll Call: (Aye):** Dr. Hope Moon, Chair; David Ashenhurst, Tim Carrion, David DiTullio, Dr. Denise Eacott, Dr. Tracey Frierson, Joseph Hribar, Inez James, Ted Kalo, Karen McIlwaine, Sandra Premura, James Schaeper, Karen Sutura, Daniel Urbin, Pamela Waite

**Carried.**

**Resolution adopted.**

3. **Federal FY20 carryover of \$2,053.35 in unspent PATH funding into FY21** – Mark Johnson presented unexpended federal funding that was approved to carry over to FY21 matching dollars to support the PATH Program at Neighborhood Alliance. A motion to approve allocating these carryover funds was made by Pam Waite and seconded by Regan Phillips. Are there any questions? There were no questions.

The Committee **Recommended** that the Board approve federal carry over funding of \$2,053.35 from FY20 into FY21 for Neighborhood Alliance as outlined in Table C. (**See Attachment 11**)

(**Resolution 20-10-09**) Moved by David DiTullio, seconded by Sandra Premura.

**Roll Call: (Aye):** Dr. Hope Moon, Chair; David Ashenhurst, Tim Carrion, David DiTullio, Dr. Denise Eacott, Dr. Tracey Frierson, Joseph Hribar, Inez James, Ted Kalo, Karen McIlwaine, Sandra Premura, James Schaeper, Karen Sutura, Daniel Urbin, Pamela Waite

**Carried.**

**Resolution adopted.**

4. **CPST Incentive – Reinstatement of CPST Outcomes Incentives for 1<sup>st</sup> half of year** – Mark Johnson presented a Clinical Team recommendation to restore the CPST incentive for the first half of FY21 only, as it was reconsidered and determined important to the outcomes collection and to staff support and retention for The Far West Center, Firelands and The Nord Center. A motion to approve this recommendation was made by Dr. Denise Eacott and seconded by Dr. Tracey Frierson. Are there any questions? There were no questions.

The Committee **Recommended** that the Board approve CSPT Incentives for the first half of FY21 as outlined in Table D. (**See Attachment 11**)

(**Resolution 20-10-10**) Moved by David DiTullio, seconded by Karen McIlwaine.

**Roll Call: (Aye):** Dr. Hope Moon, Chair; David Ashenhurst, Tim Carrion, David DiTullio, Dr. Denise Eacott, Dr. Tracey Frierson, Joseph Hribar, Inez James, Ted Kalo, Karen McIlwaine, Sandra Premura, James Schaeper, Karen Sutura, Daniel Urbin, Pamela Waite

**Carried.**

**Resolution adopted.**

5. **Community of Hope** – Click to see a video of youth testimonials from program participants in Cuyahoga County <https://www.youtube.com/watch?v=BLDmw7xpdYg&feature=youtu.be>

Heather Distin reported that MHARS received funding from OhioMHAS for the purpose of development of 18-25-year-old adult mentorship program in collaboration with our Integrated Services Partnership (ISP). This will fund 1<sup>st</sup> year expenditures with 2<sup>nd</sup> year expenditures covered by the ISP. A motion to approve contracting with and funding Community of Hope was made by Regan Phillips and seconded by Dr. Tracey Frierson. Are there any questions? There were no questions.

The Committee **Recommended** that the Board approve contracting with and allocation of OMHAS funds for Community of Hope as outlined in Table E. (**See Attachment 11**)

(**Resolution 20-10-11**) Moved by David DiTullio, seconded by Joseph Hribar.

**Roll Call: (Aye):** Dr. Hope Moon, Chair; David Ashenhurst, Tim Carrion, David DiTullio, Dr. Denise Eacott, Dr. Tracey Frierson, Joseph Hribar, Inez James, Ted Kalo, Karen McIlwaine, Sandra Premura, James Schaeper, Karen Sutera, Daniel Urbin, Pamela Waite

**Carried.**

**Resolution adopted.**

6. **FEMA RSP (Regular Services Program) Grant – COVID Response – Attachment 3-**  
Elaine Georgas highlighted the intention of this funding to support outreach, crisis response and navigation for those impacted by COVID. This program supports a media campaign through the MHARS Board and provides FTE's for El Centro and the Elyria YWCA to staff teams for outreach, crisis support and linkage with resources. A motion to approve allocation of funding to El Centro and to contract with and allocate funds to the Elyria YWCA was made by Pam Waite and seconded by Sandra Premura. Are there any questions? There were no questions.

The Committee **Recommended** that the Board approve allocation of funding to El Centro and contracting with and allocation of funds to the Elyria YWCA as outlined in Table F. (**See Attachment 11**)

(**Resolution 20-10-12**) Moved by David DiTullio, seconded by Sandra Premura.

There were questions with responses regarding details of the data and how often Board Members would be provided with updates.

### **Old Business**

1. **Review of CR&P Committee Name and Focus --** The Committee Chair, David DiTullio led discussion regarding the Committee's name that pointed out a need for the bylaws to be corrected as it is noted as the Community Review and Plan Committee and then the Community Relations and Plan Committee. Further discussion led to an agreement for Dr. Frierson to draft a new description for presentation for the Bylaws as found in Table G. (**See Attachment 11**) This was not voted on by CR&P.

**New Business** – Having no new business, the meeting was adjourned by David DiTullio at 6:41 p.m.

**Following Meeting:** 11/19/20 at 5:15 p.m.

- c. Governance Committee, reported by David Ashenhurst:

Committee Members: David Ashenhurst (Committee Chair), David DiTullio, Karen McIlwaine, Dr. Hope Moon (ex-officio)

Staff: Elaine Georgas, Patrice McKinney

The Governance Committee met on 10/14/2020 at 5:30 p.m. via GoToMeeting and for public viewing via Facebook Live. The Committee presented with one informational item and two recommendations.

Informational:

1. **Outreach/Advisory Committees** – Realizing more edits were needed for the document, David Ashenhurst explained when asked that this topic would be deferred until the next Committee meeting.

Recommendations:

1. **Policy Development: Board Member Reimbursement Policy** – The Committee discussed a draft policy and form for Board Member reimbursement. Minor edits were made to the attached finalized policy. (**Attachment 12**)

The Committee **Recommended** adopting the Board Member Reimbursement Policy and that its use will begin on the last calendar year meeting of the MHARS Board.

(**Resolution 20-10-13**) Moved by David Ashenhurst, seconded by Joseph Hribar.

**Carried.**

**Resolution adopted.**

2. **Consent Agenda Policy** – The Committee reviewed a draft consent agenda policy and a mock Board meeting agenda. Minor edits were made to the attached finalized policy. (**Attachment 13**)

The Committee **Recommended** adopting the consent agenda policy and that its use will begin on the last calendar year meeting of the MHARS Board. General discussion ensued.

(**Resolution 20-10-14**) Moved by David Ashenhurst, seconded by David DiTullio.

(**Nay**): Tim Carron, James Schaeper, Daniel Urbin.

**Resolution adopted.**

**Next Meeting:** The regularly-scheduled meeting falls on Veterans' Day. Committee Members who were not present at the Wednesday, 10/14/20 Governance Committee meeting would be asked if Tuesday, 11/10/20 at 5:00 p.m. would be amenable to their schedules as an alternate meeting date and time.

- c. The Membership Committee canceled their October meeting as they had an initiative to recruit potential Board Members who reside in the southern part of the county. Their next meeting would be 11/12/20 at 5:00 p.m.
- d. Ad Hoc Disparities Committee Report by Dr. Tracey Frierson:

Committee Members present: Regan Phillips (Chair) (Chief Governance Officer), Dr. Tracey Frierson, Dr. Hope Moon (ex-officio)

Staff present: Elaine Georgas

The Ad Hoc Disparities Committee met on 10/08/20 at 6:03 p.m. via GoToMeeting and Facebook Live for public viewing. The Committee presented with three informational items and one recommendation.

**Informational:**

1. **Develop Equity and Inclusion Action Plan/Disparities Statement** –The members discussed how to align the five goals that were previously developed with the details in the soon to be approved MHARS Board Strategic Plan. This will assist the committee's work to develop an Action Plan to address behavioral health disparities. The members agreed to take time at the next committee meeting to further develop this which will include adding any data, and determining how community conversations can further inform this. Dr. Frierson shared how she has been researching and identifying how Adverse Childhood Experiences among African American and Hispanic individuals are impacting their access to healthcare. Are there any questions? There were no questions.
2. **Other Community Partnerships** – Members discussed the potential to build a demonstration project possibly with schools and/or other groups in the community that include youth as their target population. Dr. Moon will reach out to personnel from Mercy Health to get more details about their Rising Star Program with Lorain City Schools. Regan and Dr. Moon recapped the Commodore Conversations held recently at LCCC and discussed the potential to reach out to the LGBTQ community at the college. Members discussed that recent reports are focusing on the COVID/Mental Health related issues particularly among 18 to 30 year olds. Are there any questions? There were no questions.
3. **Youth and Young Adult Led Initiatives** – Dr. Frierson volunteered to inquire how the local Boys and Girls Clubs are functioning this fall with students and if there are any potential ideas



to work together. Elaine reported that schools are currently responding to the Board to begin the process of applications for the You Belong initiatives. Are there any questions? There were no questions.

Recommendation:

1. **Board Member Training on CLAS** – Regan Phillips opened dialogue regarding potential ways to provide Culturally and Linguistically Appropriate Services (CLAS standards) training for board members as discussed during the development of the Board’s Strategic Plan including moving training to be completed soon. Members discussed options for CLAS training and reviewed an e-learning format from the Washington Governor’s Health Equity Council which has four e-learning modules that can provide foundational knowledge about the CLAS standards in an efficient and engaging format. Each module takes only 30 minutes to complete. The committee’s members discussed that this could be an efficient way to bring this training to Board members giving them the opportunity to self-train over the next few months. **(Attachment 14)**

The Committee **Recommended** that the Board approve the use of the E-Learning format for members to obtain foundational knowledge about CLAS standards and that members are encouraged to complete these modules on their own time over the next three months.

**(Resolution 20-10-15)** Moved by Dr. Tracey Frierson, seconded by Inez James.

There was a question with a response provided about the training materials.

**Carried.**

**Resolution adopted.**

The meeting adjourned at 6:40 p.m.

**Next Meeting:** 11/12/20 at 6:00 p.m.

- e. Executive Committee Report by Inez James:

Committee Members Present: Dr. Hope Moon, Chair, Pamela Waite, Inez James, David Ashenhurst, James Schaeper

ABSENT: Tim Carrion, David DiTullio

Staff Present: Elaine Georgas

The Executive Committee met virtually via the GoTo Meeting platform on 10/20/20 at 5:00 p.m. The meeting was made accessible for the public via Facebook Live. A quorum was present. Four recommendations were presented.

Recommendations:

1. **Project Manager for Crisis Services** – Dr. Moon reported on discussion as a member of the Crisis Steering Committee regarding Project Management for the Crisis System. The Steering Services Committee initially discussed a project manager for the Crisis Stabilization Center, however a subsequent discussion between Dr. Moon, Anthony Richardson, Nord Family Foundation and Thom Craig, Peg's Foundation brought for the concept of a project manager for the crisis system to not sit at an agency level to allow for a variety of stakeholders to engage with Crisis System Improvements in Lorain County. Elaine Georgas also participated in this meeting and received a follow up email from Thom Craig who indicated that one of their strategy consultants and community engagement advisors could offer assistance. Executive Committee members discussed the value of this consultation for our county and how this will not be a permanent position. A motion was made by David Ashenhurst and seconded by Pamela Waite that the Board approve an RFP for a consultant for Lorain County crisis services. Are there any questions? There was a question with a response regarding who would pay for the and from what fund.

The Committee **Recommended** that the Board approve drafting an RFP to obtain a consultant for Lorain County's crisis services.

**(Resolution 20-10-16)** Moved by Inez James, seconded by David Ashenhurst.

**(Abstain):** Daniel Urbin

**Carried.**

**Resolution adopted.**

2. **Board Strategic Plan** – Dr. Moon shared input from Board Member Dr. Tracey Frierson regarding edits to the Vision Statement and the strategic plan. Members reviewed and suggested incorporating these edits along with a final review of grammatical items in the plan. A motion was made by James Schaeper and seconded by Inez James that the Board approve the Strategic Plan as edited. Are there any questions? There were no questions.

The Committee **Recommended** that the Board approve the Strategic Plan as edited.

**(Resolution 20-10-17)** Moved by Inez James, seconded by Dr. Tracey Frierson.

There was discussion to amend the resolution to note approval of not Strategic Plan, but the strategic initiatives and goals, and objectives and actions of the Strategic Plan. There was Board Member consensus to approve these additional edits.

**(Amended Resolution 20-10-17)** Moved by Inez James, seconded by Pamela Waite.

**Carried.**

**Amended Resolution adopted.**

3. **Board Meeting date for November/December** – Dr. Moon reported that the fourth Thursdays in November and December fall on holidays. As such, she suggested adjusting the Board meeting dates for this accommodation. David Ashenhurst shared that the former Lorain County Board of Mental Health historically deferred the November Board meeting to occur in December and then the usual December meeting was not scheduled. Committee members agreed to consolidate the November/December meetings. A motion was made by David Ashenhurst and seconded by Pamela Waite to move the November Board meeting into early December and to not hold the usual December meeting. Are there any questions? There were no questions.

The Executive Committee **Recommended** that the November Board meeting date be moved to 12/3/20 and that the usual December Board meeting not held.

**(Resolution 20-10-18)** Moved by Inez James, seconded by David Ashenhurst.

**Carried.**

**Resolution adopted.**

4. **Authorization for Year-End Accounting Activity** – Dr. Moon indicated that since the Board would meet in early December, authorization for year-end accounting would be necessary to ensure the financial duties of the Board continue. Elaine referenced that the Lorain County Commissioners similarly authorize this activity. A motion was made by James Schaeper and seconded by David Ashenhurst to authorize year-end accounting activity.

The Mental Health, Addiction and Recovery Services Board of Lorain County hereby authorizes the Interim Executive Director to provide and execute all necessary documents, effective December 4, 2020 – December 31, 2020 for the year-end close activity including but not limited to transfers, advances/repayments, appropriations, end of year provider contract adjustments related to fiscal year 20, payroll-related transactions, and payments and all other necessary and urgent documents. The Interim Executive Director would provide a list of documents to the Board as to what was transacted with her signature during this time period.

**(Resolution 20-10-19)** Moved by Inez James, seconded by Karen McIlwaine.

**Carried.**

**Resolution adopted.**

**Next Committee meeting:** To be announced.

(David DiTullio excused himself from the meeting at approximately 6:16 p.m.). (Ted Kalo excused himself from the meeting at approximately 6:40 p.m.)

- f. Ad Hoc Executive Director Search Committee Report by Dr. Tracey Frierson:



Committee Members Present: Dr. Tracey Frierson (Committee Chair), Sandra Premura, Karen Sutura, Karen McIlwaine, Dr. Denise Eacott, Pamela Waite, David DiTullio, Tim Carrion, Dr. Hope Moon (ex-officio)

Staff Present: Patrice McKinney

The Ad Hoc Executive Director Search Committee met on 10/21/20 at 5:00 p.m. via GoToMeeting and Facebook Live for public viewing. The Committee presented with three informational items and one recommendation.

Informational:

1. **New Committee Chair** – After calling the meeting to order at 5:03 p.m., it was shared that Tim Carrion had spoken with Dr. Hope Moon that due to his many obligations he felt it necessary to step aside as the Committee Chair. Dr. Moon asked Dr. Frierson about serving as the Committee Chair to which she agreed. Dr. Moon and Tim thanked Dr. Frierson for agreeing to take on this role. Are there any questions? There were no questions.
2. **Executive Session** – At 5:05 p.m., Dr. Frierson requested a motion with a second that the Committee go into Executive Session in accordance with Ohio Revised Code 121.22 (G) (1): "... for the purpose of considering the employment of a public official." The motion was made by Tim Carrion, seconded by Dr. Denise Eacott. Motion carried. Those publicly viewing the meeting via Facebook Live were assured that the Committee would return to an open meeting after Executive Session. Are there any questions? There were no questions.
3. **Return to Open Meeting** – At 5:25 p.m., there was a motion by Karen McIlwaine, seconded by Tim Carrion that Executive Session end and that the Committee return to an open meeting. Motion carried. Facebook Live resumed. Are there any questions? There were no questions.

Recommendation:

1. **Position Description, Timelines and Hiring an Executive Search Firm** – The Committee discussed the Executive Director position description, and it was determined that a search firm would have that as one of their tasks. The Committee noted that they would share with the firm Ohio Revised Code 340.04 as it relates to the powers and duties of the Executive Director and other work conducted by the Ad Hoc Committee regarding the position description. Developing a timeline was also discussed as a way to ensure that all goals are accomplished.

Next, the Committee discussed the proposals of: 1) Mona Atley and Associates, 2) Scion Executive Search Firm, 3) Ratliff & Taylor, and 4) Deffet Group, Inc. Mona Atley and Associates and Ratliff & Taylor had submitted proposals last year, and both expressed continued interest in being considered for this project.

The Committee reviewed the qualifications, methodology used for the search process, timeline and fees of the attached proposal. **(Attachment 16)** A motion was made by Karen Sutera and seconded by Dr. Denise Eacott to hire Scion Executive Search Firm. Are there any questions? There were questions regarding how Scion heard about our search, and that Scion did not have enough experience recruiting executives for public Boards.

It was noted that because Scion expects a one-third payment as soon as possible there was a need to amend the recommendation to increase the amount of the appropriation. The resolution was amended that the Board would hire the Scion Executive Search Firm to conduct the Executive Director search firm in an amount not to exceed \$51,840.

**(Amended Resolution 20-10-20)** Moved by Dr. Tracey Frierson, seconded by David Ashenhurst.

**Roll Call: (Aye):** Dr. Hope Moon, Chair; David Ashenhurst, Tim Carrion, Dr. Denise Eacott, Dr. Tracey Frierson, Joseph Hribar, Inez James, Karen McIlwaine, James Schaeper, Karen Sutera

**(Nay):** Sandra Premura, Daniel Urbin, Pamela Waite

**Carried.**

**Resolution adopted.**

The Committee established a regular meeting date and time of first Tuesdays at 5:00 p.m. The next meeting will be Tuesday, November 3, 2020.

**6. CHAIRPERSON'S REPORT:**

None.

**7. EXECUTIVE DIRECTOR'S REPORT:**

Interim Executive Director's report 10/24/2020

A newly released report from the U.S. Congress Joint Economic was available at "[COVID-19, Economic Pressures and Americans' Mental Health](#)". The Ohio Alliance for Innovation in Population Health recently released the their report and can be found at "[Ohio Deaths of Despair 2010-2019](#)".

The White House Calls for Increased Support for Mental and Behavioral Health Treatment. An Executive Order issued this month will create a Coronavirus Mental Health Working Group to address the mental health impacts of COVID-19, and calls for agencies to maximize support for Americans in need of behavioral health treatment. [Read more.](#)

The Harvard Political Review also addresses “deaths of despair” in their report that can be found [here](#).

Elaine reminded Board Members that Saturday, 10/24/20 was the bi-annual drug takeback day. All police departments in our county will be open from 10-2 for residents to safely turn in any unused or unneeded medications – particularly those medications prone to be misused/abused. We are partnering with the departments to provide them with resource materials and medication safes and disposal pouches. **(Attachment 17)**

The Ohio Association of County Behavioral Health Authorities will host its first Virtual Recovery Series, in place of our annual Recovery Conference, beginning 10/27/20. Sponsored by the Ohio Department of Mental Health and Addiction Services and The Cardinal Health Foundation, the series will highlight important issues related to recovery from both mental illness and substance use disorder and provide opportunities for learning and connecting for those in recovery, their loved ones, and behavioral health professionals. The Recovery Series will feature Wendy Adamson, a sober woman with over two decades of experience in the field of mental health and substance abuse treatment. Currently, Wendy works with adolescents who are suffering from mental health issues, at an inpatient treatment facility in Los Angeles. For more information about this free event and to register, click [here](#).

Bridge Pointe Commons – Phirl and Eden are ready to close for financing the Bridge Pointe Commons project. Barry Habony and Elaine Georgas were on a call to clarify the details of our board’s investment in this process to support the project.

Our FEMA partners – Elyria YWCA and El Centro are currently training their teams to work in the communities to provide support and linkage to residents who are facing stress and other issues due to COVID-19. This grant will also provide information in communities where residents can seek help through our Navigator or Crisis numbers.

Mark Johnson and Elaine met last week with Clare Cygan Young and the new director at Gathering Hope House – Jennifer Krus. GHH is now open to members on a rotating schedule.

As part of the Northeast Ohio hospital collaborative, we are a pilot for the OhioMHAS Open Beds project where they are working on using a web-platform for available psychiatric beds upon to connect individuals upon release from the state hospitals and emergency rooms.

Regarding the K-12 Prevention initiatives, we are currently working with Avon Lake, North Ridgeville, Wellington and Midview schools to move their plans of action forward. Other districts have been re-engaged to get to their self-assessments that our partners can work with them to determine effective prevention strategies for their students, school personnel, and families. We also participate on the Lorain County Vaping Taskforce, led by Lorain County Public Health where a vaping toolkit has also been disseminated to schools.

As a component of the Ohio Suicide Prevention Foundation’s grant to strengthen and sustain prevention coalitions, a Community Readiness Assessment has been completed by the Lorain County Suicide Prevention Coalition, you can find the report on our website: <https://mharslc.org/suicide-prevention-coalition/>



It is anticipated that Lorain County's Harm Reduction Clinic will open in early November, estimated days are Monday and Friday afternoons and Wednesday mornings. The location will be The Nord Center's Clifton Avenue site. Key partners in this clinic include MHARS, The Nord Center, Lorain County Public Health, and Let's Get Real.

Elaine extended appreciation to Joseph Hribar and the Lorain Lions Club for the donation of masks for children and adults. The masks were donated to Big Brothers Big Sisters of Lorain County where they will be put to good use.

The Mental Health & Addiction Advocacy Coalition (MHAC) held their public officials reception virtually and we were able to spotlight Lorain County's work with the region and elected officials.

We are in second stage of interviews for the Treatment and Recovery Services Director for our team.

Our new team members Tonya Birney and Rebecca Jones are currently working onsite and both have really hit the ground running. Tonya will represent MHARS at the Day of Atonement on 10/17/20.

We are signed up to participate with Winterfest 2020 in the City of Lorain on 11/28/20. More details are forthcoming, and we would like to include Board Members in this project.

We received the final contract from OhioMHAS for the Blessing House capital project to expand behavioral health support services for families and children. Are there any questions? There were no questions.

Submitted by,  
Elaine Georgas, Interim Executive Director

(Daniel Urbin excused himself from the meeting at approximately 7:17 p.m.)

8. **UNFINISHED BUSINESS:**

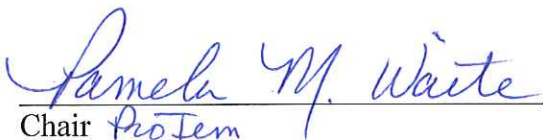
None.

9. **NEW BUSINESS:**

There was discussion about the Board's holiday giving project with consensus reached to donate to Genesis House.

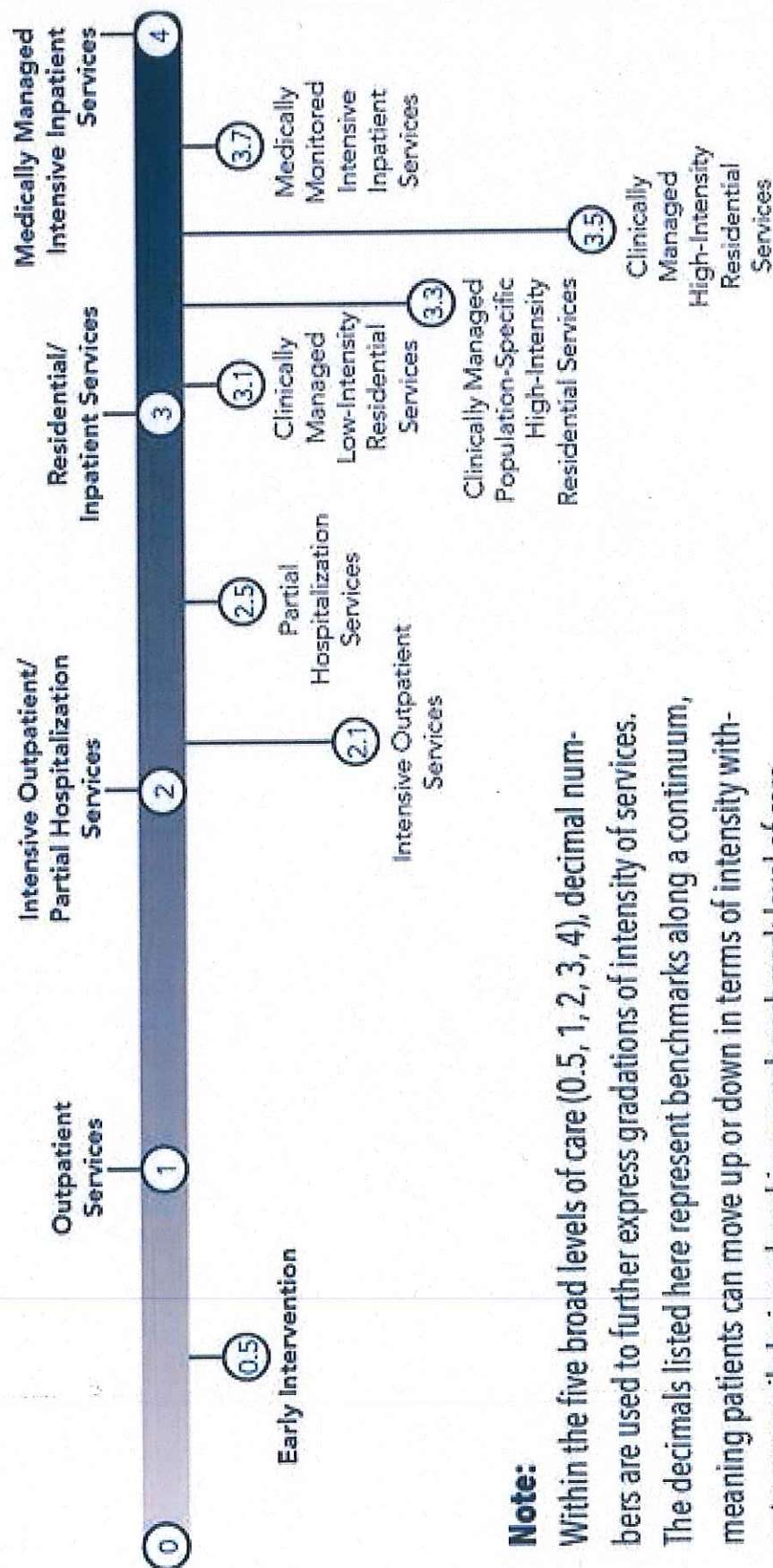
10. **ADJOURNMENT:**

The meeting adjourned at 7:22 p.m.

  
Chair *Pro Tem*

  
Secretary

## REFLECTING A CONTINUUM OF CARE







## ASAM LEVELS OF CARE

Level of Care	Adolescent Title	Adult Title	Description
0.5	Early Intervention	Early Intervention	Assessment and education for at-risk individuals who do not meet diagnostic criteria for substance use disorder
1	Outpatient Services	Outpatient Services	Less than 9 hours of service/week (adults); less than 6 hours/week (adolescents) for recovery or motivational enhancement therapies / strategies
2.1	Intensive Outpatient	Intensive Outpatient	9 or more hours of service/week (adults); 6 or more hours/week (adolescents) to treat multi-dimensional instability
2.5	Partial Hospitalization	Partial Hospitalization	20 or more hours of service/week for multi-dimensional instability not requiring 24-hour care
3.1	Clinically Managed Low-Intensity Residential	Clinically Managed Low-Intensity Residential	24-hour structure with available trained personnel; at least 5 hours of clinical service/week
3.3	*This Level of Care is not designated for adolescent populations	Clinically Managed Population-Specific High-Intensity Residential	24-hour care with trained counselors to stabilize multi-dimensional imminent danger. Less intense milieu and group treatment for those with cognitive or impairments unable to use full active milieu or therapeutic community
3.5	Clinically Managed Medium-Intensity Residential	Clinically Managed High-Intensity Residential	24-hour care with trained counselors to stabilize multi-dimensional imminent danger and prepare for outpatient treatment. Able to tolerate and use full active milieu or therapeutic community
3.7	Medically Monitored High-Intensity Inpatient	Medically Monitored Intensive Inpatient	24-hour nursing care with physician availability for significant problems in Dimensions 1, 2, or 3. Sixteen hours/day counselor availability
4	Medically Managed Intensive Inpatient	Medically Managed Intensive Inpatient	24-hour nursing care and daily physician care for severe, unstable problems in Dimensions 1, 2, or 3. Counseling available to engage patient in treatment.
OTP (Level 1)	*OTPs not specified here for adolescent populations, though information may be	Opioid Treatment Program (Level 1)	Daily or several times weekly opioid agonist medication and counseling available to maintain multidimensional stability for those with severe opioid use disorder

[http://www.naadac.org/assets/1959/meelee\\_asam\\_criteria.pdf](http://www.naadac.org/assets/1959/meelee_asam_criteria.pdf)

## AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

1

DIMENSION 1

### **Acute Intoxication and/or Withdrawal Potential**

Exploring an individual's past and current experiences of substance use and withdrawal

2

DIMENSION 2

### **Biomedical Conditions and Complications**

Exploring an individual's health history and current physical condition

3

DIMENSION 3

### **Emotional, Behavioral, or Cognitive Conditions and Complications**

Exploring an individual's thoughts, emotions, and mental health issues

4

DIMENSION 4

### **Readiness to Change**

Exploring an individual's readiness and interest in changing

5

DIMENSION 5

### **Relapse, Continued Use, or Continued Problem Potential**

Exploring an individual's unique relationship with relapse or continued use or problems

### **Recovery/Living Environment**





**ASAM** American Society of  
Addiction Medicine

## A Description of Addiction

**Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry.** Addiction affects neurotransmission and interactions within reward structures of the brain, including the nucleus accumbens, anterior cingulate cortex, basal forebrain and amygdala, such that motivational hierarchies are altered and addictive behaviors, which may or may not include alcohol and other drug use, supplant healthy, self-care related behaviors. Addiction also affects neurotransmission and interactions between cortical and hippocampal circuits and brain reward structures, such that the memory of previous exposures to rewards (such as food, sex, alcohol and other drugs) leads to a biological and behavioral response to external cues, in turn triggering craving and/or engagement in addictive behaviors.

**The neurobiology of addiction encompasses more than the neurochemistry of reward.<sup>1</sup>** The frontal cortex of the brain and underlying white matter connections between the frontal cortex and circuits of reward, motivation and memory are fundamental in the manifestations of altered impulse control, altered judgment, and the dysfunctional pursuit of rewards (which is often experienced by the affected person as a desire to “be normal”) seen in addiction--despite cumulative adverse consequences experienced from engagement in substance use and other addictive behaviors. The frontal lobes are important in inhibiting impulsivity and in assisting individuals to appropriately delay gratification. When persons with addiction manifest problems in deferring gratification, there is a neurological locus of these problems in the frontal cortex. Frontal lobe morphology, connectivity and functioning are still in the process of maturation during adolescence and young adulthood, and early exposure to substance use is another significant factor in the development of addiction. Many neuroscientists believe that developmental morphology is the basis that makes early-life exposure to substances such an important factor.

**Genetic factors** account for about half of the likelihood that an individual will develop addiction. Environmental factors interact with the person's biology and affect the extent to which genetic factors exert their influence. Resiliencies the individual acquires (through parenting or later life experiences) can affect the extent to which genetic predispositions lead to the behavioral and other manifestations of addiction. Culture also plays a role in how addiction becomes actualized in persons with biological vulnerabilities to the development of addiction.



**Other factors** that can contribute to the appearance of addiction, leading to its characteristic bio-psycho-socio-spiritual manifestations, include:

- a. The presence of an underlying biological deficit in the function of reward circuits, such that drugs and behaviors which enhance reward function are preferred and sought as reinforcers;
- b. The repeated engagement in drug use or other addictive behaviors, causing neuroadaptation in motivational circuitry leading to impaired control over further drug use or engagement in addictive behaviors;
- c. Cognitive and affective distortions, which impair perceptions and compromise the ability to deal with feelings, resulting in significant self-deception;
- d. Disruption of healthy social supports and problems in interpersonal relationships which impact the development or impact of resiliencies;
- e. Exposure to trauma or stressors that overwhelm an individual's coping abilities;
- f. Distortion in meaning, purpose and values that guide attitudes, thinking and behavior;
- g. Distortions in a person's connection with self, with others and with the transcendent (referred to as God by many, the Higher Power by 12-steps groups, or higher consciousness by others); and
- h. The presence of co-occurring psychiatric disorders in persons who engage in substance use or other addictive behaviors.

**Addiction** is characterized by<sup>2</sup>:

- a. **Inability to consistently Abstain;**
- b. **Impairment in Behavioral control;**
- c. **Craving;** or increased "hunger" for drugs or rewarding experiences;
- d. **Diminished recognition of significant problems** with one's behaviors and interpersonal relationships; and
- e. **A dysfunctional Emotional response.**

The **power of external cues** to trigger craving and drug use, as well as to increase the frequency of engagement in other potentially addictive behaviors, is also a characteristic of addiction, with the hippocampus being important in memory of previous euphoric or dysphoric experiences, and with the amygdala being important in having motivation concentrate on selecting behaviors associated with these past experiences.

Although some believe that the difference between those who have addiction, and those who do not, is the *quantity* or *frequency* of alcohol/drug use, engagement in addictive behaviors (such as gambling or spending)<sup>3</sup>, or exposure to other external rewards

(such as food or sex), a characteristic aspect of addiction is the *qualitative way* in which the individual responds to such exposures, stressors and environmental cues. A particularly pathological aspect of *the way* that persons with addiction pursue substance use or external rewards is that preoccupation with, obsession with and/or pursuit of rewards (e.g., alcohol and other drug use) persist despite the accumulation of adverse consequences. These manifestations can occur compulsively or impulsively, as a reflection of impaired control.

**Persistent risk and/or recurrence of relapse**, after periods of abstinence, is another fundamental feature of addiction. This can be triggered by exposure to rewarding substances and behaviors, by exposure to environmental cues to use, and by exposure to emotional stressors that trigger heightened activity in brain stress circuits.<sup>4</sup>

**In addiction there is a significant impairment in executive functioning**, which manifests in problems with perception, learning, impulse control, compulsivity, and judgment. People with addiction often manifest a lower readiness to change their dysfunctional behaviors despite mounting concerns expressed by significant others in their lives; and display an apparent lack of appreciation of the magnitude of cumulative problems and complications. The still developing frontal lobes of adolescents may both compound these deficits in executive functioning and predispose youngsters to engage in "high risk" behaviors, including engaging in alcohol or other drug use. The profound drive or craving to use substances or engage in apparently rewarding behaviors, which is seen in many patients with addiction, underscores the compulsive or avolitional aspect of this disease. This is the connection with "powerlessness" over addiction and "unmanageability" of life, as is described in Step 1 of 12 Steps programs.

**Addiction is more than a behavioral disorder.** Features of addiction include aspects of a person's behaviors, cognitions, emotions, and interactions with others, including a person's ability to relate to members of their family, to members of their community, to their own psychological state, and to things that transcend their daily experience.

**Behavioral manifestations and complications** of addiction, primarily due to impaired control, can include:

- a. Excessive use and/or engagement in addictive behaviors, at higher frequencies and/or quantities than the person intended, often associated with a persistent desire for and unsuccessful attempts at behavioral control;
- b. Excessive time lost in substance use or recovering from the effects of substance use and/or engagement in addictive behaviors, with significant adverse impact on social and occupational functioning (e.g. the development of interpersonal relationship problems or the neglect of responsibilities at home, school or work);
- c. Continued use and/or engagement in addictive behaviors, despite the presence of persistent or recurrent physical or psychological problems which may have been caused or exacerbated by substance use and/or related addictive behaviors;

- d. A narrowing of the behavioral repertoire focusing on rewards that are part of addiction; and
- e. An apparent lack of ability and/or readiness to take consistent, ameliorative action despite recognition of problems.

**Cognitive changes** in addiction can include:

- a. Preoccupation with substance use;
- b. Altered evaluations of the relative benefits and detriments associated with drugs or rewarding behaviors; and
- c. The inaccurate belief that problems experienced in one's life are attributable to other causes rather than being a predictable consequence of addiction.

**Emotional changes** in addiction can include:

- a. Increased anxiety, dysphoria and emotional pain;
- b. Increased sensitivity to stressors associated with the recruitment of brain stress systems, such that "things seem more stressful" as a result; and
- c. Difficulty in identifying feelings, distinguishing between feelings and the bodily sensations of emotional arousal, and describing feelings to other people (sometimes referred to as alexithymia).

The emotional aspects of addiction are quite complex. Some persons use alcohol or other drugs or pathologically pursue other rewards because they are seeking "positive reinforcement" or the creation of a positive emotional state ("euphoria"). Others pursue substance use or other rewards because they have experienced relief from negative emotional states ("dysphoria"), which constitutes "negative reinforcement." Beyond the initial experiences of reward and relief, there is a **dysfunctional emotional state** present in most cases of addiction that is associated with the persistence of engagement with addictive behaviors. The state of addiction is not the same as the state of intoxication. When anyone experiences mild intoxication through the use of alcohol or other drugs, or when one engages non-pathologically in potentially addictive behaviors such as gambling or eating, one may experience a "high", felt as a "positive" emotional state associated with increased dopamine and opioid peptide activity in reward circuits. After such an experience, there is a neurochemical rebound, in which the reward function does not simply revert to baseline, but often drops below the original levels. This is usually not consciously perceptible by the individual and is not necessarily associated with functional impairments.

Over time, repeated experiences with substance use or addictive behaviors are not associated with ever increasing reward circuit activity and are not as subjectively rewarding. Once a person experiences withdrawal from drug use or comparable behaviors, there is an anxious, agitated, dysphoric and labile emotional experience,

related to suboptimal reward and the recruitment of brain and hormonal stress systems, which is associated with withdrawal from virtually all pharmacological classes of addictive drugs. While tolerance develops to the “high,” tolerance does not develop to the emotional “low” associated with the cycle of intoxication and withdrawal. Thus, in addiction, persons repeatedly attempt to create a “high”—but what they mostly experience is a deeper and deeper “low.” While anyone may “want” to get “high”, those with addiction feel a “need” to use the addictive substance or engage in the addictive behavior in order to try to resolve their dysphoric emotional state or their physiological symptoms of withdrawal. Persons with addiction compulsively use even though it may not make them feel good, in some cases long after the pursuit of “rewards” is not actually pleasurable.<sup>5</sup> Although people from any culture may choose to “get high” from one or another activity, it is important to appreciate that addiction is not solely a function of choice. Simply put, addiction is not a desired condition.

As addiction is a chronic disease, periods of relapse, which may interrupt spans of remission, are a common feature of addiction. It is also important to recognize that return to drug use or pathological pursuit of rewards is not inevitable.

Clinical interventions can be quite effective in altering the course of addiction. Close monitoring of the behaviors of the individual and contingency management, sometimes including behavioral consequences for relapse behaviors, can contribute to positive clinical outcomes. Engagement in health promotion activities which promote personal responsibility and accountability, connection with others, and personal growth also contribute to recovery. It is important to recognize that **addiction can cause disability or premature death, especially when left untreated or treated inadequately.**

The qualitative ways in which the brain and behavior respond to drug exposure and engagement in addictive behaviors are different at later stages of addiction than in earlier stages, indicating progression, which may not be overtly apparent. As is the case with other chronic diseases, the condition must be monitored and managed over time to:

- a. Decrease the frequency and intensity of relapses;
- b. Sustain periods of remission; and
- c. Optimize the person’s level of functioning during periods of remission.

In some cases of addiction, medication management can improve treatment outcomes. In most cases of addiction, the integration of psychosocial rehabilitation and ongoing care with evidence-based pharmacological therapy provides the best results. Chronic disease management is important for minimization of episodes of relapse and their impact. Treatment of addiction saves lives. †

Addiction professionals and persons in recovery know the hope that is found in recovery. Recovery is available even to persons who may not at first be able to perceive this hope, especially when the focus is on linking the health consequences to the disease of addiction. **As in other health conditions, self-management, with mutual support, is very important in recovery from addiction.** Peer support such as

that found in various "self-help" activities is beneficial in optimizing health status and functional outcomes in recovery. ‡

**Recovery from addiction is best achieved through a combination of self-management, mutual support, and professional care provided by trained and certified professionals.**

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† See ASAM Public Policy Statement on **Treatment for Alcohol and Other Drug Addiction**, Adopted: May 01, 1980, Revised: January 01, 2010

‡ see ASAM Public Policy Statement on **The Relationship between Treatment and Self Help: A Joint Statement of the American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, and the American Psychiatric Association**, Adopted: December 01, 1997

**Explanatory footnotes:**

1. The neurobiology of reward has been well understood for decades, whereas the neurobiology of addiction is still being explored. Most clinicians have learned of reward pathways including projections from the ventral tegmental area (VTA) of the brain, through the median forebrain bundle (MFB), and terminating in the nucleus accumbens (Nuc Acc), in which dopamine neurons are prominent. Current neuroscience recognizes that the neurocircuitry of reward also involves a rich bi-directional circuitry connecting the nucleus accumbens and the basal forebrain. It is the reward circuitry where reward is registered, and where the most fundamental rewards such as food, hydration, sex, and nurturing exert a strong and life-sustaining influence. Alcohol, nicotine, other drugs and pathological gambling behaviors exert their initial effects by acting on the same reward circuitry that appears in the brain to make food and sex, for example, profoundly reinforcing. Other effects, such as intoxication and emotional euphoria from rewards, derive from activation of the reward circuitry. While intoxication and withdrawal are well understood through the study of reward circuitry, understanding of addiction requires understanding of a broader network of neural connections involving forebrain as well as midbrain structures. Selection of certain rewards, preoccupation with certain rewards, response to triggers to pursue certain rewards, and motivational drives to use alcohol and other drugs and/or pathologically seek other rewards, involve multiple brain regions outside of reward neurocircuitry itself.

2. These five features are not intended to be used as "diagnostic criteria" for determining if addiction is present or not. Although these characteristic features are widely present in most cases of addiction, regardless of the pharmacology of the substance use seen in addiction or the reward that is pathologically pursued, each feature may not be equally prominent in every case. The diagnosis of addiction requires a comprehensive biological, psychological, social and spiritual assessment by a trained and certified professional.

3. In this document, the term "addictive behaviors" refers to behaviors that are commonly rewarding and are a feature in many cases of addiction. Exposure to these behaviors, just as occurs with exposure to rewarding drugs, is facilitative of the addiction process rather than causative of addiction. The state of brain anatomy and physiology is the underlying variable that is more directly causative of addiction. Thus, in this document, the term "addictive behaviors" does not refer to dysfunctional or socially disapproved behaviors, which can appear in many cases of addiction. Behaviors, such as dishonesty, violation of one's values or the values of others, criminal acts etc., can be a component of addiction; these are best viewed as complications that result from rather than contribute to addiction.

4. The anatomy (the brain circuitry involved) and the physiology (the neuro-transmitters involved) in these three modes of relapse (drug- or reward-triggered relapse vs. cue-triggered relapse vs. stress-triggered relapse) have been delineated through neuroscience research.

**Relapse triggered by exposure to addictive/rewarding drugs**, including alcohol, involves the nucleus accumbens and the VTA-MFB-Nuc Acc neural axis (the brain's mesolimbic dopaminergic "incentive salience circuitry"--see footnote 2 above). Reward-triggered relapse also is mediated by glutamatergic circuits projecting to the nucleus accumbens from the frontal cortex.

**Relapse triggered by exposure to conditioned cues** from the environment involves glutamate circuits, originating in frontal cortex, insula, hippocampus and amygdala projecting to mesolimbic incentive salience circuitry.

**Relapse triggered by exposure to stressful experiences** involves brain stress circuits beyond the hypothalamic-pituitary-adrenal axis that is well known as the core of the endocrine stress system. There are two of these relapse-triggering brain stress circuits – one originates in noradrenergic nucleus A2 in the lateral tegmental area of the brain stem and projects to the hypothalamus, nucleus accumbens, frontal cortex, and bed nucleus of the stria terminalis, and uses norepinephrine as its neurotransmitter; the other originates in the central nucleus of the amygdala, projects to the bed nucleus of the stria terminalis and uses corticotrophin-releasing factor (CRF) as its neurotransmitter.

5. Pathologically pursuing reward (mentioned in the Short Version of this definition) thus has multiple components. It is not necessarily the amount of exposure to the reward (e.g., the dosage of a drug) or the frequency or duration of the exposure that is pathological. In addiction, pursuit of rewards persists, despite life problems that accumulate due to addictive behaviors, even when engagement in the behaviors ceases to be pleasurable. Similarly, in earlier stages of addiction, or even before the outward manifestations of addiction have become apparent, substance use or engagement in addictive behaviors can be an attempt to pursue relief from dysphoria; while in later stages of the disease, engagement in addictive behaviors can persist even though the behavior no longer provides relief.

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**Contracts Authorized by the Executive Director on Behalf of the MHARS Board of Directors**

**October 13, 2020**

<b>Consultants - Vendors</b>	<b>Service Provided</b>	<b>Amount Paid</b>
Anago Cleaning Systems	Deep clean service for Gathering Hope House opening	NTE \$650.00
Anago Cleaning Systems	Weekly cleaning service for Administration and Gathering Hope House @ \$1,000.00/month	Effective 9/28/20
Yale University	Provide Intensive Home Based Treatment (IHBT) telephone conferences and trainings	NTE \$6,572 for 7/1/20 - 6/30/21
*Carol Nesper	Provide services as an educational aide providing in-home, on-site e-learning educational services, tutoring services and art enrichment activities @ \$100.00 flat fee or \$25.00/hour pro-rated.	NTE \$3,000 for 9/11/20 - 6/30/21
Elyria Municipal Recovery Court	Addiction Treatment Program MOU and administrative allowance	NTE \$808.54 for 7/1/20 - 6/30/21
Lorain County Family Drug Court	Addiction Treatment Program MOU and administrative allowance	NTE \$808.54 for 7/1/20 - 6/30/21
Lorain County Recovery Court	Addiction Treatment Program MOU and administrative allowance	NTE \$17,464.42 for 7/1/20 - 6/30/21
Lorain Municipal Recovery Court	Addiction Treatment Program MOU and administrative allowance	NTE \$808.54 for 7/1/20 - 6/30/21
Mental Health America of Northern Kentucky and Southwest Ohio (MHANKSO)	Provide Mental Health First Aid training @ \$600/face class	Note: Prior contract listing mistakenly noted NTE \$3,600 for 7/1/20 - 6/30/21. Contract is for reimbursement of training from MHANKSO of up to \$3,600.
Gods Kingdom Worship Center	Provide services for community outreach as subcontractor for the Strengthening and Sustaining Ohio's Suicide Prevention Coalition grant	NTE \$1,403 for 8/14/20 - 9/30/20
Lorain County Sheriff's Office and The LCADA Way	Providing Quick Response Team (QRT) to address opioid and opioid-related overdose encounters	NTE \$17,500 in total as budgeted for QRT for 9/30/20 - 9/29/21
City of Avon and The LCADA Way	Providing Quick Response Team (QRT) to address opioid and opioid-related overdose encounters	NTE \$17,500 in total as budgeted for QRT for 9/30/20 - 9/29/21
City of Elyria and Firelands Counseling and Recovery Services - Lorain	Providing Quick Response Team (QRT) to address opioid and opioid-related overdose encounters	NTE \$17,500 in total as budgeted for QRT for 9/30/20 - 9/29/21



**Contracts Authorized by the Executive Director on Behalf of the MHARS Board of Directors**

**October 13, 2020**

<b>Consultants - Vendors</b>	<b>Service Provided</b>	<b>Amount Paid</b>
City of Avon Lake and The LCADA Way	Providing Quick Response Team (QRT) to address opioid and opioid-related overdose encounters	NTE \$17,500 in total as budgeted for QRT for 9/30/20 - 9/29/21
City of Lorain and The LCADA Way	Providing Quick Response Team (QRT) to address opioid and opioid-related overdose encounters	NTE \$17,500 in total as budgeted for QRT for 9/30/20 - 9/29/21
Lorain County Urban League, Inc.	Provide services for community outreach as subcontractor for the Strengthening and Sustaining Ohio's Suicide Prevention Coalition grant	NTE \$2,000 for 9/10/20 - 9/30/20
*I Care Healthcare, LLC	Provide services as a Homemaker Personal Care (HPC) service provider and provider of HPC transportation @ \$25.56/hour and mileage	NTE \$6,330 for 10/1/20 - 10/31/20
*Safe and Reliable Cab & Limo	Provide transportation @ \$250/round trip	NTE \$1,750 for 10/3/20 - 12/31/20
* ISP Contract for which the Board is the Fiscal Agent.		

# **MENTAL HEALTH, ADDICTION AND RECOVERY SERVICES BOARD OF LORAIN COUNTY**

## **STATEMENT OF REVENUES AND EXPENSES FY20**

Unaudited

JULY 1, 2019 TO SEPTEMBER 30, 2020

	BUDGET		ACTUAL			% OF VARIANCE
	AMENDED FY20 BUDGET	YEAR TO DATE BUDGET	YEAR TO DATE ACTUAL	SEPTEMBER 2020	VARIANCE	
<b>REVENUES</b>						
Levy 0.6 mill 5-year renewal expires 12/31/22	\$ 3,675,778	\$ 3,675,778	\$ 3,715,564	\$ -	\$ 39,786	1.1%
Levy 1.2 mill 10-year renewal expires 12/31/24	7,672,198	7,672,198	7,969,239	-	297,041	3.9%
Local Grants	24,316	24,316	24,316	-	-	0.0%
State Allocations & Grants	3,959,438	3,959,438	3,922,228	-	(37,210)	-0.9%
Federal Allocations & Grants	4,165,964	4,165,964	4,036,896	149,390	(129,068)	-3.1%
Pass-Through Grants	400,502	400,502	400,502	-	-	0.0%
Integrated Services Partnership	1,676,380	1,676,380	1,698,961	-	22,581	1.3%
Miscellaneous	187,400	187,400	424,530	54,845	237,130	126.5%
<b>TOTAL REVENUES</b>	<b>\$ 21,761,976</b>	<b>\$ 21,761,976</b>	<b>\$ 22,192,236</b>	<b>\$ 204,235</b>	<b>\$ 430,260</b>	<b>2.0%</b>
<b>EXPENSES</b>						
Personnel - Salary & Benefits	\$ 1,886,421	\$ 1,886,421	\$ 1,703,646	\$ -	\$ 182,775	9.7%
Operating	648,667	648,667	560,506	4,527	88,161	13.6%
Board Development & Recognition	5,000	5,000	130	-	4,870	97.4%
Auditor & Treasurer Fees - Levy	197,355	197,355	196,964	-	391	0.2%
Integrated Services Partnership	1,762,702	1,762,702	1,216,833	106,750	545,869	31.0%
Pass-Through Grants	400,502	400,502	400,542	-	(40)	0.0%
Agency & Community	4,711,514	4,711,514	1,494,460	11,725	3,217,054	68.3%
Network Agency Contracts	16,520,551	16,520,551	15,325,447	360,444	1,195,104	7.2%
<b>TOTAL EXPENSES</b>	<b>\$ 26,132,712</b>	<b>\$ 26,132,712</b>	<b>\$ 20,898,528</b>	<b>\$ 483,446</b>	<b>\$ 5,234,184</b>	<b>20.0%</b>
<b>REVENUES - EXPENSES (NET)</b>	<b>\$ (4,370,736)</b>	<b>\$ (4,370,736)</b>	<b>\$ 1,293,708</b>	<b>\$ (279,211)</b>	<b>\$ (4,803,924)</b>	

Payroll FY21	178,428
Report of Expenses	2,850,794
Less Expenses FY21	(2,545,776)
	483,446

# MENTAL HEALTH, ADDICTION AND RECOVERY SERVICES BOARD OF LORAIN COUNTY

## STATEMENT OF CASH POSITION FY20

Unaudited

JULY 1, 2019 TO SEPTEMBER 31, 2020

	AMENDED FY20 BUDGET	YEAR TO DATE ACTUAL
Board Levy Cash Balance - Beginning of Period	\$16,548,673	\$16,548,673
Board Levy Cash Balance - End of Period	\$12,197,762	\$14,017,203
Board Unrestricted Cash Balance - Beginning of Period	\$129,644	\$129,644
Board Unrestricted Cash Balance - End of Period	\$141,794	\$187,732
Board Allocations & Grants Cash Balance - Beginning of Period	\$140,745	\$140,745
Board Allocations & Grants Cash Balance - End of Period	\$195,092	\$3,425,708
ISP Cash Balance - Beginning of Period	\$2,238,183	\$2,238,183
ISP Cash Balance - End of Period	\$2,151,861	\$2,720,310
Total Cash Balance - Beginning of Period	\$19,057,245	\$19,057,245
Total Cash Balance - End of Period	\$14,686,509	\$20,350,953
Net Difference	(\$4,370,736)	\$1,293,708

Allocations & Grants Supporting Schedule

Local Grants:

Addiction Treatment Program for Indigent Residents in Sober Homes  
 CIT Peer Review - NAMI Ohio  
 CIT Training Grant - NAMI Ohio  
 Crisis Text Line - OACBHA  
 Indians Ticket Sales Allocation - Cleveland Indians Baseball  
 Lorain County Suicide Prevention Coalition - OSPF  
 Parent Coach Training Stipend - National Center on Addiction and Substance Abuse  
 Vicarious Trauma Training Grant - Community Foundation of Lorain County

FY20 BUDGET	FY20 RECEIVED
10,000	10,000.00
1,000	1,000.00
1,000	1,000.00
1,000	1,000.00
82	81.34
5,500	5,500.00
1,250	1,250.00
4,484	4,484.00
24,316	24,315.34

State Allocations & Grants:

Access Success II Program  
 Addiction Services Partnership with Courts - Community Transition Program (CTP Court)  
 Community Innovations - Community Medication (Psychotropic Drug)  
 Continuum of Care - Additional Community Investment  
 Continuum of Care - Additional Community Investment  
 Continuum of Care - Community Investments (Board Elected)  
 Continuum of Care - Community Investments (Central Pharmacy)  
 Continuum of Care - Community Investments (MHI Portion)  
 Continuum of Care - Community Investments (SUD Portion)  
 Continuum of Care - NEO Collaborative Care Coordination  
 Criminal Justice Services - Addiction Treatment Program (ATP)  
 Criminal Justice Services - Community Transition Program (CTP)  
 Criminal Justice Services - Forensic Monitoring  
 Lorain Crisis Stabilization - Crisis Services (Operating)  
 Prevention & Wellness - Prevention Services Evidence Based Practice (EBP)  
 Problem Casino/Gambling Addiction - SUD Gambling Addiction Prevention  
 Problem Casino/Gambling Addiction - SUD Gambling Addiction Treatment  
 Recovery Housing Operating Allocation  
 Statewide Treatment & Prevention - K-12 Prevention Education  
 Subsidized Docket Support - Specialized Docket Payroll Subsidy Project

Mental Health	Addiction & Recovery Services
9,393	-
100,000	-
69,285	-
-	65,885
-	14,489
-	65,456
343,700	-
889,208	-
-	139,646
44,624	-
50,000	-
11,434	-
1,000,000	-
-	24,800
-	22,685
-	87,419
-	11,528
-	45,900
433,986	-
205,000	-
2,951,630	1,007,808

Federal Allocations & Grants:

First Responders Comprehensive Addiction and Recovery Act (FR-CARA) Grant (Jul-Sep FFY19)  
 First Responders Comprehensive Addiction and Recovery Act (FR-CARA) Grant (Oct-Jun FFY20)  
 Housing and Urban Development (HUD) Grant - Shelter + Care  
 Lorain County Offender Recovery Court Grant (Jul-Sep FFY19)  
 Mental Health Block Grant  
 Projects for Assistance in Transition from Homelessness (PATH) Grant  
 Sober Truth on Preventing Underage Drinking Act (STOP) Grant (Jul-Sep FFY19)  
 Sober Truth on Preventing Underage Drinking Act (STOP) Grant (Oct-Jun FFY20)  
 State opioid Response (SOR) Family Recovery Housing (Jul-Sep FFY19)  
 State opioid Response (SOR) Family Recovery Housing (Oct-Jun FFY20)  
 State opioid Response (SOR) Grant - Local Project Treatment and Recovery (Jul-Sep FFY19) (SOR T/R)  
 State opioid Response (SOR) Grant - Local Project Treatment and Recovery (Oct-Jun FFY20) (SOR T/R)  
 State opioid Response (SOR) Grant - Local Project Treatment and Recovery (Jul-Sep FFY19)  
 State opioid Response (SOR) Persons in Recovery Housing (Jul-Sep FFY20)  
 Substance Abuse Block Grant (SABG) - Adolescent Treatment Services  
 Substance Abuse Prevention and Treatment (SAPT) Block Grant - Prevention  
 Substance Abuse Prevention and Treatment (SAPT) Block Grant - Treatment  
 Title XX Grant

125,000	268,139.31
375,000	225,339.68
425,479	425,479.00
81,335	179,512.06
172,144	172,144.00
93,683	91,629.65
-	13,789.98
47,145	8,612.36
37,500	98,097.66
112,500	-
551,603	142,788.12
528,750	903,547.43
37,500	94,745.66
112,500	-
276,573	224,481.26
295,762	295,762.00
743,682	743,682.00
149,808	149,145.00
841,114	4,036,895.17
3,324,850	-

Pass-Through Grants:

Lorain County Domestic Relations Family and Juvenile Drug Court  
 Substance Abuse Block Grant (SABG) - Circle for Recovery  
 Women's Treatment & Recovery

82,616	82,616.00
75,354	75,354.00
242,532	242,532.00
400,502	400,502.00

Network Agency Contracts Supporting Schedule

	Mental Health	Addiction & Recovery Services	TOTAL FY20 BUDGET	Allocation/Grant FY20 Expense	Lewy FY20 Expense	Other FY20 Expense	TOTAL FY20 EXPENSE
\$	708,518	\$ -	708,518	76,908.97	528,705.96	-	605,614.93
Applewood	42,000	-	42,000	-	29,346.50	-	29,346.50
Beech Brook	662,000	-	662,000	20,600.00	361,706.60	-	382,306.60
Bellefleur JCB	60,000	79,800	139,800	85,244.00	60,000.00	-	145,244.00
Big Brothers Big Sisters	310,563	-	310,563	-	301,709.35	-	301,709.35
El Centro	148,151	-	148,151	7,226.10	137,737.97	-	144,964.07
Far West	713,455	250,789	964,254	510,185.83	402,456.81	4,744.80	917,387.44
Firelands	483,994	-	483,994	-	463,452.00	-	463,452.00
Gathering Hope House	25,000	265,646	290,646	304,438.50	-	-	304,438.50
Let's Get Real	-	95,000	95,000	102,260.00	-	-	102,260.00
Lorain Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP)	105,000	-	105,000	-	105,000.00	-	105,000.00
Lucy Idol	56,661	-	56,661	-	46,123.70	-	46,123.70
Lutheran Metropolitan Ministry - Guardianship Services	139,983	-	139,983	-	139,983.00	-	139,983.00
NAMI	-	85,000	85,000	73,615.82	-	-	73,615.82
New Directions	761,597	-	761,597	425,479.00	300,404.87	-	725,883.87
New Sunrise	602,000	-	602,000	9,603.61	542,574.01	-	552,177.62
Ohio Guidestone	102,000	-	102,000	315.73	87,641.17	11,000.00	98,956.90
Pathways	150,000	-	150,000	-	150,000.00	-	150,000.00
Safe Harbor/Genesis House	-	478,259	478,259	202,864.50	-	-	202,864.50
Silver Maple Recovery	-	83,759	83,759	82,800.56	-	-	82,800.56
Stella Maris	-	1,006,108	1,006,108	1,119,024.87	-	13,200.00	1,132,224.87
The LCADA Way	-	-	8,658,631	408,241.66	7,811,763.45	2,499.35	8,222,504.46
The Nord Center	8,658,631	-	8,658,631	396,588.84	-	-	396,588.84
The Road to Hope House	13,729,563	444,854	14,174,417	3,825,397.99	11,468,605.39	31,444.15	15,325,447.53
Expansion Pool	1,773	2,789,215	16,518,778	-	-	-	-
\$	13,731,336	\$ 2,789,215	\$ 16,520,551				

	Grant FY20 Expense
Pass-Through Grants:	
Lorain County Domestic Relations Family and Juvenile Drug Court	82,616
Lorain UMADAOP - Substance Abuse Block Grant (SABG) - Circle for Recovery	75,354
The LCADA Way - Women's Treatment & Recovery	242,532
	400,502

**Variance Analysis  
September 2020**

**REVENUES:**

**Levy – \$39,786 & 1.1% and \$297,041 & 3.9%**

- We have received all of our tax levy funds for our FY20. We received \$336,827 more than estimated, primarily due to an increase in delinquent payments.

**Local Grants – No Variance**

**State Allocations & Grants – (\$37,210) & (0.9%)**

- Psychotropic Drug reimbursement requested but not yet received.

**Federal Allocations & Grants – (\$129,068) & (3.1%)**

- Federal funding continues to be reconciled against actual amounts with unused funding being requested for carryover into the next fiscal year.

**Pass-Through Grants – No Variance**

**Integrated Services Partnership – 22,581 & 1.3%**

- Variance due to child support monies received that were unbudgeted.

**Miscellaneous – \$237,130 & 126.5%**

- Variance primarily due to \$14,574 grant reimbursements of salaries, \$21,564 over payment of rents reimbursed, \$32,960 Medicaid retro reimbursements over budgeted and approximately \$160,000 of reimbursements or revenue streams that have been identified that were not previously budgeted.

**Variance Analysis  
September 2020**

**EXPENSES:**

**Personnel-Salary & Benefits – \$182,775 & 9.7%**

- Personnel expenses are lower due to current vacant positions and turnover throughout the fiscal year.

**Operating – \$88,161 & 13.6%**

- Operating expenses were under budget for the fiscal year.

**Board Development & Recognition – \$4,870 & 97.4%**

- Minimal activity has taken place to date.

**Auditor & Treasurer Fees-Levy – \$391 & 0.2%**

- Variance deemed immaterial.

**Integrated Services Partnership – \$545,869 & 31.0%**

- This variance resulted from less children in care per budgeted.

**Pass-Through Grants – (\$40) & (0.0%)**

- Overpayment to Agency, we are currently awaiting return of funds.

**Agency & Community – \$3,217,054 & 68.3%**

- Comprised of \$1,000,000 Crisis Operating, \$433,986 K-12 Prevention allocations and \$250,000 PIRHL PSH gap funding to be carried over into next fiscal year. \$750,000 unspent capital allocation originally budgeted for Mercy. Approximately \$300,000 unspent due to COVID. Remaining grant and allocation amounts will either be carried over into the next fiscal year or reclassified from other line items.

**Network Agency Contracts – \$1,195,104 & 7.2%**

- Current estimates project an approximate overall variance of \$800,000 at the end of the current fiscal year in levy funds with additional carryover of non-levy funds into next fiscal year.



# MENTAL HEALTH, ADDICTION AND RECOVERY SERVICES BOARD OF LORAIN COUNTY

## STATEMENT OF REVENUES AND EXPENSES FY21

Unaudited

JULY 1, 2020 TO SEPTEMBER 30, 2020

	BUDGET		ACTUAL			% OF VARIANCE
	AMENDED FY21 BUDGET	YEAR TO DATE BUDGET	YEAR TO DATE ACTUAL	SEPTEMBER 2020	VARIANCE	
<b>REVENUES</b>						
Levy 0.6 mill 5-year renewal expires 12/31/22	\$ 3,641,207	\$ 1,733,207	\$ 1,756,310	\$ 827	\$ 23,103	1.3%
Levy 1.2 mill 10-year renewal expires 12/31/24	7,805,773	3,713,773	3,766,391	1,772	52,618	1.4%
Local Grants	5,000	1,500	1,500	-	-	0.0%
State Allocations & Grants	2,573,282	361,901	361,901	18,768	-	0.0%
Federal Allocations & Grants	2,763,960	434,280	434,280	421,390	-	0.0%
Pass-Through Grants	605,502	284,472	284,472	18,839	-	0.0%
Integrated Services Partnership	895,231	208,500	208,648	208,648	148	0.0%
Miscellaneous	455,372	27,687	-	-	(27,687)	-100.0%
<b>TOTAL REVENUES</b>	<b>\$ 18,745,327</b>	<b>\$ 6,765,320</b>	<b>\$ 6,813,502</b>	<b>\$ 670,244</b>	<b>\$ 48,182</b>	<b>0.7%</b>
<b>EXPENSES</b>						
Personnel - Salary & Benefits	\$ 1,901,954	\$ 396,240	\$ 318,058	\$ 178,428	\$ 78,182	19.7%
Operating	440,900	110,226	66,799	16,725	43,427	39.4%
Printing & Advertising	80,000	20,000	29,026	18,289	(9,026)	-45.1%
Board Development & Recognition	5,000	651	651	132	-	0.0%
Capital Outlay	350,000	-	-	-	-	0.0%
Auditor & Treasurer Fees - Levy	198,000	88,000	76,422	-	11,578	13.2%
Integrated Services Partnership	1,619,683	355,920	45,789	33,526	310,131	87.1%
Pass-Through Grants	605,502	284,472	284,472	284,472	-	0.0%
Agency & Community	1,945,114	401,597	190,602	187,475	210,995	52.5%
Network Agency Contracts	17,470,215	4,367,554	2,210,329	1,826,729	2,157,225	49.4%
<b>TOTAL EXPENSES</b>	<b>\$ 24,616,368</b>	<b>\$ 6,024,660</b>	<b>\$ 3,222,148</b>	<b>\$ 2,545,776</b>	<b>\$ 2,802,512</b>	<b>46.5%</b>

<b>REVENUES - EXPENSES (NET)</b>	<b>\$ (5,871,041)</b>	<b>\$ 740,660</b>	<b>\$ 3,591,354</b>	<b>\$ (1,875,532)</b>	<b>\$ (2,754,330)</b>
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Payroll FY21	178,428
Report of Expenses	2,850,794
Less Expenses FY20	(483,446)
	2,545,776



# MENTAL HEALTH, ADDICTION AND RECOVERY SERVICES BOARD OF LORAIN COUNTY

## STATEMENT OF CASH POSITION FY21

Unaudited

JULY 1, 2020 TO SEPTEMBER 31, 2020

AMENDED FY21 BUDGET	YEAR TO DATE ACTUAL
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Board Levy Cash Balance - Beginning of Period	\$14,918,739	\$14,017,203
Board Levy Cash Balance - End of Period	\$11,101,136	\$17,196,689

Board Unrestricted Cash Balance - Beginning of Period	\$129,644	\$187,732
Board Unrestricted Cash Balance - End of Period	\$129,644	\$156,625

Board Allocations & Grants Cash Balance - Beginning of Period	\$1,328,986	\$3,425,708
Board Allocations & Grants Cash Balance - End of Period	\$0	\$3,705,824

Pass-Through Cash Balance - Beginning of Period	\$0	\$0
Pass-Through Cash Balance - End of Period	\$0	\$0

ISP Cash Balance - Beginning of Period	\$2,770,440	\$2,720,310
ISP Cash Balance - End of Period	\$2,045,988	\$2,883,169

Total Cash Balance - Beginning of Period	\$19,147,809	\$20,350,953
Total Cash Balance - End of Period	\$13,276,768	\$23,942,307

Net Difference	(\$5,871,041)	\$3,591,354
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Allocations & Grants Supporting Schedule

	FY21 BUDGET	FY21 RECEIVED
Local Grants:		
Local Grants	3,500	-
OACBHA Week of Appreciation Mini-Grant	1,500	1,500.00
	<u>5,000</u>	<u>1,500.00</u>
State Allocations & Grants:		
Addiction Services Partnership with Courts - Community Transition Program (CTP Court)	25,000	-
Community Innovations - Community Medication (Psychotropic Drug)	66,000	-
Continuum of Care - Additional Community Investment	51,200	-
Continuum of Care - Community Investments (Board Elected)	130,202	-
Continuum of Care - Community Investments (Central Pharmacy)	258,982	48,470.56
Continuum of Care - Community Investments (MH Portion)	889,208	222,302.00
Continuum of Care - Community Investments (SUD Portion)	139,646	34,911.50
Continuum of Care - NEO Collaborative Care Coordination	25,000	-
Criminal Justice Services - Addiction Treatment Program (ATP)	325,000	-
Criminal Justice Services - Community Transition Program (CTP)	50,000	-
Criminal Justice Services - Forensic Monitoring	11,434	2,858.50
Lorain Crisis Stabilization - Crisis Services (Operating)	250,000	-
Prevention & Wellness - Prevention Services Evidence Based Practice (EBP)	24,800	-
Prevention & Wellness - Primary Prevention	22,685	5,671.25
Problem Casino/Gambling Addiction - SUD Gambling Addiction Prevention	87,419	21,854.75
Problem Casino/Gambling Addiction - SUD Gambling Addiction Treatment	11,528	2,882.00
Recovery Housing Operating Allocation	45,900	22,950.00
Substance Abuse Stabilization Centers - Crisis Services (Infrastructure)	159,278	-
	<u>2,573,282</u>	<u>361,900.56</u>
Federal Allocations & Grants:		
Continuum of Care - NEO Collaborative Emergency COVID-19	51,564	12,890.95
First Responders Comprehensive Addiction and Recovery Act (FR-CARA) Grant (Jul-Sep FFY20)	241,147	-
First Responders Comprehensive Addiction and Recovery Act (FR-CARA) Grant (Oct-Jun FFY21)	-	-
Housing and Urban Development (HUD) Grant - Shelter + Care	433,387	-
Mental Health Block Grant	172,144	86,072.00
Projects for Assistance in Transition from Homelessness (PATH) Grant	94,363	-
Sober Truth on Preventing Underage Drinking Act (STOP) Grant (Jul-Sep FFY20)	11,786	-
State Opioid Response (SOR) Grant - Local Project Treatment and Recovery (Jul-Sep FFY20) (SOR T/R)	251,250	75,456.56
State Opioid Response (SOR) Grant - Local Project Treatment and Recovery (Oct-Jun FFY21) (SOR T/R)	-	-
State Opioid Response (SOR) Grant - Medication Assisted Treatment (MAT) (Jul-Sep FFY21)	43,038	-
Substance Abuse Block Grant (SABG) - Adolescent Treatment Services	276,573	-
Substance Abuse Prevention and Treatment (SAPT) Block Grant - Prevention	295,762	73,940.50
Substance Abuse Prevention and Treatment (SAPT) Block Grant - Treatment	743,682	185,920.50
Title XX Grant	149,264	-
	<u>2,763,960</u>	<u>434,280.51</u>
Pass-Through Grants:		
Lorain County Domestic Relations Family and Juvenile Drug Court	82,616	-
Subsidized Docket Support - Specialized Docket Payroll Subsidy Project	205,000	205,000.00
Substance Abuse Block Grant (SABG) - Circle for Recovery	75,354	18,838.50
Women's Treatment & Recovery	242,532	60,633.00
	<u>605,502</u>	<u>284,471.50</u>

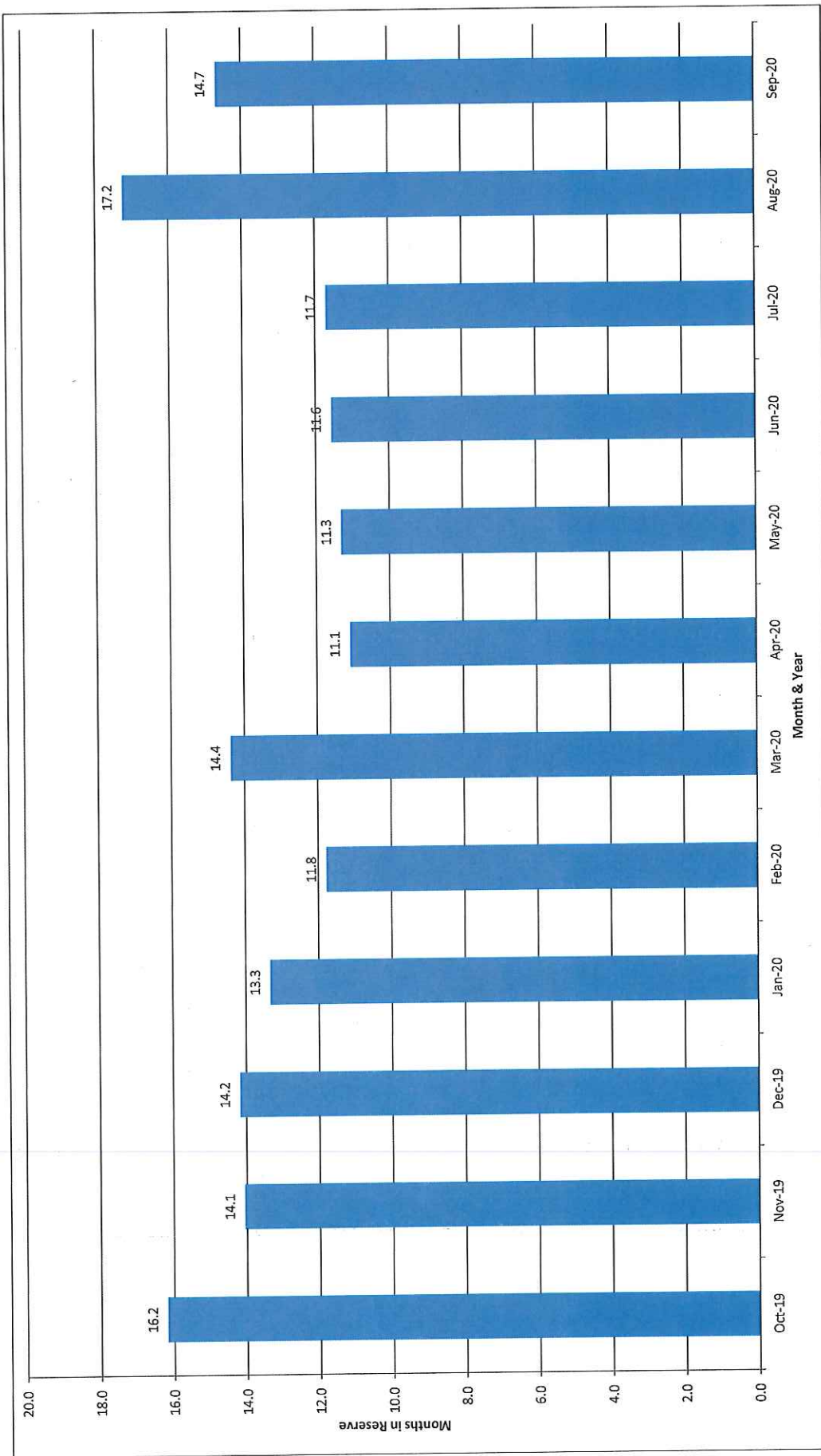
Agency & Community Supporting Schedule

	Allocation/Grant FY21 Budget	Lewy FY21 Budget	TOTAL FY21 BUDGET	Allocation/Grant FY21 Expense	Lewy FY21 Expense	TOTAL FY21 EXPENSE
Supplies/Materials	-	15,000	15,000	-	-	-
Contractual/Purchased Services (Trainings, Consultations, etc.)	-	150,000	150,000	-	300.00	300.00
Transport Services - LifeCare	-	75,000	75,000	-	1,549.85	1,549.85
Adult Inpatient Local Bed Days (Mercy)	-	350,000	350,000	-	-	-
Youth Inpatient Local Bed Days (Various)	-	15,000	15,000	-	-	-
Respite (Blessing House)	-	15,000	15,000	-	-	-
Youth Led Suicide "You Belong" Initiative	-	40,000	40,000	-	-	-
Integrated Services Partnership Contribution	-	158,500	158,500	-	158,500.00	158,500.00
Other Miscellaneous Expenses	-	30,000	30,000	-	-	-
PIRHL Gap Funding	-	250,000	250,000	-	-	-
Local Grants	3,500	-	3,500	-	-	-
Week of Appreciation Mini-Grant - OACBHA	1,500	-	1,500	-	-	-
Lorain County Suicide Prevention Coalition - OSPF	5,500	-	5,500	-	-	-
Parent Coach Training Stipend - NCASA	1,250	-	1,250	-	-	-
BWC Substance Use Recovery and Workplace Safety Program	55,590	-	55,590	-	-	-
Addiction Treatment Program (ATP)	149,162	-	149,162	-	-	-
Prevention & Wellness	29,497	-	29,497	-	-	-
Psychotropic Drug Program	66,000	-	66,000	-	-	-
K-12 Prevention Education	433,986	-	433,986	-	-	-
NEO Collaborative Emergency COVID-19	3,305	-	3,305	3,142.04	-	3,142.04
WRC-CARA (FFY20)	38,750	-	38,750	27,110.38	-	27,110.38
SOR (FFY20)	3,750	-	3,750	-	-	-
SOR MAT (FFY20)	43,038	-	43,038	-	-	-
STOP (FFY20)	11,786	-	11,786	-	-	-
	846,614	1,098,500	1,945,114	30,252.42	160,349.85	190,602.27

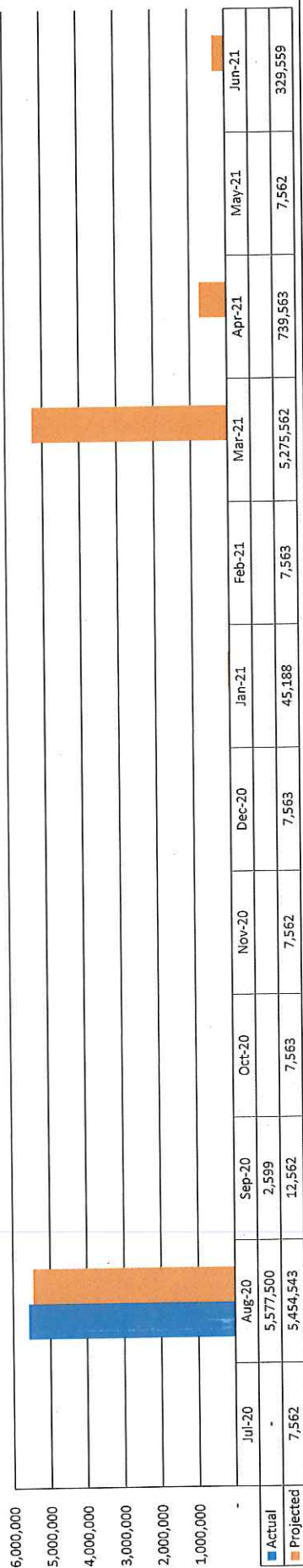
Network Agency Contracts Supporting Schedule

	Allocation/Grant FY21 Budget	Levy FY21 Budget	TOTAL FY21 BUDGET	Allocation/Grant FY21 Expense	Levy FY21 Expense	TOTAL FY21 EXPENSE
Applewood	-	616,412	616,412	-	87,581.87	87,581.87
Beech Brook	-	34,000	34,000	-	2,388.00	2,388.00
Bellefleur JCB	-	437,363	437,363	-	53,809.16	53,809.16
Big Brothers Big Sisters	79,800	60,000	139,800	19,950.00	10,000.00	29,950.00
El Centro	20,000	307,225	327,225	-	1,327.12	1,327.12
Far West	8,000	134,000	142,000	791.02	19,993.81	20,784.83
Firelands	334,626	431,335	765,961	46,898.59	20,614.16	67,512.75
Gathering Hope House	-	470,492	470,492	-	115,123.00	115,123.00
Let's Get Real	185,628	-	185,628	27,860.25	-	27,860.25
Lorain Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP)	95,188	-	95,188	23,797.00	-	23,797.00
Lucy Idol	-	105,000	105,000	-	-	-
Lutheran Metropolitan Ministry - Guardianship Services	-	51,600	51,600	-	11,295.53	11,295.53
NAMI	-	137,632	137,632	-	34,408.00	34,408.00
Neighborhood Alliance	94,363	57,454	151,817	-	-	-
New Directions	75,000	-	75,000	-	-	-
New Sunrise	433,387	341,343	774,730	105,744.87	29,318.47	135,063.34
Ohio Guidestone	8,000	550,800	558,800	-	69,656.05	69,656.05
Pathways	-	95,000	95,000	-	8,300.95	8,300.95
Safe Harbor/Genesis House	-	150,000	150,000	-	37,500.00	37,500.00
Silver Maple Recovery	102,571	-	102,571	-	-	-
Tella Maris	92,400	-	92,400	-	-	-
The LCADA Way	983,038	-	983,038	5,420.93	-	5,420.93
The Nord Center	1,137,177	7,688,160	8,825,337	88,097.77	1,346,051.54	1,434,149.31
The Road to Hope House	349,211	-	349,211	44,399.96	-	44,399.96
Service Pool/Unbudgeted	3,998,389	11,667,816	15,666,205	362,960.39	1,847,367.66	2,210,328.05
	1,749,920	54,090	1,804,010			
	5,748,309	11,721,906	17,470,215			
Pass-Through Grants:						
Lorain County Domestic Relations Family and Juvenile Drug Court			82,616	-		
Subsidized Docket Support - Specialized Docket Payroll Subsidy Project			205,000	205,000.00		
Lorain UMADAOP - Substance Abuse Block Grant (SABG) - Circle for Recovery			75,354	18,838.50		
The LCADA Way - Women's Treatment & Recovery			242,532	60,633.00		
			605,502	284,471.50		

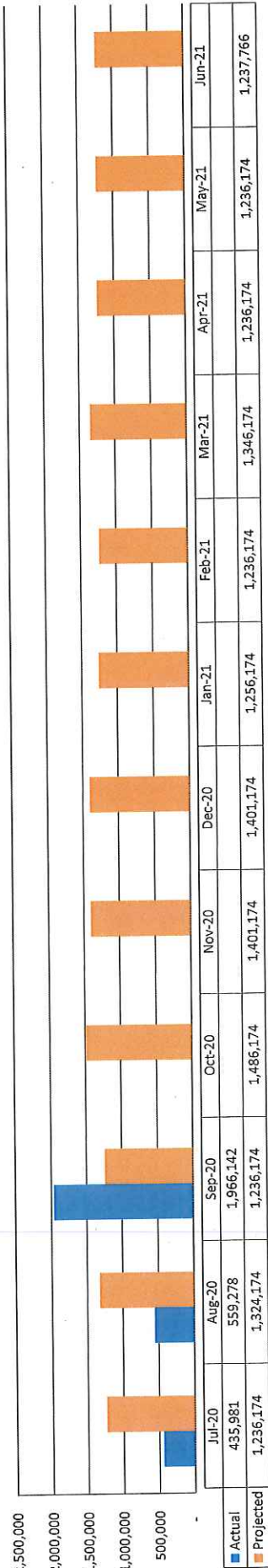
Levy Funds - Months in Reserve (Last 12 Months) - Supporting Table



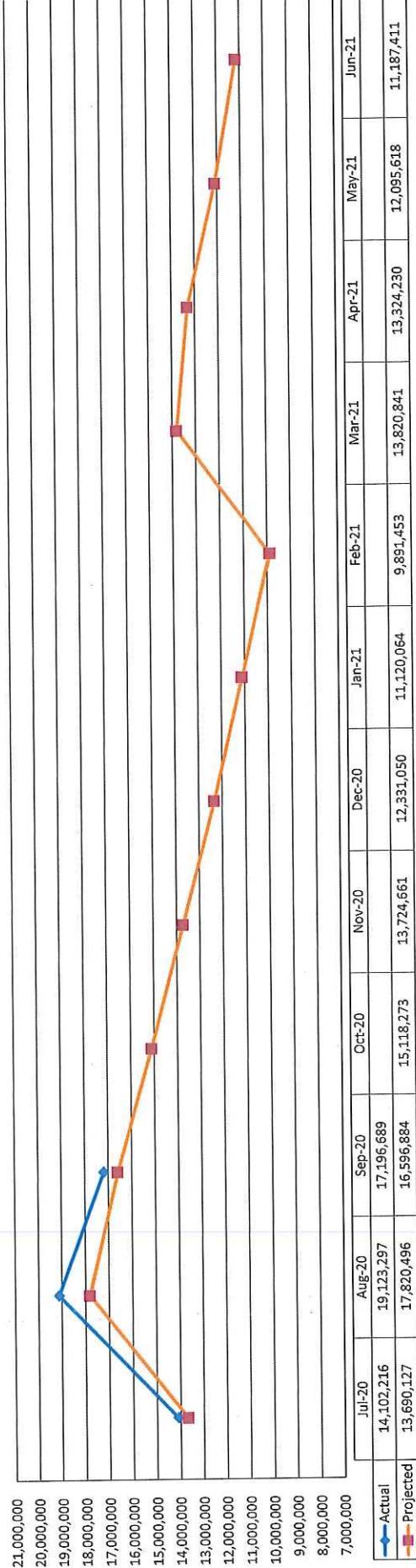
## REVENUES



## EXPENSES



## CASH FLOW



**Variance Analysis  
September 2020**

**REVENUES:**

**Levy – \$23,103 & 1.3% and \$52,618 & 1.4%**

- We received a slightly higher amount from the 2<sup>nd</sup> half settlement than what was budgeted, primarily due to an increase in delinquent payments.

**Local Grants – No Variance**

**State Allocations & Grants – No Variance**

**Federal Allocations & Grants – No Variance**

**Pass-Through Grants – No Variance**

**Integrated Services Partnership – \$148 & 0.0%**

- Child support payments received that were not budgeted for

**Miscellaneous – (\$27,687) & (100.0%)**

- Variance due to the inconsistency of the receipt of Medicaid retro funds.



**Variance Analysis  
September 2020**

**EXPENSES:**

**Personnel-Salary & Benefits – \$78,182 & 19.7%**

- Personnel expenses are lower due to current vacant positions.

**Operating – \$43,427 & 39.4%**

- Operating expenses are under budget and are being monitored continuously by the Business Operations Director.

**Printing & Advertising – (\$9,026) & (45.1%)**

- Printing & Advertising expenses are being closely monitored, expenses should come back into budgetary alignment as more grant funds are utilized.

**Board Development & Recognition – No Variance**

**Capital Outlay – No Variance**

**Auditor & Treasurer Fees-Levy – \$11,578 & 13.2%**

- Fees associated with the 2<sup>nd</sup> half tax settlement are under budget.

**Integrated Services Partnership – \$310,131 & 87.1%**

- This variance results from the timing of billings from service providers and the number of children in care.

**Pass-Through Grants – No Variance**

**Agency & Community – \$210,995 & 52.5%**

- Variance due to the timing of billings at the beginning of the fiscal year.

**Network Agency Contracts – \$2,157,225 & 49.4%**

- Variance due to the timing of billings at the beginning of the fiscal year.

**MENTAL HEALTH, ADDICTION AND RECOVERY SERVICES BOARD OF LORAIN COUNTY**

**LISTING OF EXPENSES SEPTEMBER 2020**

Warrant#	Chk Date	Inv Date	Journal Description/Payee Name	Amount
<b>OPERATING</b>				
4893148	14-SEP-20	18-AUG-20	CDW LLC DBA CDW GOVERNMENT:WEBCAMS	290.20
4893543	16-SEP-20	24-AUG-20	CDW LLC DBA CDW GOVERNMENT:COMPUTER CABLES SUPPLIES	74.40
4893559	16-SEP-20	01-SEP-20	WHITE HOUSE ARTESIAN SPRINGS:WATER SERVICE	14.50
4894395	22-SEP-20	05-SEP-20	CDW LLC DBA CDW GOVERNMENT:COMPUTER SWITCH	36.75
4894410	22-SEP-20	14-SEP-20	SYNCHRONY BANK:RECYCLE TRASH BIN	83.40
4895090	29-SEP-20	17-SEP-20	LORAIN COUNTY MENTAL HEALTH BOARD:SUPPLIES	73.51
4895107	29-SEP-20	17-SEP-20	US BANK NATIONAL ASSOCIATION:COPIER LEASE 9/12/20-10/12/20	5.59
			<b>SUPPLIES/MATERIALS</b>	<b>578.35</b>
4893528	15-SEP-20	26-JUL-20	GO TO MY PC SOFTWARE	88.60
4893532	15-SEP-20	09-AUG-20	MICROSOFT CORPORATION:MHARS 3340	126.82
4893532	15-SEP-20	09-AUG-20	MICROSOFT CORPORATION:MHARS 3340	324.90
4894396	22-SEP-20	17-SEP-20	GEISLER IT SERVICES LLC:2-YR GO DADDY SSL CERTIFICATE	130.00
4894399	22-SEP-20	15-SEP-20	LORAIN COUNTY MENTAL HEALTH BOARD:REIMBURSE GO TO MEETING MONTHLY CHARGE	19.00
4894405	22-SEP-20	11-SEP-20	RIVERSIDE COMMUNITY CARE INC:HS & MS SOS PORTALS	600.00
4894408	22-SEP-20	17-SEP-20	SURVEYMONKEY INC:SURVEY MONTHLY RENEWAL 10/30/20-10/29/21	336.00
4895097	29-SEP-20	21-SEP-20	RIVERSIDE COMMUNITY CARE INC:ONLINE COMMUNITY SCREENING PACKAGE 10/20/20-9/30/21	1,200.00
			<b>COMPUTER SYSTEM SOFTWARE</b>	<b>2,825.32</b>
4894012	18-SEP-20	30-AUG-20	PITNEY BOWES INC:POSTAGE MACHINE LEASE 6/30/20-9/29/20	217.77
4895107	29-SEP-20	17-SEP-20	US BANK NATIONAL ASSOCIATION:COPIER LEASE 9/12/20-10/12/20	473.15
			<b>EQUIPMENT LEASE</b>	<b>690.92</b>
4892269	03-SEP-20	25-AUG-20	HEGINBOTHAM, RHONDA D:MHARS 3340	201.83
4892269	03-SEP-20	25-AUG-20	HEGINBOTHAM, RHONDA D:MHARS 3340	80.50
4892796	10-SEP-20	31-AUG-20	MCKINNEY, PATRICE E:MHARS (CMHB) 3340	38.53
4892798	10-SEP-20	31-AUG-20	WYKRENT, CARRIE L:MHARS (CMHB) 3340	56.35
4892796	10-SEP-20	31-AUG-20	MCKINNEY, PATRICE E:MHARS (CMHB) 3340	23.00
			<b>GAS MILEAGE REIMBURSEMENT</b>	<b>400.21</b>
4893245	15-SEP-20	02-APR-20	DATAcore CONSULTING LLC:QTRLY MANAGED IT SERVICE JAN-JULY 2020	3,895.20
4893546	16-SEP-20	31-AUG-20	GREAT LAKES COMPUTER CORP:BACKUP SVC AUG 2020	650.00
4893556	16-SEP-20	02-SEP-20	TELETRONICS SERVICES INC:PHONE REMOTE SERVICE 8/31/20	93.75
4894002	18-SEP-20	31-AUG-20	GREAT LAKES COMPUTER CORP:REMOTE COMPUTER SUPPORT 8/10 8/24/20	570.00
4894404	22-SEP-20	31-AUG-20	RETRIEVEX INC DBA ACCESS/ACCESS INFORMATION PROTECTED:OFFSITE STORAGE SEPT & INFOPORT	148.54
4894404	22-SEP-20	31-AUG-20	RETRIEVEX INC DBA ACCESS/ACCESS INFORMATION PROTECTED:OFFSITE STORAGE SEPT & INFOPORT	610.20
4894406	22-SEP-20	31-AUG-20	STERICYCLE INC DBA SHRED IT:SHREDDING SERVICES 8/20/20	178.24
4894407	22-SEP-20	15-SEP-20	STERICYCLE INC DBA SHRED IT:SHREDDING SERVICES 9/9/20	165.15
4895044	25-SEP-20	15-SEP-20	GREAT LAKES COMPUTER CORP:IT SERVICES 10/15/20-1/14/2021	1,350.00
4895099	29-SEP-20	16-APR-20	STEWART, BEVERLY:OUT-OF-COUNTY PROBATE HEARING 4/16/20	125.00
			<b>CONTRACTUAL/PURCHASED SERVICES</b>	<b>7,786.08</b>
4893545	16-SEP-20	03-SEP-20	FRIEDMAN, PAUL M:OUT-OF-COUNTY PROBATES FY21	600.00
4893553	16-SEP-20	07-SEP-20	SHAYNAK DIAZ, CHRISTINA DBA SHAYNAK DIAZ LAW OFFICE:PROFESSIONAL SERVICES AUG 2020	437.00
			<b>PROFESSIONAL SERVICES</b>	<b>1,037.00</b>
4893149	14-SEP-20	19-AUG-20	CENTURYTEL OF OHIO INC DBA CENTURYLINK:FAX DSL ELEVATOR PHONE 8/19/20-9/18/20	337.34
4893150	14-SEP-20	17-AUG-20	CHARTER COMMUNICATIONS HOLDINGS LLC DBA SPECTRUM:INTERNET SERVICE 8/16/20-9/15/20	595.00
4895085	29-SEP-20	17-SEP-20	CHARTER COMMUNICATIONS HOLDINGS LLC DBA SPECTRUM:INTERNET SVC 9/16/20-10/15/20	595.00
4893151	14-SEP-20	23-AUG-20	CHARTER COMMUNICATIONS HOLDINGS LLC DBA SPECTRUM:PHONE SVC 8/22/20-9/21/20	362.73
4893544	16-SEP-20	01-SEP-20	CITY OF LORAIN UTILITIES DEPARTMENT:WATER SVC OBERLIN AVE SITE 7/10/20-8/11/20	207.10
4893152	14-SEP-20	19-AUG-20	COLUMBIA GAS OF OHIO INC:GAS SVC OBERLIN AVE SITE AUG 2020	36.02
4893153	14-SEP-20	18-AUG-20	ELYRIA PUBLIC UTILITIES:WATER SERVICE 7/14/2020-8/12/2020	87.65
4894001	18-SEP-20	04-SEP-20	ELYRIA PUBLIC UTILITIES:WATER SERVICE ALC 7/31/20-8/31/20	12.99
4895092	29-SEP-20	01-SEP-20	LORAIN COUNTY SANITARY ENGINEER:OMR FEE 9/1/20-10/31/20	51.44
4894400	22-SEP-20	14-SEP-20	OHIO EDISON:ELECTRIC SVC ALC 8/11/20-9/10/20	216.38
4895094	29-SEP-20	17-SEP-20	OHIO EDISON:ELECTRIC SVC MAIN BLDG 8/11/20-9/10/20	1,290.42
4893159	14-SEP-20	18-AUG-20	OHIO EDISON:ELECTRIC SVC OBERLIN AVE SITE 7/21/20-8/17/20	169.98
4894401	22-SEP-20	14-SEP-20	OHIO EDISON:ELECTRIC SVC SIGN 8/11/20-9/10/20	85.34
4893552	16-SEP-20	25-AUG-20	REPUBLIC SERVICES INC:TRASH PICKUP AUG 2020 OBERLIN AVE SITE	154.18
4893554	16-SEP-20	30-AUG-20	SPRINT SPECTRUM LP DBA SPRINT:CELL PHONE & HOTSPOTS 7/27/20-8/26/20	215.99
			<b>UTILITIES</b>	<b>4,417.56</b>
4893547	16-SEP-20	07-SEP-20	LORAIN COUNTY GENERAL HEALTH DISTRICT:PERMIT FOR SEWER SYSTEM ALC 10/1/20-9/30/21	150.00
4893997	18-SEP-20	01-SEP-20	BRIAN KYLES CONSTRUCTION INC:LAWN SERVICE SEPT 2020	1,696.00
4894003	18-SEP-20	04-SEP-20	IRVIN'S INC:LAWN SERVICE OBERLIN AVE AUG 2020	125.00

**MENTAL HEALTH, ADDICTION AND RECOVERY SERVICES BOARD OF LORAIN COUNTY**

**LISTING OF EXPENSES SEPTEMBER 2020**

Warrant#	Chk Date	Inv Date	Journal Description/Payee Name	Amount
<b>MAINTENANCE</b>				<b>1,971.00</b>
4895106	29-SEP-20	13-AUG-20	THE NORD CENTER:REPLACE CIRCUIT BOARD MEN'S MICA BLDG	710.00
<b>REPAIR</b>				<b>710.00</b>
4893154	14-SEP-20	20-AUG-20	ELYRIA SUNRISE ROTARY:MEM DUES & CONTRIBUTION	185.00
<b>DUES</b>				<b>185.00</b>
4895089	29-SEP-20	21-SEP-20	LORAIN COUNTY MENTAL HEALTH BOARD:H DISTIN TRAINING 9/21/20	55.00
<b>TRAVEL</b>				<b>55.00</b>
4892273	03-SEP-20	31-JUL-20	ROBINSON, CHRISTINE M.:MHARS 3340	250.00
4893154	14-SEP-20	20-AUG-20	ELYRIA SUNRISE ROTARY:MEM DUES & CONTRIBUTION	50.00
4893156	14-SEP-20	18-AUG-20	LORAIN COUNTY RECORDER:FILING FEE FOR TRANSFER OF PROPERTY	140.00
4893535	15-SEP-20	14-AUG-20	ROBINSON, CHRISTINE - REIMBURSEMENT FOR SOCIAL WORKER LICENSE	155.88
<b>OTHER EXPENSES</b>				<b>595.88</b>
<b>TOTAL OPERATING</b>				<b>21,252.32</b>
4892925	11-SEP-20	11-SEP-20	US POSTMASTER:CMHB 2020002718	4,657.62
<b>POSTAGE</b>				<b>4,657.62</b>
4893155	14-SEP-20	24-AUG-20	LAMAR TEXAS LIMITED PARTNERSHIP DBA THE LAMAR COMPANIES:BILLBOARD ADS	600.00
4893166	14-SEP-20	20-AUG-20	THE SUPERPRINTER INC:FAMILY OUTREACH POSTCARDS	5,942.38
4893528	15-SEP-20	26-JUL-20	EMPLOYMENT ADS/FACEBOOK ADS	626.78
4893557	16-SEP-20	31-AUG-20	THE RURAL-URBAN RECORD:MHARS BOARD AD	231.00
4893558	16-SEP-20	28-AUG-20	THE SUPERPRINTER INC:HISPANIC FAMILY POSTCARDS	625.00
4894004	18-SEP-20	11-SEP-20	LA PRENSA PUBLICATIONS, INC:EMPLOYMENT AD	275.00
4894005	18-SEP-20	31-AUG-20	LAMAR TEXAS LIMITED PARTNERSHIP DBA THE LAMAR COMPANIES:MH BILLBOARD AD	600.00
4894419	22-SEP-20	14-SEP-20	THE RURAL-URBAN RECORD:MENTAL HEALTH AD	231.00
4895040	25-SEP-20	31-AUG-20	21ST CENTURY MEDIA NEWSPAPER LLC DBA THE MORNING JOURNAL:MHARS BOARD ADS	1,300.00
4895047	25-SEP-20	31-AUG-20	LORAIN COUNTY PRINTING & PUBLISHING:MHARS BOARD ADS	2,925.00
4895086	29-SEP-20	18-SEP-20	LA PRENSA PUBLICATIONS, INC:EMPLOYMENT AD DATED 9/18/20	275.00
<b>PRINTING/ADVERTISING</b>				<b>13,631.16</b>
<b>TOTAL PRINTING &amp; ADVERTISING</b>				<b>18,288.78</b>
<b>BOARD DEVELOPMENT &amp; RECOGNITION</b>				
4895088	29-SEP-20	16-SEP-20	LORAIN COUNTY COMMUNITY COLLEGE:FOOD FOR BOARD RETREAT	132.00
<b>TOTAL BOARD DEVELOPMENT &amp; RECOGNITION</b>				<b>132.00</b>
<b>INTEGRATED SERVICES PARTNERSHIP</b>				
4893995	18-SEP-20	17-AUG-20	APPLEWOOD CENTERS INC:CLIENT PLACEMENT JULY 2020	1,992.10
4893803	17-SEP-20	03-SEP-20	BELLEFAIRE JEWISH CHILDRENS BUREAU:10415-RA246	2,100.00
4893801	17-SEP-20	11-SEP-20	BELLEFAIRE JEWISH CHILDRENS BUREAU:10415-RA255	2,100.00
4895083	29-SEP-20	22-SEP-20	BELLEFAIRE JEWISH CHILDRENS BUREAU:10415-RA266	2,100.00
4895041	25-SEP-20	07-MAY-20	BELLEFAIRE JEWISH CHILDRENS BUREAU:2ND & 3RD QTR FY20 BHJJ GRANT	101,668.00
4895082	29-SEP-20	01-AUG-20	BELLEFAIRE JEWISH CHILDRENS BUREAU:JOP BED AUG 2020	11,756.75
4895042	25-SEP-20	17-AUG-20	BELLEFAIRE JEWISH CHILDRENS BUREAU:JOP BED JULY 2020	11,756.75
4893541	16-SEP-20	28-AUG-20	BELLEFAIRE JEWISH CHILDRENS BUREAU:TRANSITIONAL LIVING PROGRAM REIMBURSEMENT JE	37.33
4893998	18-SEP-20	02-SEP-20	CASCADE MANAGEMENT SERVICES INC DBA APPLES:V#12092 V#12093 ASSIST CLIENT W FOOD 9/11/20	249.02
4893999	18-SEP-20	21-AUG-20	COLUMBIA GAS OF OHIO INC:ASSIST CLIENT W PAST DUE UTILITIES APPROVE 9/11/20	380.00
4885723	10-JUL-20	30-JUN-20	EGGERT, DAVID K:CLIENT THERAPY SESSIONS APRIL-JUNE 2020	(300.00)
4893852	17-SEP-20	30-JUN-20	EGGERT, DAVID K:MHARS 3340	300.00
4895091	29-SEP-20	18-SEP-20	LORAIN COUNTY MENTAL HEALTH BOARD:ASSIST 2 FAMILIES WITH CLOTHING APPROVE 9/17/20	400.00
4895093	29-SEP-20	16-SEP-20	MARGOLIS, DONALD J DBA AMHERST OUTLET:ASSIST CLIENT W BED 9/16/20	325.00
4894009	18-SEP-20	07-SEP-20	MARGOLIS, DONALD J DBA AMHERST OUTLET:ASSIST CLIENT W BED APPROVE 9/7/20	260.00
4891011	25-AUG-20	11-AUG-20	MARGOLIS, DONALD J DBA AMHERST OUTLET:ASSIST CLIENT W FURNITURE APPROVE 8/11/20	(300.00)
4892004	02-SEP-20	11-AUG-20	MARGOLIS, DONALD J DBA AMHERST OUTLET:MHARS 3340	150.00
4894010	18-SEP-20	27-AUG-20	MCCANN-ENOVITCH, ERIN:CLINICAL ASSISTANT JULY 2020	516.00
4894011	18-SEP-20	18-AUG-20	OHIO EDISON:ASSIST CLIENT W PAST DUE UTILITIES APPROVE 9/11/20	809.03
4893161	14-SEP-20	11-AUG-20	SCHREIBER, BRIAN DBA BKS INVESTMENTS INC:ASSIST CLIENT W JULY RENT 8/11/20	600.00
4895098	29-SEP-20	10-JUL-20	SHILLER, ROCHELLE DBA SHILLER, ROCHELL OTR/L LLC:OT RE-EVALUATION FOR 4-C YOUTH	220.00
4893163	14-SEP-20	15-JUN-20	STEWART APPLIANCES INC DBA STEWART APPLIANCE:ASSIST CLIENT W APPLIANCES APPROVE 6/1/20	1,319.83
4893164	14-SEP-20	08-JUL-20	STEWART APPLIANCES INC DBA STEWART APPLIANCE:ASSIST CLIENT W DRYER APPROVE 6/30/20	592.92
4893162	14-SEP-20	15-JUN-20	STEWART APPLIANCES INC DBA STEWART APPLIANCE:ASSIST CLIENT W WASHER A/C APPROVED 6/9/20	849.89



**MENTAL HEALTH, ADDICTION AND RECOVERY SERVICES BOARD OF LORAIN COUNTY**

**LISTING OF EXPENSES SEPTEMBER 2020**

Warrant#	Chk Date	Inv Date	Journal Description/Payee Name	Amount
4894409	22-SEP-20	16-SEP-20	SYNCHRONY BANK:ASSIST CLIENT W BEDDING APPROVED 9/16/20	59.69
4893555	16-SEP-20	28-AUG-20	SYNCHRONY BANK:ASSIST CLIENT W WORK UNIFORMS	113.41
4894411	22-SEP-20	01-SEP-20	THE BAIR FOUNDATION:ANCILLARY SERVICES FOR CLIENT	220.72
<b>TOTAL INTEGRATED SERVICES PARTNERSHIP</b>				<b>140,276.44</b>

**PASS-THROUGH GRANTS**

4894006	18-SEP-20	14-AUG-20	LORAIN COUNTY ALCOHOL & DRUG ABUSE SERVICES INC DBA THE LCADA WAY:1ST QTR FY21 WOMEN'S	60,633.00
4894007	18-SEP-20	17-JUL-20	LORAIN COUNTY DOMESTIC RELATIONS COURT:SPECIALIZED DOCKET SUBSIDY	20,000.00
4894008	18-SEP-20	11-AUG-20	LORAIN UMADAOP:1ST QTR FY21 JULY-SEPT 2020 CFRO	18,838.50
4894398	22-SEP-20	27-JUL-20	LORAIN COUNTY COURT OF COMMON PLEAS:SPECIALIZED DOCKET SUBSIDY RECOVERY COURT	50,000.00
4895043	25-SEP-20	13-JUL-20	ELYRIA MUNICIPAL COURT:SPECIALIZED DOCKET RECOVERY COURT FY21	75,000.00
4895046	25-SEP-20	16-JUL-20	LORAIN COUNTY DOMESTIC RELATIONS COURT:SPECIALIZED DOCKET FAMILY DRUG COURT FY2021	30,000.00
4895048	25-SEP-20	09-JUL-20	LORAIN COUNTY PROBATE COURT:SPECIALIZED DOCKET VETERANS TREATMENT COURT FY2021	30,000.00
<b>TOTAL PASS-THROUGH GRANTS</b>				<b>284,471.50</b>

**AGENCY & COMMUNITY**

4893265	15-SEP-20	12-AUG-20	THE SUPERPRINTER INC:FR-CARA GRANT OVERDOSE AWARENESS YARD SIGNS	390.00
4894479	22-SEP-20	03-SEP-20	BLUE DOG BASEBALL LLC DBA LAKE ERIE CRUSHERS:FR-CARA GRANT FIRST RESPONDER WEEK	1,000.00
4894486	22-SEP-20	03-SEP-20	THE SUPERPRINTER INC:FR-CARA GRANT FIRST RESPONDER WEEK THANK YOU NOTES	313.00
4894977	25-SEP-20	31-AUG-20	21ST CENTURY MEDIA NEWSPAPER LLC DBA THE MORNING JOURNAL:FR-CARA GRANT ADVERTISEMENT	2,100.00
4894982	25-SEP-20	31-AUG-20	LORAIN COUNTY PRINTING & PUBLISHING:FR-CARA GRANT ADVERTISEMENT JULY-AUG 2020	3,825.00
<b>PRINTING/ADVERTISING</b>				<b>7,628.00</b>
4893165	14-SEP-20	18-AUG-20	THE NORD CENTER:TEMPERATURE SCANNERS	3,142.04
4893259	15-SEP-20	28-JUL-20	LORAIN COUNTY COMMUNITY COLLEGE:COMMUNITIES TALK STIPEND REAL TALKS INITIATIVE	750.00
4893260	15-SEP-20	12-AUG-20	LORAIN COUNTY GENERAL HEALTH DISTRICT:FR-CARA GRANT FIRST RESPONDERS NALOXONE OUTREACH	16,786.48
4893261	15-SEP-20	30-JUN-20	LORAIN COUNTY GENERAL HEALTH DISTRICT:FR-CARA GRANT FIRST RESPONDERS NALOXONE MAY 2020	9,159.75
4894480	22-SEP-20	04-SEP-20	CITY OF ELYRIA:FR-CARA GRANT QUICK RESPONSE TEAM MAR-JULY 2020	1,350.00
4894485	22-SEP-20	14-AUG-20	LORAIN COUNTY SHERIFF:FR-CARA GRANT QUICK RESPONSE TEAM 6/25-8/1 7/29-8/7/20	450.00
4894979	25-SEP-20	28-AUG-20	CITY OF AVON:FR-CARA GRANT QUICK RESPONSE TEAM 8/28/20	100.00
4894980	25-SEP-20	15-SEP-20	CITY OF ELYRIA:FR-CARA GRANT QUICK RESPONSE TEAM 8/2/20-8/31/20	425.00
<b>CONTRACTUAL/PURCHASED SERVICES</b>				<b>32,163.27</b>
4892275	03-SEP-20	23-JUN-20	YOU BELONG YEAR END EVENT SUPPLIES	200.00
4894978	25-SEP-20	13-SEP-20	CANDYWAREHOUSE.COM INC:OACBHA 2020 1ST RESPONDER WEEK CANDY TREATS	613.95
4894981	25-SEP-20	02-SEP-20	GDB LLC THE GRATEFUL DOG BAKERY:OACBHA 2020 1ST RESPONDER WEEK K-9 TREATS	94.60
<b>SUPPLIES/MATERIALS</b>				<b>908.55</b>
4895045	25-SEP-20	03-AUG-20	LORAIN COUNTY COMMUNITY MENTAL HEALTH:CONTRIBUTION TO ISP FY2021	158,500.00
<b>ISP ALLOCATION</b>				<b>158,500.00</b>
<b>TOTAL AGENCY &amp; COMMUNITY</b>				<b>199,199.82</b>

**NETWORK AGENCY CONTRACTS**

4893794	17-SEP-20	23-JUL-20	APPLEWOOD CENTERS INC:10363-RA205	718.28
4893795	17-SEP-20	31-JUL-20	APPLEWOOD CENTERS INC:10363-RA213	1,635.53
4893796	17-SEP-20	13-AUG-20	APPLEWOOD CENTERS INC:10363-RA226	2,316.70
4893793	17-SEP-20	03-SEP-20	APPLEWOOD CENTERS INC:10363-RA246	1,912.26
4893798	17-SEP-20	11-SEP-20	APPLEWOOD CENTERS INC:10363-RA255	2,040.77
4893797	17-SEP-20	11-SEP-20	APPLEWOOD CENTERS INC:10363-RA255	625.30
4895078	29-SEP-20	22-SEP-20	APPLEWOOD CENTERS INC:10363-RA266	1,233.60
4894393	22-SEP-20	15-SEP-20	APPLEWOOD CENTERS INC:1ST QTR FY21 JULY-SEPT 2020 CRISIS LIASION	63,975.00
4893994	18-SEP-20	17-AUG-20	APPLEWOOD CENTERS INC:ECMH SERVICES JULY 2020	816.69
4895079	29-SEP-20	15-SEP-20	APPLEWOOD CENTERS INC:PSB MST SVC AUG 2020	3,855.32
4893992	18-SEP-20	17-AUG-20	APPLEWOOD CENTERS INC:PSB SERVICES JULY 2020	4,878.16
4893993	18-SEP-20	03-AUG-20	APPLEWOOD CENTERS INC:PSY INC WAITLIST 7/10/20	1,000.00
4894394	22-SEP-20	03-SEP-20	APPLEWOOD CENTERS INC:PSY INC WAITLIST 7/31 8/7 8/14/20	3,000.00
4893536	16-SEP-20	03-SEP-20	BEECH BROOK:10205-RA246	427.50
4893799	17-SEP-20	11-SEP-20	BEECH BROOK:10205-RA255	207.00
4895080	29-SEP-20	22-SEP-20	BEECH BROOK:10205-RA266	336.00
4893539	16-SEP-20	17-JUL-20	BELLEFAIRE JEWISH CHILDRENS BUREAU:10415-RA199	1,123.27
4893537	16-SEP-20	23-JUL-20	BELLEFAIRE JEWISH CHILDRENS BUREAU:10415-RA205 JULY 2020	2,098.00
4893538	16-SEP-20	31-JUL-20	BELLEFAIRE JEWISH CHILDRENS BUREAU:10415-RA213	242.46
4893540	16-SEP-20	21-AUG-20	BELLEFAIRE JEWISH CHILDRENS BUREAU:10415-RA234	5,547.13



**MENTAL HEALTH, ADDICTION AND RECOVERY SERVICES BOARD OF LORAIN COUNTY**

**LISTING OF EXPENSES SEPTEMBER 2020**

Warrant#	Chk Date	Inv Date	Journal Description/Payee Name	Amount
4893803	17-SEP-20	03-SEP-20	BELLEFAIRE JEWISH CHILDRENS BUREAU:10415-RA246	28,295.05
4893800	17-SEP-20	08-SEP-20	BELLEFAIRE JEWISH CHILDRENS BUREAU:10415-RA246	3,100.00
4893802	17-SEP-20	11-SEP-20	BELLEFAIRE JEWISH CHILDRENS BUREAU:10415-RA255	7,947.54
4895081	29-SEP-20	22-SEP-20	BELLEFAIRE JEWISH CHILDRENS BUREAU:10415-RA266	2,314.00
4893996	18-SEP-20	03-SEP-20	BELLEFAIRE JEWISH CHILDRENS BUREAU:PSY INC WAITLIST JULY-AUG 2020	6,000.00
4893542	16-SEP-20	31-JUL-20	BELLEFAIRE JEWISH CHILDRENS BUREAU:YOUTH WRAP JULY 2020	241.71
4895084	29-SEP-20	16-SEP-20	BIG BROTHERS/BIG SISTERS OF LORAIN COUNTY:1ST QTR JULY-SEPT 2020 NON CLINICAL ALLOC	10,000.00
4895084	29-SEP-20	16-SEP-20	BIG BROTHERS/BIG SISTERS OF LORAIN COUNTY:1ST QTR JULY-SEPT 2020 NON CLINICAL ALLOC	19,950.00
4894000	18-SEP-20	24-AUG-20	EL CENTRO DE SERVICIOS SOCIALES:INTERPRETATION SVC JULY 2020	1,327.12
4893805	17-SEP-20	10-SEP-20	FAR WEST CENTER:10460-RA253	7,476.17
4893806	17-SEP-20	11-SEP-20	FAR WEST CENTER:10460-RA254	6,134.57
4893804	17-SEP-20	11-SEP-20	FAR WEST CENTER:10460-RA255	1,914.10
4893807	17-SEP-20	11-SEP-20	FIRELANDS REGIONAL MEDICAL CENTER:12848-RA255	12,796.20
4893808	17-SEP-20	11-SEP-20	FIRELANDS REGIONAL MEDICAL CENTER:12848-RA255	5.00
4894481	22-SEP-20	16-JUN-20	FIRELANDS REGIONAL MEDICAL CENTER:FR-CARA GRANT QUICK RESPONSE TEAM MAY 2020	1,494.17
4893246	15-SEP-20	20-AUG-20	FIRELANDS REGIONAL MEDICAL CENTER:SAPT TX TREATMETN CLAIMS 1/1/20-6/30/20	1,667.28
4893247	15-SEP-20	20-AUG-20	FIRELANDS REGIONAL MEDICAL CENTER:SOR LOCAL PROJECT T-R JAN-MAR 2020	26,303.94
4894482	22-SEP-20	14-JUL-20	LET'S GET REAL INC:FR-CARA GRANT WARM HANDS OFF PROJECT 6/12/20-8/20/20	13,525.00
4894397	22-SEP-20	30-JUL-20	LET'S GET REAL INC:INDEPENDENT PROJECT JULY-AUG 2020	7,575.00
4893248	15-SEP-20	15-JUL-20	LET'S GET REAL INC:SOR LOCAL PROJECT T-R JUNE 2020	10,199.00
4894483	22-SEP-20	01-APR-20	LORAIN COUNTY ALCOHOL & DRUG ABUSE SERVICES INC DBA THE LCADA WAY:ADOLESCENT	2,312.96
4894484	22-SEP-20	10-SEP-20	LORAIN COUNTY ALCOHOL & DRUG ABUSE SERVICES INC DBA THE LCADA WAY:FR-CARA QUICK RESPONSE	4,364.30
4893256	15-SEP-20	04-MAY-20	LORAIN COUNTY ALCOHOL & DRUG ABUSE SERVICES INC DBA THE LCADA WAY:PREVENTION PROBLEM	2,230.75
4893255	15-SEP-20	01-NOV-19	LORAIN COUNTY ALCOHOL & DRUG ABUSE SERVICES INC DBA THE LCADA WAY:PREVENTION PROBLEM	1,720.00
4893254	15-SEP-20	20-AUG-20	LORAIN COUNTY ALCOHOL & DRUG ABUSE SERVICES INC DBA THE LCADA WAY:SAPT PR PREVENTION	14,555.62
4893257	15-SEP-20	17-JUL-20	LORAIN COUNTY ALCOHOL & DRUG ABUSE SERVICES INC DBA THE LCADA WAY:SOR LOCAL PROJECT T-R	24,814.01
4893258	15-SEP-20	02-APR-20	LORAIN COUNTY ALCOHOL & DRUG ABUSE SERVICES INC DBA THE LCADA WAY:SOR LOCAL PROJECT T-R	44,987.50
4893250	15-SEP-20	20-AUG-20	LORAIN COUNTY ALCOHOL & DRUG ABUSE SERVICES INC DBA THE LCADA WAY:SOR LOCAL PROJECT T-R	14,522.68
4893251	15-SEP-20	20-AUG-20	LORAIN COUNTY ALCOHOL & DRUG ABUSE SERVICES INC DBA THE LCADA WAY:SOR LOCAL PROJECT T-R	6,409.17
4893253	15-SEP-20	20-AUG-20	LORAIN COUNTY ALCOHOL & DRUG ABUSE SERVICES INC DBA THE LCADA WAY:STATE CONTINUUM CARE	18,142.71
4893252	15-SEP-20	16-JUL-20	LORAIN COUNTY ALCOHOL & DRUG ABUSE SERVICES INC DBA THE LCADA WAY:STATE GAMBLING	19,307.08
4893249	15-SEP-20	23-JUL-20	LORAIN COUNTY ALCOHOL & DRUG ABUSE SERVICES INC DBA THE LCADA WAY:STATE GAMBLING	8,180.04
4895087	29-SEP-20	03-AUG-20	LORAIN COUNTY ALCOHOL & DRUG ABUSE SERVICES INC DBA THE LCADA WAY:SYSTEM OF CARE PROJECT	1,056.63
4893262	15-SEP-20	17-AUG-20	LORAIN UMADAOP:SAPT PR PREVENTION CLAIMS APR-JUNE 2020	26,654.44
4893549	16-SEP-20	03-SEP-20	NEW SUNRISE PROPERTIES:11235-RA246	5,910.00
4893157	14-SEP-20	31-JUL-20	NEW SUNRISE PROPERTIES:HOUSING RETENTION & SECURITY JULY 2020	11,532.47
4893548	16-SEP-20	31-AUG-20	NEW SUNRISE PROPERTIES:HUD GRANT RENT & UTILITIES SEPT 2020 ADD'L AUG 2020	32,960.00
4893158	14-SEP-20	31-JUL-20	NEW SUNRISE PROPERTIES:SPC MANAGER JULY 2020	6,889.87
4893160	14-SEP-20	13-AUG-20	OHIOGUIDESTONE:06871-RA226	11,090.42
4893550	16-SEP-20	03-SEP-20	OHIOGUIDESTONE:06871-RA246	19,087.45
4893809	17-SEP-20	08-SEP-20	OHIOGUIDESTONE:06871-RA246	2,981.64
4893809	17-SEP-20	08-SEP-20	OHIOGUIDESTONE:06871-RA246	6,381.05
4893811	17-SEP-20	11-SEP-20	OHIOGUIDESTONE:06871-RA255	4,820.99
4893810	17-SEP-20	11-SEP-20	OHIOGUIDESTONE:06871-RA255	240.92
4895095	29-SEP-20	22-SEP-20	OHIOGUIDESTONE:06871-RA266	5,558.14
4894403	22-SEP-20	31-AUG-20	OHIOGUIDESTONE:ECHM SERVICES AUG 2020	3,440.51
4894402	22-SEP-20	31-AUG-20	OHIOGUIDESTONE:YOUTH WRAP AUG 2020	252.07
ON BEHALF	21-SEP-20		ON BEHALF PAYMENT (CENTRAL PHARMACY)	18,767.98
4893551	16-SEP-20	03-SEP-20	PATHWAYS COUNSELING AND GROWTH CENTER:10635-RA246	1,714.99
4893813	17-SEP-20	08-SEP-20	PATHWAYS COUNSELING AND GROWTH CENTER:10635-RA246	204.62
4893812	17-SEP-20	11-SEP-20	PATHWAYS COUNSELING AND GROWTH CENTER:10635-RA255	790.09
4893814	17-SEP-20	11-SEP-20	PATHWAYS COUNSELING AND GROWTH CENTER:10635-RA255	111.11
4895096	29-SEP-20	22-SEP-20	PATHWAYS COUNSELING AND GROWTH CENTER:10635-RA266	1,332.98
4893263	15-SEP-20	30-JUN-20	ROAD TO HOPE INC:SOR LOCAL PROJECT T-R ADD'L FAM/REG JUNE 2020	50,626.26
4893264	15-SEP-20	03-AUG-20	ROAD TO HOPE INC:SOR LOCAL PROJECT T-R REGULAR HOUSING JULY 2020	44,399.96
4894983	25-SEP-20	16-JUL-20	STELLA MARIS INC:RECOVERY HOUSING TREATMENT CLAIMS 6/19/20-6/30/20	516.60
4893771	17-SEP-20	17-AUG-20	THE NORD CENTER:01147-RA199	95,463.70
4893791	17-SEP-20	31-JUL-20	THE NORD CENTER:01147-RA213	137,173.26
4893790	17-SEP-20	13-AUG-20	THE NORD CENTER:01147-RA226	134,968.29
4895102	29-SEP-20	21-SEP-20	THE NORD CENTER:01147-RA226	18.42
4893789	17-SEP-20	21-AUG-20	THE NORD CENTER:01147-RA234	84,754.16
4893815	17-SEP-20	11-SEP-20	THE NORD CENTER:01147-RA246	139,832.61
4893816	17-SEP-20	08-SEP-20	THE NORD CENTER:01147-RA246	19.54
4894413	22-SEP-20	11-SEP-20	THE NORD CENTER:01147-RA246	10,573.08
4893788	17-SEP-20	11-SEP-20	THE NORD CENTER:01147-RA255	61,895.23
4895049	25-SEP-20	11-SEP-20	THE NORD CENTER:01147-RA255	5,286.54
4895101	29-SEP-20	22-SEP-20	THE NORD CENTER:01147-RA266	60,026.01
4894412	22-SEP-20	04-SEP-20	THE NORD CENTER:ADULT WRAP JULY-AUG 2020	2,174.98

**MENTAL HEALTH, ADDICTION AND RECOVERY SERVICES BOARD OF LORAIN COUNTY**

**LISTING OF EXPENSES SEPTEMBER 2020**

Warrant#	Chk Date	Inv Date	Journal Description/Payee Name	Amount
4894418	22-SEP-20	13-AUG-20	THE NORD CENTER:ADULT WRAP TRANSPORTATION JULY 2020	309.04
4893787	17-SEP-20	30-JUL-20	THE NORD CENTER:CAC SERVICE JULY 2020	1,723.20
4893786	17-SEP-20	17-AUG-20	THE NORD CENTER:CRISIS BED GAP FUNDING JULY 2020	65,748.95
4895100	29-SEP-20	04-SEP-20	THE NORD CENTER:CRISIS EXPANSION FUNDS AUG 2020	4,878.70
4895103	29-SEP-20	17-SEP-20	THE NORD CENTER:CRISIS EXPANSION FUNDS SEPT 2020	33,414.00
4893785	17-SEP-20	17-AUG-20	THE NORD CENTER:CRISIS INTERVENTION JULY 2020	92,233.68
4895105	29-SEP-20	11-SEP-20	THE NORD CENTER:FY20 MEDICAID RETRO CLAIMS SUBTRACTED FROM FY21 RA	768.01
4895104	29-SEP-20	15-SEP-20	THE NORD CENTER:FY20 RESIDENTIAL SVC OVER ADVANCED AMOUNT	4.55
4895104	29-SEP-20	15-SEP-20	THE NORD CENTER:FY20 RESIDENTIAL SVC OVER ADVANCED AMOUNT	68,639.28
4893784	17-SEP-20	03-AUG-20	THE NORD CENTER:HAP ADM JULY 2020	1,719.00
4894414	22-SEP-20	01-SEP-20	THE NORD CENTER:HAP, PATH, SECURITY AUG 2020	28,893.00
4893783	17-SEP-20	03-AUG-20	THE NORD CENTER:HAP-HAP PATH-RENT SUBSIDY JULY 2020	29,019.00
4893782	17-SEP-20	17-AUG-20	THE NORD CENTER:HOTLINE JULY 2020	58,446.27
4893781	17-SEP-20	04-AUG-20	THE NORD CENTER:HOUSING COORDINATOR JULY 2020	3,592.68
4893780	17-SEP-20	04-AUG-20	THE NORD CENTER:KIDZ FIRST JULY 2020	600.00
4893779	17-SEP-20	10-AUG-20	THE NORD CENTER:LAKEVIEW SECURITY JULY 2020	2,916.67
4895050	25-SEP-20	17-SEP-20	THE NORD CENTER:PATIENT CARE MLTPL 9/17/20	225,696.38
4894416	22-SEP-20	04-SEP-20	THE NORD CENTER:PATIENT CARE MLTPL 9/4/20	17,506.22
4894415	22-SEP-20	09-SEP-20	THE NORD CENTER:PATIENT CARE MLTPL 9/9/20	14,175.22
4893778	17-SEP-20	18-AUG-20	THE NORD CENTER:PEER SUPPORT AUG 2020	16,582.25
4893777	17-SEP-20	10-JUL-20	THE NORD CENTER:PEER SUPPORT JULY 2020	16,582.25
4893776	17-SEP-20	10-SEP-20	THE NORD CENTER:PEER SUPPORT SEPT 2020	16,582.25
4895052	25-SEP-20	04-SEP-20	THE NORD CENTER:PRISON RE-ENTRY COORDINATOR (GARCIA) AUG 2020	3,300.87
4895051	25-SEP-20	04-SEP-20	THE NORD CENTER:PRISON RE-ENTRY CTP ALLOC AUG 2020	8,967.33
4895053	25-SEP-20	10-AUG-20	THE NORD CENTER:PRISON RE-ENTRY CTP ALLOC JULY 2020	15,222.84
4894417	22-SEP-20	10-AUG-20	THE NORD CENTER:PRISON RE-ENTRY GARCIA JULY 2020	5,673.46
4893775	17-SEP-20	31-JUL-20	THE NORD CENTER:PSY INC FTE JULY 2020	6,715.25
4893774	17-SEP-20	31-JUL-20	THE NORD CENTER:RE-ENTRY JAIL COORDINATOR JULY 2020	427.06
4893773	17-SEP-20	30-JUL-20	THE NORD CENTER:RESIDENTIAL PEER SUPPORT JULY 2020	4,262.08
4893772	17-SEP-20	10-AUG-20	THE NORD CENTER:RESIDENTIAL SECURITY JULY 2020	700.00
4893792	17-SEP-20	02-SEP-20	THE NORD CENTER:SUPPORTED EMPLOYMENT AUG 2020	13,027.03
4893770	17-SEP-20	17-AUG-20	THE NORD CENTER:WARMLINE JULY 2020	11,537.81
TOTAL NETWORK AGENCY CONTRACTS				2,187,172.98

APPROVED BY EXECUTIVE DIRECTOR:

TOTAL MHARS BOARD EXPENSES - SEPTEMBER 2020 **2,850,793.84**

**Integrated Services Partnership  
Revised  
Budget for FY21**

	<b>FY21 Budget</b>	<b>Proposed FY21 Budget Revisions</b>	<b>Revised FY21 Budget</b>
<b>Cash Balance as of July 1</b>	<b>\$ 2,770,440</b>	<b>\$56,621</b>	<b>\$ 2,827,061</b>
<b>Revenues</b>			
Lorain County Children Services	\$375,000	\$0	\$375,000
Lorain County Juvenile Court	\$115,731	\$0	\$115,731
Lorain County Board of Developmental Disabilities	\$50,000	\$0	\$50,000
MHARS Board of Lorain County	\$158,500	\$0	\$158,500
Miscellaneous Revenue	\$0	\$0	\$0
BHJJ Grant	\$196,000	\$0	\$196,000
System of Care SUD Allocation	\$0	\$0	\$0
<b>Total Revenues</b>	<b>\$895,231</b>	<b>\$0</b>	<b>\$895,231</b>
<b>Funds Available</b>	<b>\$3,665,671</b>	<b>\$56,621</b>	<b>\$3,722,292</b>
<b>Expenditures</b>			
Mentoring Services	\$291,806	\$0	\$291,806
Placement Costs	\$800,000	\$0	\$800,000
JOP Court	\$31,500	\$0	\$31,500
JOP Bellefaire	\$150,327	\$0	\$150,327
Training	\$2,550	\$0	\$2,550
Family Stability	\$90,000	\$0	\$90,000
Ancillary Placement Costs	\$15,000	\$0	\$15,000
Crisis Placement Initiative	\$17,500	\$0	\$17,500
BHJJ Grant	\$196,000	\$0	\$196,000
Multi-System Youth Grant	\$0	\$0	\$0
System of Care SUD Allocation	\$0	\$14,673	\$14,673
Clinical Assistant	\$25,000	\$0	\$25,000
<b>Total Expenditures</b>	<b>\$1,619,683</b>	<b>\$14,673</b>	<b>\$1,634,356</b>
<b>Estimated Unobligated Balance June 30</b>	<b>\$2,045,988</b>	<b>\$41,948</b>	<b>\$2,087,936</b>

Approved by ISP - 9.10.20



Mental Health, Addition and Recovery Services Board of Lorain County  
Revised Budget for FY21

	Original Budget FY21	Prior Approved Revisions FY21	Proposed Revisions FY21	Revised Budget FY21
Estimated Beginning Cash Balance - Board Levy	\$ 14,918,739		\$	14,918,739
Estimated Beginning Cash Balance - Unrestricted	129,644			129,644
Estimated Beginning Cash Balance - Board Allocations & Grants	1,328,986			1,328,986
Estimated Beginning Cash Balance - ISP	2,770,440			2,770,440
Estimated Beginning Cash Balance - TOTAL	19,147,809			19,147,809
Revenues:				
Levy	11,446,980	-	-	11,446,980
Local Grants	5,000	-	-	5,000
State Allocations & Grants	2,104,642	468,640	56,535	2,629,817
Federal Allocations & Grants	2,669,902	94,058	878,810	3,642,770
Pass-Through Grants	400,502	205,000	27,000	632,502
Integrated Services Partnership	895,231	-	-	895,231
Miscellaneous	455,372	-	-	455,372
Total Revenues	17,977,629	767,698	962,345	19,707,672
Expenses:				
Personnel - Salary and Benefits	1,910,500	(8,546)	-	1,901,954
Operating	396,500	44,400	-	440,900
Printing & Advertising	80,000	-	-	80,000
Board Development & Recognition	5,000	-	-	5,000
Capital Outlay	350,000	-	-	350,000
Auditor & Treasurer Fees - Levy	198,000	-	-	198,000
Integrated Services Partnership	1,619,683	-	14,673	1,634,356
Pass-Through Grants	400,502	205,000	27,000	632,502
Agency & Community	2,083,592	(138,478)	522,021	2,467,135
Network Agency Contracts	16,669,755	800,460	413,326	17,883,541
Total Expenses	23,713,532	902,836	977,020	25,593,388
Net Income	(5,735,903)	(135,138)	(14,675)	(5,885,716)
Estimated Ending Cash Balance - Board Levy	11,236,274			11,101,136
Estimated Ending Cash Balance - Unrestricted	129,644			129,644
Estimated Ending Cash Balance - Board Allocations & Grants	-			-
Estimated Ending Cash Balance - ISP	2,045,988			2,045,988
Estimated Ending Cash Balance - TOTAL	\$ 13,411,906		\$	13,276,768

Increase Integrated Services Partnership expense \$14,673 for carryover of SUD funds from FY20 to FY21  
 Increase Pass-Through Grants revenue and Pass-Through Grants expense \$27,000 for Lorain County Family Drug Court reimbursement MOU with The LCADA Way to provide clinical services  
 Decrease State Allocations & Grants revenue and Network Agency Contracts expense \$1,200 for OMHAS Additional funding allocation reduction  
 Increase State Allocations & Grants revenue and Agency & Community expense \$57,735 for OMHAS Indigent Patient Placement allocation  
 Increase Federal Allocations & Grants revenue \$375,000 and Agency & Community expense \$130,885 and Network Agency Contracts expense \$244,116 for FR-CARA Grant October - June estimated  
 Increase Federal Allocations & Grants revenue and Agency & Community expense \$72,689 for OMHAS Ohio Healthy Transitions Project allocation  
 Increase Federal Allocations & Grants revenue \$392,987 and Agency & Community expense \$217,144 and Network Agency Contracts expense \$175,844 for FEMA Grant  
 Increase Federal Allocations & Grants revenue and Network Agency Contracts expense \$2,054 for carryover of PATH Grant funding from FY20 to FY21  
 Increase Federal Allocations & Grants revenue and Agency & Community expense \$36,080 for carryover of STOP Grant funding from FY20 to FY21  
 Shift \$7,488 from Network Agency Contracts to Agency & Community for PPE purchase

State Allocations & Grants	Federal Allocations & Grants	Agency & Community	Network Agency Contracts
(1,200)	375,000	57,735	(1,200)
57,735	72,689	130,885	244,116
56,535	392,987	72,689	175,844
	2,054	217,144	2,054
	36,080	36,080	(7,488)
	878,810	7,488	413,326
		522,021	

## BUDGET REVISION NOTES

### PRIOR APPROVED REVISIONS FY21

#### REVENUES

DATE	CATEGORY	AMOUNT	EXPLANATION
07/25/20	State Allocations & Grants	244,362	Finalized OMHAS Budget and Reclassification
07/25/20	Federal Allocations & Grants	51,564	OMHAS funding Emergency COVID-19
07/25/20	Pass-Through Grants	205,000	Finalized OMHAS budget and Reclassification
08/27/20	State Allocations & Grants	159,278	OMHAS funding Crisis Infrastructure
08/27/20	State Allocations & Grants	65,000	Finalized OMHAS budget
08/27/20	State Allocations & Grants	43,038	OMHAS/SAMHSA funding SOR MAT
08/27/20	Federal Allocations & Grants	(544)	Finalized OMHAS budget
NET REVENUE CHANGE		767,698	OVERALL AMOUNT REVENUES INCREASED / (DECREASED)

#### EXPENSES

DATE	CATEGORY	AMOUNT	EXPLANATION
06/25/20	Operating	30,000	Ad Hoc Committee allocation to create and implement an action plan to address racial and health disparities
07/25/20	Personnel - Salary and Benefits	(8,546)	Reclassification
07/25/20	Operating	14,400	Contract extension from FY20 into FY21
07/25/20	Pass-Through Grants	205,000	Finalized OMHAS budget and Reclassification
07/25/20	Agency & Community	(305,411)	Finalized OMHAS budget, Carryover Budgeting and Reclassification
07/25/20	Network Agency Contracts	614,346	Finalized OMHAS budget, Carryover Budgeting and Reclassification
08/27/20	Network Agency Contracts	158,734	Finalized OMHAS budget and Additional Funding
08/27/20	Agency & Community	166,933	Finalized OMHAS budget, Carryover Budgeting and Additional Funding
08/27/20	Network Agency Contracts	27,380	Contract Increases per Community Review & Plan Committee
NET EXPENSE CHANGE		902,836	OVERALL AMOUNT EXPENSES INCREASED / (DECREASED)

NET OVERALL CHANGE (135,138) OVERALL AMOUNT ENDING BALANCE INCREASED / (DECREASED)

**Contract to be Authorized by the MHARS Board of Directors**









October 13, 2020

[illegible]









## Attachment 1 – Housing Continuum



### Housing & Residential Treatment Environments Mental Health & Substance Use

	Independent/Least Restrictive				Least Independent/Most Restrictive			
								
	Permanent Housing	Permanent Supportive Housing	Recovery Housing	Residential Care	Transitional/Time-limited	Residential Treatment	Inpatient Care	Institution
Reference	• Tenant Unit	• Tenant Unit	• Resident Bed	• Resident Bed	• Resident/Client Bed	• Client/Patient Bed	• Patient Bed	• Inmate/Prisoner
Lease Arrangement	• Lease • Mortgage	• Lease	• Lease/Resident Agreement	• Resident Agreement	• Program Rules/Agreement	• Treatment consent	• Inpatient stay	• Court-ordered sentence
Financial Responsibility	• Rent & utilities • May be subsidized (Project Based or Tenant Based)	• Rent & utilities • May be subsidized (Project Based or Tenant Based)	• Rent & utilities • May be subsidized • Staffing may be included	• Rent & utilities • May be subsidized • Recovery supports may be included	• Program fee includes room, board & program services	• Room, board & program services	• Room, board, medically necessary services	• State- or county-funded
Length of Stay	• Permanent as defined by individual	• Permanent as defined by individual	• Level I - defined by individual • Level II - defined by individual • Level III - typically program driven	• Permanent as defined by individual	• Length of stay is program based	• Length of stay is clinically driven • Clinical/treatment services connected to room and board	• Acute • Forensic status can be longer term	• Court-sentenced
Configuration	• Single site • Scattered site	• Single site • Scattered site	• Single site • Scattered site • Congregate • Shared living space & bedroom may be shared	• Single site • Congregate • Shared bedroom & living space	• Single site • Congregate • Shared bedroom & living space	• Single site • Congregate • Shared bedroom & living space • Treatment environment	• Hospital setting	• Prison/jail environment • Cell • Dormitory

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	Permanent Housing	Permanent Supportive Housing	Recovery Housing	Residential Care	Transitional/Time-limited	Residential Treatment	Inpatient Care	Institution
Housing Support Services	• Off-site in community	• On or offsite recovery supports	• Social Model of Recovery • Level I - Offsite recovery supports • Level II - Offsite recovery supports • Level III - Clinical services with provider of choice	• Assistance with daily living activities • Participation in services not required • Needs are more environmental	• Program services required as part of stay • On or offsite recovery supports required	N/A	N/A	N/A
Clinical Services	• Clinical services are voluntary and community-based	• Clinical services are voluntary and community-based	• Clinical services are voluntary and community-based	• Clinical services are voluntary and community-based	• Clinical treatment & services required	• Clinical services are required & onsite • ASAM 3.0, 3.1, 3.3, 3.5, 3.7	• Medically necessary services • Clinically driven	• Mental health services • Substance use services
Regulatory Constraints	• Fair Housing • Ohio Tenant Landlord Law	• Fair Housing • Ohio Tenant Landlord Law • ADA	• Fair Housing • Ohio Tenant Landlord Law • ADA	• HIPAA • Not Subject to Ohio Tenant Landlord Law	• May be subject to Ohio Tenant Landlord Law • Fair Housing • HIPAA/42 CFR Part 2 • ADA	• HIPAA • 42 CFR Part 2 • Not Subject to Ohio Tenant Landlord Law	• HIPAA • 42 CFR Part 2	• HIPAA • 42 CFR Part 2
MHAS Licensed/Certified	NONE	NONE	NONE	• Licensed as Residential Facility • Class 3 (room and board only, i.e. no personal care services)	NONE	• SUD Certified • Licensed as Residential Facility	• Licensed as Private Psychiatric Hospitals	NONE
Examples	• Home ownership • Independent apartment • Private property owner	• Housing First • Community residence • Service-enriched housing • Single room occupancy	• Recovery Housing Level I • Recovery Housing Level II • Recovery Housing Level III • Oxford House	• Residential Facility Class 2 or 3 • Group home/adult care facility • Assisted living • Residential facility • JFS, DODD Licensed	• Temporary housing • Host home (*transition-aged youth) • HUD Transitional Housing • Recovery oriented environment	• Crisis Care (MI) • Residential Facility Class 1 (MI) • Recovery Housing Level IV (SUD) • ASAM Level 3.1	• State hospital (MI) • Private hospital • Nursing facility (NI) • ASAM Level 4	• Community-based correctional facility • County jail • State prison

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Mike DeWine, Governor  
Lori Criss, Director

**Permanent Housing** - A community-based housing setting in which individuals and families live as independently as possible in an environment where the length of stay is determined by the individual, a lease in compliance with Ohio Landlord Tenant Law, or mortgage (if applicable). Permanent Housing includes, but is not limited to, single family homes, apartments, and scattered site housing in the community of the individual's or family's choice. Services and supports are voluntary and selected based on the individual's or family's needs.

**Permanent Supportive Housing (PSH)** - A housing setting that uses an integrated approach to access long-term, affordable housing options, as well as voluntary, flexible, and comprehensive wraparound/supportive services needed to assist people with a disability achieve and sustain housing stability. Additionally, PSH is not time-limited, except for projects that implement leases in accordance with Ohio Landlord Tenant Law. The wraparound services/supportive services are voluntary and may be provided by the organization managing the property or coordinated with another public or private service agency (Federally Qualified Health Centers). Supports are offered on and offsite and are determined based on individual need and choice.

**Recovery Housing** - Recovery housing is characterized as a safe and healthy living environment that promotes abstinence from alcohol and other drugs and enhances participation and retention in recovery supports, including Medication Assisted Recovery. Key components include, but are not limited to, the social model of recovery, peer support, accountability, relapse prevention strategies, and employment skills training as residents transition to living independently and productively in the community. In National Alliance for Recovery Residences (NARR) levels I through III (defined below), length of stay is determined by the individual and a lease in compliance with Ohio Landlord Tenant Law.

**National Alliance for Recovery Residences (NARR) Level I:** Peer-led, democratically-run homes that include community/house meetings, and encouragement to participate in offsite recovery supports. There are no onsite paid staff as this setting is best-suited for individuals in longer-term recovery. Homes are generally single family residences.

**NARR Level II:** Homes that include a structured, peer-accountable, and supportive setting. Involvement in offsite recovery supports or community-based clinical services is encouraged. This environment typically includes at least one staff position who may or may not reside onsite. Residents have choice of clinical provider.

**NARR Level III:** Highly-structured setting offering supervised living and qualified staff that are connected to a larger, often clinical organization. Support services include life skill development such as budgeting and employment skills. Community providers may offer services onsite for residents. Peer support and recovery action planning are still the central focus of support. Residents have choice of clinical provider.



**NARR Level IV:** In Ohio, these are considered residential treatment and are required to be licensed by the Ohio Department of Mental Health and Addiction Services (OhioMHAS).

**Transitional/Time-limited Housing** - Transitional housing is an umbrella term to capture housing that serves as an intermediate step to permanent housing. Services provided in this setting assist residents with establishing community reintegration and maintaining residential stability. Additionally, the programmatic environment can include, but is not limited to, room, board, and participation in treatment where services are outlined. Length of stay is determined in a program agreement. Ohio Tenant Landlord Law may be applicable based upon funding source, structure, population, and program focus.

**Residential Care** - A living setting that includes room, board, and personal care. Program rules and service agreements apply. Staffing can be 24 hours a day, seven days a week. Assistance with activities of daily living in a congregate setting is included as defined in the license. Congregate setting means a single site residence that provides group living, residents may share bedrooms, bathrooms and living areas. Facilities are owned and operated by a private owner or agency affiliated with or within an inpatient continuum. This type of housing is licensed by the State of Ohio

**OhioMHAS Class 2 Facility:** A facility that provide accommodations, supervision, and personal care services to any of the following: (i) one or two unrelated people with mental illness; (ii) one or two unrelated adults who are receiving residential state supplement payments; or, (iii) three to 16 unrelated adults. Facilities are licensed by OhioMHAS.

**OhioMHAS Class 3 Facility:** A facility that provide room and board for five or more unrelated adults with mental illness. These facilities are licensed by OhioMHAS.

**Ohio Department of Health Residential Care Facility:** A 24-hour program that includes accommodations, housing, meals, laundry, transportation, social/recreational activities, personal care services, supervision, and skilled nursing care to individuals who are dependent on the services of others by reason of age or physical or mental impairment. This type of facility may be an Assisted Living Facility and is for 17 or more unrelated adults. These facilities are licensed by the Ohio Department of Health.

**Residential Treatment** - An OhioMHAS-licensed facility that is staffed 24 hours a day/seven days a week that provides room, board, personal care, and clinical services on-site as part of the treatment stay. Typically, a congregate setting is included with this living environment as defined in the license. Entrance and discharge are determined by clinical/ medical need. A congregate setting is defined as single site residence that provides group living, residents may share bedrooms, bathrooms and living areas. Residential treatment facilities can be for mental health or substance use treatment.

The facility is owned and operated by a certified provider agency for the clinical/medical services provided onsite and may be affiliated with or within an inpatient continuum. This type of environment is licensed and is not subject to tenant landlord law. Reasons for this level of care are more clinically driven than environmental. There are two types of residential treatment that are licensed/certified by OhioMHAS:

**Class 1 Facilities (Mental Health Residential Treatment):** Owned/operated by a behavioral health provider to provide accommodations, supervision, personal care services, and mental health services for one or more unrelated adults with mental illness or one or more unrelated children or adolescents with severe emotional disturbances.

**Substance Use Disorder Residential Treatment:** An agency, certified for residential, withdrawal management (detox), and inpatient services, that is staffed 24 hours a day, seven days a week. The facility provides room, board, and behavioral health treatment services onsite. Entrance and discharge are determined by clinical/ medical need using the ASAM Criteria.

**Hospitals/Inpatient** - A 24-hour hospital-based program that includes psychiatric, medical, nursing, and social services required for the assessment and/or treatment of a person with a primary diagnosis of mental illness who cannot be adequately served in the community. Such programs may be offered to adults, adolescents, or children by general hospitals, private hospitals for the mentally ill, and state operated psychiatric hospitals.

**Institution** - A 24-hour, facility-based program to which an inmate or prisoner is court ordered by sentence. The person lives in a cell or dormitory. An individual may receive mental health and/or substance use disorder services if deemed by the facility. This type of setting may be a community based correctional facility, a county jail, or a state prison.

## **Attachment 2 – Nord Submission**

### ***Questions regarding Crisis Stabilization Center***

- a. ***Phase 1 and Phase 2: October 1 – How will a person with an alcohol crisis be triaged?***
- b. ***Please articulate the ASAM levels of care that will be included in Phase 1: 3.2 and 3.5. Also, describe the care coordination plans for individuals who will need ASAM 3.7.***
- c. ***Regarding the 8-9 beds for SUD that Don Schiffbauer mentioned – provide detail of this (i.e. this went to the # of clients that Let's Get Real sends out of county which estimates we need at least 8 beds locally; we can explain that this does not include the #'s referred/served by Silver Maple that LGR sends) and how the 16 bed # for Phase 2 was determined.***
- d. ***Regarding the proposed P&L with Combined Staffing Model (Phase 2):***
  - a. ***Provide additional detail regarding revenue streams and expenses.***
  - b. ***Provide additional explanation regarding the occupancy rates anticipated for ED & SUD in for each year.***

<p><b>Phase 1 and Phase 2: October 1 – How will a person with an alcohol crisis be triaged?</b></p>	<p><b>Alcohol Crisis Phase I</b></p> <ul style="list-style-type: none"> <li>• Prescreened AUDIT to identify alcohol usage</li> <li>• If moderate or severe, move forward with nursing assessment which includes CIWAA, vital signs, breathalyzer.</li> <li>• Consult with LCADA provider on call to determine appropriate level/unit to admit</li> <li>• If medically unstable or in severe alcohol withdrawal, patient is transported to nearest ED</li> <li>• EMS on site at The Nord Center</li> <li>• ED can send back to us once medically clear</li> <li>• Additional details in admission protocol Alcohol Crisis Phase II</li> <li>• Similar to Phase I, except medical provider and nursing staff will be onsite and able to treat higher acuity of symptoms including withdrawal management and comfort medications</li> <li>• Transition to ASAM 3.7 detox on second floor if needed</li> </ul>
<p><b>Please articulate the ASAM levels of care that will be included in Phase 1: 3.2 and 3.5. Also, describe the care coordination plans for individuals who will need ASAM 3.7</b></p>	<ul style="list-style-type: none"> <li>• Clients requiring ASAM Level 3.7 or higher level of care will be transported via EMS to ED for medical clearance</li> <li>• If they are medically stable either upon initial presentation or a client on our CSU, The Nord Center will coordinate a warm handoff to Silver Maple, Stella Maris, etc. for ASAM Level 3.7 care. Transfer document will include assessment documentation and demographics.</li> <li>• The CSU currently has practices in place for warm hand-off of BH clients with other agencies.</li> <li>• Case by case evaluation will be conducted for all initial warm hand-off to evaluate for quality and effectiveness.</li> </ul>

<p>Regarding the 8-9 beds for SUD that Don Schiffbauer mentioned</p> <p>– provide detail of this (i.e. this went to the # of clients that Let's Get Real sends out of county which estimates we need at least 8 beds locally; we can explain that this does not include the #'s referred/served by Silver Maple that LGR sends) and how the 16 bed # for Phase 2 was determined.</p>	<p>Approximately 500 clients are receive inpatient detox services outside of our county resulting from referrals by LGR. LCADA shared that approximately 220 clients are referred to services outside the county for detox service.</p> <ul style="list-style-type: none"> <li>• 500+220=720 clients annually</li> <li>• 720 X 5 ALOS=3,600 patient days</li> <li>• 3,600 patient days ÷ 365 days/year=9.86 clients per day or 10 beds</li> <li>• Accounting for overlap, surge volume and growth, 16 beds provides sufficient detox beds given the volumes reported by each SUD agency</li> </ul>
<p>Provide additional detail regarding revenue streams and expenses.</p>	<p>Detail was provided by Nord and will first be presented to the Finance Committee</p>
<p>Provide additional explanation regarding the occupancy rates anticipated for ED &amp; SUD in for each year.</p>	<p>The anticipated occupancy rates for each year are based on conservative estimates and projected LOS. Additional ED volumes were based on knowledge of BH volumes in the acute care setting (hospital ED) and volumes at traditional stand-alone emergency departments.</p>

**Table A**

**FR CARA FFY21**

Firelands	\$17,930.04
The LCADA Way	\$26,185.77
Warm Hand Off - Let's Get Real	\$100,000

**Table B**

**OMHAS Community Transitions Program (CTP)**

The Nord Center	\$52,639.94
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**Table C**

**Federal FY20 carryover into FY21 for PATH**

Neighborhood Alliance -	increase allocation from \$151,817 to \$153,870.35
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**Table D**

**CPST Incentives**

Far West Center	\$1,000
Firelands	\$1,600
The Nord Center	\$40,000

**Table E**

**OMHAS Funding- Young Adult Mentoring**

Community of Hope	\$72,688.
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**Table F**

Amend El Centro's contract to award \$175,843.20
Contract for services with Elyria YWCA to allocate \$175,843.20

**Table G**

... suggested draft of description for newly named Community Planning and Oversight Committee for MHARS Bylaws:

(language is a combination of MHARS current language and partial from Cuy. Cty. Bylaws)

The Community Planning and Oversight Committee shall evaluate new programs and determine service gaps and unmet needs in the community. This committee shall also set standards for evaluating service providers funded by the Board with respect to meeting the service terms of contracts, program goals and objectives, and the quality of service, and periodically monitor and review provider status. The committee shall facilitate the development of a schedule of regular presentations to the BOD pertaining to current programming and emerging needs in the community.



# Attachment 3 – FEMA Grant

## FEMA Regular Services Program Allocation for Crisis Counseling Program (CCP)

Budget Line Item	MHARS	El Centro*	Elyria YWCA**	TOTAL
Personnel	\$ -	\$ 120,960.00	\$ 120,960.00	\$ 241,920.00
Fringe Benefits	-	38,707.20	38,707.20	77,414.40
Travel	-	5,616.00	5,616.00	11,232.00
Supplies	-	10,560.00	10,560.00	21,120.00
Public Information	41,300.00	-	-	41,300.00
Total	\$ 41,300.00	\$ 175,843.20	\$ 175,843.20	\$ 392,986.40

\* Contract Amendment with El Centro de Servicios Sociales

\*\* Contract for Services with Elyria YWCA

### Direct Staff - Crisis Counselors (4 -Elyria YWCA/2 -El Centro)

- \* Provides brief educational or supportive contact to individuals/families or groups related to disaster reactions
- \* Provides individual or group support that helps survivors understand their situation and reactions, review their options and connect with other individuals and agencies that may assist them
- \* Assessment, referral and linkage to additional services such as disaster relief and/or traditional mental health or substance abuse treatment
- \* Resource linkage connects disaster survivors with health and behavioral health services, disaster recovery resources and tangible goods
- \* May be available at community events to provide a compassionate presence and crisis counseling services
- \* Coordinates services with school personnel, community centers, community leaders, and/or faith based organizations in order to provide crisis counseling services

### Direct Staff - Community Liaison/Resource Coordinator (2 -El Centro)

- \* Referral directs survivors to formal mental health or substance use treatment if they are experiencing severe reactions
- \* Facilitates entry on behalf of CCP into local communities and works with community organizations
- \* May serve as cultural broker and as a liaison between the CCP and a cultural group
- \* Provides intensive resource linkage for survivors struggling to access disaster relief assistance
- \* Networks with community resources to identify referral mechanisms
- \* Provides training to crisis counselors and other service providers regarding referral resources and mechanisms

## **Mental Health, Addiction and Recovery Services Board of Lorain County**

### **Board Member Reimbursement Policy**

October 1, 2020

#### **Purpose**

The purpose of this policy is to detail the reimbursement process for board members for expenditures they incur in the performance of their official duties. "Official duties" are defined to include training for board members to fulfill such annual requirements set forth in the Ohio Revised Code, attendance at board meetings, and participation in other meetings or activities representing the MHARS Board or that would serve to enhance the member's knowledge and performance as a board member.

#### **Policy**

Advance approval by the Board is required for the total expenses exceeding \$250 for a single meeting or training. Any board member seeking this advance approval must submit a signed and completed "Board Member Reimbursement Advance Approval Request" form to the Board Chair or the Executive Director not less than one day prior to the Board meeting where the request is to be considered by the Board.

For all expenses incurred for a single meeting or training, it is the responsibility of the Board member to complete an Expense Reimbursement Request and attach supporting documentation about the meeting or training and receipts for expenses incurred and requested for reimbursement.

At the most recent meeting following attendance of the Board member at a meeting or training, the Board member may expect to be asked to provide a summary report to the rest of the Board.

Mental Health, Addiction and Recovery Services Board of Lorain County  
 Board Member Reimbursement Advance Approval Request  
 (Prior Board approval required for any single training or conference where expenses exceed \$250)

Board Member Name	
Event Title*	
Event Location	
Event Dates	

\*Include all supporting documentation detailing the event

Please explain how this training/conference will assist you in your official duties:

Estimated Expenses:

Registration	
Travel	
Lodging	
Food	
Other	
Total	

I hereby agree to provide a brief report to the board to share information learned during my attendance at the above conference/training event. I understand that the amount reimbursed shall be based upon receipts for actual costs incurred subject to approved per diems and limited to the maximum amount approved (if any) by the Board.

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Signature

## **Mental Health, Addiction and Recovery Services Board of Lorain County**

### **Consent Agenda Policy**

Drafted September 29, 2020

#### **Purpose**

Consent agendas are commonly used by Boards to enable them to focus their time and energies upon the strategic direction of the organization by preventing smaller and routine, but still necessary items from interfering with the opportunity to explore more pressing issues. It acknowledges that all items brought before the Board are important to address, but not all are expected to require the same amount of time and attention. As such, consent agendas combine several smaller and self-explanatory items into one motion with an opportunity for very limited discussion, if needed, with minimal discussion expected.

#### **Policy**

The MHARS Board strives to uphold its fiduciary responsibility of being transparent for all matters that come before it. This can be achieved in a manner that is both efficient and effective, incorporating a consent agenda for matters that moves routine items along quickly. Items that will appear on the consent agenda can include: the meeting minutes, financial reports, executive director reports, committee items, committee appointments and perfunctory decision items – (formal approval of items that have had considerable prior discussion). Any MHARS Board committee can recommend item(s) that may go onto a consent agenda for the Board, provided the committee affirms such by a majority vote.

#### **Responsibility**

All documentation associated with consent items will be provided to meeting participants in advance so that they can still make an informed vote on all grouped items. Board members must review the documentation before the meeting to ensure that they are informed of the issues that are to be passed as part of the consent agenda.

Board members will be given an opportunity to ask associated questions – and have them answered – before the vote. Questions and answers should be shared with all meeting participants. Simple questions, clarifications, or short amounts of dialogue relative to a consent item may be discussed after the motion, but before approval. Consent items will not be removed entirely from the consent agenda for the sole purpose of answering a simple question. If the board member does not receive sufficient information to maintain the agenda item on the consent agenda, they may ask that it be moved to the regular agenda.

At the board meeting, consent items will be included as a separate agenda item.

At the beginning of the meeting, the chair will ask the meeting attendees if anyone wants to discuss any of the items listed on the consent agenda.

If it is determined that an item on the consent agenda requires discussion, it must be removed from the consent portion and moved to the regular agenda and addressed individually. For future

meetings in which there is no question or concern over the item, it may be placed back into the consent portion of the agenda.

The chair will read aloud the remaining consent items and may move to adopt the consent agenda as a whole.

Meeting minutes will include full text of all resolutions and reports that were approved as part of the consent agenda.



## Our recommendations

### Dismantling Racism to Advance Health Equity

- **1. Acknowledge racism as a public health crisis and commit to swift action to dismantle racism, which is a driving force of the social determinants of health.**

State and local government leadership, publicly funded entities, and community partners across sectors — including health care, education, employment, housing, food, and criminal justice — should acknowledge racism as a public health crisis and dismantle racism and other forms of discrimination through a review of internal and external policies and procedures. This includes a review of administrative policies; leadership appointments; hiring and other human resource practices; vendor selection and contracting; and grant management, funding and other resource allocations.

- **2. Apply a health equity lens to policy.**

State and local government leaders and cross-sector partners should apply a health equity lens to evaluate and inform policy, including legislation, rules, codes, and organizational policies and procedures. This could include (1) prioritizing equitable outcomes in policy agendas for communities of color, (2) conducting impact assessments of proposed policy to ensure equitable outcomes for communities of color, (3) tailoring policies to meet the needs of communities of color, and (4) strategically allocating resources and funds to advance equity.

- **3. Ensure equitable representation of Ohioans of color in government and private sector leadership.**

State and local government and private sector leadership should develop and implement plans to ensure equitable representation of Ohioans of color in leadership positions across all branches of government as well as for-profit and nonprofit organizations, including governing and advisory boards and C-suites.

- **4. Develop community understanding, health literacy, and trust.**

State government leaders should work with influential leaders and members of communities of color to develop a cross-agency and sector outreach campaign to increase health literacy and educate all Ohioans on (1) the multiple factors that shape health (social drivers of health); (2) the impact of historical and contemporary racism, trauma, and other forms of discrimination on communities of color; (3) the severity of racial and ethnic inequities and disparities; (4) steps that can be taken individually to improve health; and (5) actions that can be taken by public and private entities to build and develop trust and partnership with communities of color through authentic engagement.

- **5. Require cross-sector cultural and linguistic competency and implicit bias trainings.**

State and local government leadership and Ohio's professional licensing boards should require trainings for policymakers and licensed professionals on cultural and linguistic competency, cultural humility, and implicit bias. This includes, but is not limited to, elected officials, government leadership and staff, and licensed professionals. Trainings should be considered as part of licensed professional continuing education requirements and should be aligned with National Standards for Culturally and Linguistically Appropriate Services (CLAS) or other national standards in health and health care. Trainings and CLAS alignment should also be considered for other cross-sector partners including Ohio's health care and public workforce, (i.e., hospitals, health systems, service providers and contract tracers), education, corrections, and other health and human service organizations.

- **6. Develop cultural competency and language access plans.**

State government leadership should work closely with leadership from state agencies, boards, and commissions and community partners to develop and implement cultural competency and language access plans to deliver multilingual and community-tailored delivery of programs, services, and resources. This could include quality interpretation, translation, visual aids, print materials in multiple languages, public service announcements, and social media content.

- **7. Develop a plan for future emergency response efforts.**

State government leadership should work with influential leaders and members of communities of color to develop a plan to ensure equity is considered in all aspects of emergency response efforts for future public health emergencies and disaster responses. The plan should ensure the rapid mobilization of communities of color during emergency responses to mitigate the adverse and disparate impact on Ohioans of color.



## Health Care and Public Health

The following recommendations provide initial steps to remove the historical and contemporary obstacles that communities of color face in accessing high-quality health care and public health services.

### Our recommendations

#### Reduce discrimination and increase diversity in the health workforce

##### ■ 8. Recruit and retain people of color in health professions.

The state of Ohio should support the recruitment and retention of an equitable representation of Ohioans of color in health care and public health professions in all established workforce development programs. This could include providing academic and financial support, connecting with health and career preparation programs, professional experiences, and mentoring opportunities for high school, college, or post-baccalaureate students. The plan should also focus on retention, advancement, and education opportunities, including providing guidance and upper management (c-suite) training for Ohioans of color currently in the health care workforce.

##### ■ 9. Consider internal reviews as a tool to address racism and other discrimination in health care.

State government leadership should work with, and consider requiring, all health care organizations, including hospitals, behavioral health providers, long-term care facilities, and others, to collect complete and accurate patient demographic data (i.e., race, ethnicity, language, disability) through electronic medical records to track differences in outcomes among their patient populations and develop a plan to mitigate any disparities, including performing internal reviews of the provider organization's policies and practices.

##### ■ 10. Expand opportunities for Ohioans to receive trauma-informed interventions by enhancing efforts for practitioners, facilities, and agencies to become competent in trauma-informed practices.

State and local government leadership should continue, and expand the reach of, trauma-informed care practices and evidenced-based trauma interventions, including collaboration across provider disciplines and streamlined referral pathways when caring for patients who have experienced trauma.

##### ■ 11. Consider and seek out sustainable funding sources to community-based health initiatives.

State agencies, including the Ohio Department of Health, along with philanthropy and other private-sector partners, should increase, or find sustainable funding for, evidence-based and promising community-based health initiatives that employ, and are overseen by, individuals who are representative of, and trusted by, communities of color, including community navigators and coordinators.

#### Increase access to health care

##### ■ 12. Bolster health insurance enrollment support.

State government leadership should increase and enhance health insurance enrollment outreach and support programs to assist Ohioans of color who do not have access to affordable employer-sponsored health insurance.

##### ■ 13. Integrate behavioral health into primary care

In order to increase access to mental health and addiction services for communities of color, state agencies including the Ohio Departments of Mental Health & Addiction Services, Medicaid, Insurance, Health, and Rehabilitation and Corrections should work together and with local communities to increase culturally meaningful screening, early intervention, and linkage to treatment in primary health care, community settings, and Ohio's institutions.

#### Increase access to COVID-19 testing, treatment, personal protective equipment (PPE), and a vaccine (when available)

*Note: Recommendations to increase culturally appropriate and accessible testing and treatment for COVID-19, including the availability of adequate PPE, are provided in the "COVID-19 Minority Health Strike Force Interim Report." (See recommendations 2, 3, 4 and 5 of the interim report.)*



## Social and Economic Environment

Because health disparities are shaped by community conditions, improvements to the social and economic environment are critical to achieve equity. Historical divestment and residential segregation, higher poverty and unemployment rates, mass incarceration, employment in jobs with fewer benefits and telecommuting opportunities, and inequities in the criminal justice and education systems have kept many Ohioans of color from reaching their full potential.

### Our recommendations

#### Improve access to high-quality education

##### ■ 14. Strengthen early childhood education.

State and local policymakers and private philanthropy should look for ways to increase the number of Ohio children served by high-quality childcare and preschool/pre-K and review funding for early learning programs.

##### ■ 15. Ensure K-12 chronic absenteeism reduction efforts meet the needs of children of color.

State government leadership should tailor efforts to decrease K-12 chronic absenteeism and increase graduation rates to meet the needs of students of color and students with disabilities and consider providing support to local school districts to ensure that future online learning successfully engages all Ohio families.

##### ■ 16. Build pathways to higher education.

State government leadership and private philanthropy should consider investments in initiatives that increase the number of Ohioans of color who attend and obtain degrees in higher education, such as pipeline programs that transition K-12 students into college and retention interventions to help first-generation college students complete their degrees.

#### Reduce poverty and increase investment and employment

##### ■ 17. Consider the implementation of one or more of the poverty-reduction strategies from the 2020-2022 State Health Improvement Plan (SHIP)

State and local leaders should consider the implementation of the evidence-based poverty reduction strategies in the SHIP, such as adult employment and high school equivalency programs. In addition, state government leadership should work together to identify additional strategies to decrease poverty and increase investment in communities of color.

##### ■ 18. Encourage nonprofit hospitals in high-poverty communities to make "place-based" investments and implement inclusive local hiring, purchasing, and vendor contracting practices.

State and local policymakers should consider encouraging tax-exempt hospitals and others to review models like Healthcare Anchor Network; request that hospitals include specific documentation regarding local hiring, purchasing, vendor contracting, and place-based investment in communities of color as part of their annual reporting of community benefit to the Ohio Department of Health; and, publicly report this information, showcasing examples of hospitals that make measurable changes to investments and practices.

#### Improve working conditions

##### ■ 19. Enhance job connections and workplace protections for essential workers by linking people of color to job training and other employment supports.

Employers should work with state and local governments to set standards that improve and ensure workplace safety. The standards should consider the provision of supplies for personal protection and cleaning, the possibility of hazard pay or paid leave, and the availability of career advancement training and job placement support to alleviate the impact of existing inequities.

## **MISSION**

The Mental Health, Addiction and Recovery Services Board (MHARS Board) of Lorain County's mission statement articulates its purpose and the nature of its "business". Its current mission statement was reviewed, updated and confirmed by Board members to reflect a broader philosophical and programmatic thrust for continued operations. The mission statement that guides the MHARS Board and its strategic planning process is below.

### **MISSION**

The mission of the Board is to improve the well-being of all members of our community by planning for, establishing and maintaining an effective, efficient, and quality system of mental health, addiction and recovery services for Lorain County.

## **VISION**

The Mental Health, Addiction and Recovery Services Board of Lorain County's desired future is reflected in its vision statement. This vision provides the inspirational framework to guide the activities of the MHARS Board of Lorain County into the future. It embodies the values, which serve as the Board's guiding principles.

### **VISION**

All Lorain County residents will have access to the most comprehensive and progressive mental health and substance use disorder, prevention, treatment and recovery support services. Based on the fact that mental illness and substance use disorders are treatable diseases and that people can recover, we will:

- Work to build a system of care that has the best services, is client-driven and encourages people to participate in their own care.
- Fund services based on performance measures and outcomes.
- Promote cooperation between the Board, the community and provider agencies.
- Advocate for clients and support services.



# STRATEGIC INITIATIVE: PROGRAMS AND SERVICES

**STRATEGIC GOAL:** *PROMOTE AND MAINTAIN HIGH QUALITY, COST EFFECTIVE AND ACCESSIBLE BEHAVIORAL HEALTH PROGRAMS AND SERVICES THAT ARE RESPONSIVE TO THE DIVERSE NEEDS OF ALL CLIENTS AND RESIDENTS OF LORAIN COUNTY OHIO.*

#	Objectives / Actions	Leader	Year						Performance Goal	Performance Measurement Source	Status
			Y1 Months		Y2 Months		Y3 Months				
			1-6	7-12	1-6	7-12	1-6	7-12			
1.0	Ensure that behavioral health programs / services priorities and initiatives are consistent with state and local planning needs.										
1.1	Evaluate and plan for improved access to services within the community-based continuum of care.	Executive Director and Clinical Team	X		X		X		Develop standard operating procedure to evaluate access  Implement access improvements	Access survey completed	
1.2	Lead and ensure the continued integration of the Lorain County mental health and substance use service delivery system.	Executive Director and Clinical Team	X		X		X		Community Plan and updates to Community Plan	Executive Director and Board Staff Reports	
1.3	Utilize disparities data to improve services' utilization for identified sub-populations.	Ad Hoc Disparities Committee, Executive Director and Clinical Team		X		X		X	Disparities Statement and Action Plan	Board meeting Minutes Executive Director Reports	
1.4	Increase the clinical competencies and capacity in the treatment services system that are consistent with the MHARS Board mission.	Executive Director and Clinical Team		X		X		X	Annual technical assistance and training reports  Provider audit reports	Executive Director and Board Staff Reports	
1.5	Integrate the National Standards for Culturally and Linguistically Appropriate Services (CLAS) to advance health equity, improve quality and help eliminate health care disparities throughout the Board's planning and operations.	Ad Hoc Disparities Committee, Governance Committee, Executive Director / Clinical Team	X	X	X	X	X	X	CLAS training for Board and Staff  Performance improvement reports  Culture of Quality procedures	Board meeting minutes Executive Director and Board Staff reports	
1.6	Build capacity to address surges for services due to unforeseen events in our community.	Executive Director, Clinical Team and Communications and Community Relations Director	X	X	X	X	X	X	Allocations coordinated with community assessment of needs	Board meeting minutes Executive Director and Board Staff Reports	

									Surge plan developed for specific populations		
1.7	Advocate in local, state and federal government to advance the MHARS Board's mission.	Board of Directors, Executive Director, Communications and Community Relations Director	X	X	X	X	X	X	# of contacts with legislators and/or their staff # of advocacy events attended or hosted Report on advocacy with OACBHA and MHAC Reports on "calls to action"	Executive Director and Board Staff reports	
<b>2.0 Address access barriers to behavioral health care in Lorain County.</b>											
2.1	Complete an accessibility and capacity survey for barriers (including transportation, housing, childcare, etc.).	Executive Director and Clinical Team		X				X	Completed Recovery Oriented System of Care (ROSC) assessment Waiting List reports	Board meeting minutes Executive Director report	
2.2	Build capacity for behavioral healthcare services for disparate populations.	Ad Hoc Disparities Committee, Executive Director and Clinical Team	X	X	X	X	X	X	Disparities Statement and plan	Board meeting minutes Executive Director and Board staff reports	
2.3	Improve access to behavioral health services in Lorain County, using a "No Wrong Door" approach county-wide.	Executive Director, Clinical Team and Communications and Community Relations Director	X	X	X	X	X	X	Monitor Navigator results and waiting list Technical assistance reports regarding access and retention Increased availability and access to treatment services and recovery support services Coordinate with Community Health Improvement Plan's Goals and structures to	Waiting List Reports Board mtg. minutes Executive Director Reports	

									support increased access		
2.4	Continue to assess local, state and federal funding opportunities that support behavioral healthcare.	Board of Directors Executive Director, Business Operations Director		X		X		X	Financial Forecast Impact Statements	Financial Forecast	
2.5	Build connections to resources that support clients' Social Determinants of Health.	Executive Director, Clinical Team, Communications and Community Relations Director				X			ROSC Assessment	Executive Director and Board Staff Reports	
3.0	<b>Identify, prioritize and provide support for evidence-based practice standards for system programs / services.</b>										
3.1	Research and consider new Evidence Based Practices (EBPs) to address unmet needs and to achieve improved outcomes of existing programs.	Clinical Team		X		X		X	Provider audits, Program outcome reports Report on new EBP's utilized	Executive Director and Board Staff Reports	
3.2	Explore shared cost strategies for EBP implementation and braid resources where mutually valued.	Clinical Team		X		X		X	Memorandum of Understanding with partners	Executive Director and Board Staff Reports	
3.3	Align training topics with community and system partners' needs.	Clinical Team		X		X		X	Training evaluations Partner surveys # of Trainings by topic and # of participants trained	Executive Director and Board Staff Reports	
3.4	Ensure the ongoing system-wide monitoring of evidence-based treatment practice models.	Clinical Team				X		X	Provider audits Program outcome reports	Executive Director and Board Staff Reports	
4.0	<b>Partner with stakeholders to improve Lorain County's Crisis Continuum to provide appropriate and timely responses to crises.</b>										
4.1	Update an integrated Crisis Continuum for adults, children and adolescents - to include call centers, crisis lines, treatment finders, mobile crisis, mobile response support teams, crisis intervention and quick response teams, crisis stabilization centers, withdrawal management services, residential treatment facilities, step down, connections to treatment and recovery supports.	Executive Director, Clinical Team	X	X	X				Utilize previous consultative reports and updated with best practice reports  Crisis Continuum Whitepaper developed with community stakeholders	Executive Director Reports	

4.2	Assess withdrawal management services capacity (i.e. detox).	Executive Director and Clinical Team		X		X		X	Map of Withdrawal Management levels of care inclusive of providers, capacity and costs integrated into Crisis Continuum	Executive Director and Board Staff Reports	
4.3	Determine client and system outcome metrics for the Crisis Continuum.	Executive Director and Clinical Team	X	X	X	X	X	X	Performance plan developed, monitored and reports with community stakeholders	Executive Director reports	
4.4	Continue to evaluate and refine costs for implementation and sustainability of the Crisis Continuum.	Board of Directors Executive Director, Business Operations Director		X		X		X	Blended and braided funding exists to support the Crisis Continuum with community stakeholders	Financial Reports	
4.5	Complete an updated "Business Case" for a comprehensive Crisis Continuum for community stakeholders.	Executive Director, Business Operations Director	X	X	X				Business Case developed and communicated with community stakeholders	Executive Director Reports	
4.6	Partner with stakeholders to address gaps in Crisis Continuum.	Board of Directors, Executive Director	X	X	X	X	X	X	Plan for resource acquisition to fill Crisis Continuum Gaps with community stakeholders	Board meeting Minutes Executive Director Reports	
4.7	Partner with stakeholders to establish, build and support the Crisis Stabilization Center.	Board of Directors, Executive Director, Business Operations Director, Clinical Team	X	X	X	X	X	X	Plan for Crisis Stabilization Center with community investors	Board meeting Minutes Executive Director Reports	
<b>5.0</b>	<b>Partner with stakeholders to improve Lorain County's housing capacity (recovery, supportive, transitional), utilization and effectiveness.</b>										
5.1	Coordinate efforts with partners to review and inventory existing housing resources in Lorain County for recovery housing, group homes, permanent supportive housing and adult care facilities for residents with mental health and substance use disorders.	Executive Director and Clinical Team		X					Completed housing inventory using Ohio Quality Housing Criteria and other housing crosswalks  Technical assistance to providers to comply with Ohio Quality Housing Criteria	Executive Director and Board Staff Reports	



5.2	Finalize a comprehensive housing plan to address housing needs in the county including group homes, step down and recovery housing facilities.	Executive Director and Clinical Team			X				Completed housing plan Reports on current and new housing units	Board meeting minutes Executive Director and Board Staff Reports	
5.3	Expand advocacy in communities to support recovery, supportive and transitional housing needs.	Board of Directors, Executive Director and Clinical Team, Communications and Community Relations Director		X		X		X	Housing capacity reports Report on advocacy opportunities	Board meeting minutes Executive Director Reports	
<b>6.0</b>	<b>Improve partnerships to integrate and/or coordinate behavioral healthcare with other systems.</b>										
6.1	Complete a review of network providers' capacity to integrate behavioral health and primary healthcare for clients served.	Clinical Team			X	X			Completed integrated Primary Care / Behavioral Healthcare analysis for network  Updates on integrated service enhancements	Executive Director and Board Staff Reports	
6.2	Utilize Sequential Intercept Maps to continue and improve comprehensive collaboration with criminal justice partners.	Executive Director, Clinical Team	X	X	X	X	X	X	Sequential Intercept Maps Training and technical assistance reports Program outcome reports	Executive Director and Board Staff reports	
6.3	Continue to maintain multi-system youth partnerships through an integrated approach.	Intersystem Programs Director, Executive Director	X	X	X	X	X	X	ISP contracts developed	Board meeting minutes	
6.4	Develop strategies to blend and braid resources to expand integrated partnerships across systems.	Executive Director and Clinical Team				X	X	X	Increase in the number of collaborations	Executive Director and Board Staff Reports	
<b>7.0</b>	<b>Increase system capacity for prevention services.</b>										
7.1	Use evidence-based planning system (Strategic Prevention Framework) to ensure individual and community prevention programs, practices and policies that are comprehensive across the lifespan.	Executive Director and Information and Dissemination Officer – Prevention Services	X		X			X	Logic Models and Action Plans developed for prevention	Executive Director and Board Staff Reports	
7.2	Develop and coordinate strategies to address community trauma and to build community resilience.	Executive Director, Clinical Team	X		X			X	Logic Models and Action Plans  Partnership agreements with	Executive Director and Board Staff Reports	

									schools and other community groups		
7.3	Develop and coordinate strategies for fostering healthy mental, emotional and behavioral development in children and youth.	Executive Director and Clinical Team	X		X			X	Logic Models and Action Plans Partnership agreements with schools and other community groups Increase in Youth-Led opportunities	Executive Director and Board Staff Reports	
7.4	Develop and coordinate harm reduction plans as components of the Lorain County Prevention system.	Board members, Executive Director, Clinical Team		X		X		X	Action Plans developed and implementation status reports	Board meeting minutes Executive Director and Board Staff reports	
7.5	Ensure that evidence-based prevention models are delivered with fidelity.	Clinical Team	X	X	X	X	X	X	Technical assistance reports Program outcome reports Provider audits	Executive Director and Board Staff Reports	
7.6	Coordinate behavioral health community trainings.	Clinical Team	X	X	X	X	X	X	Reports on # of Trainings, # of participants trained	Sign-in reports	

**STRATEGIC INITIATIVE: LEADERSHIP**

**STRATEGIC GOAL: *ENSURE A LEADERSHIP CULTURE WHICH WILL ENABLE MHARS TO ACHIEVE ITS MISSION/VISION AND BE THE RECOGNIZED LEADER IN INTEGRATED BEHAVIORAL HEALTH SERVICES IN OHIO.***

#	Objectives / Actions	Leader	Year						Performance Goal	Performance Measurement Source	Status
			Y1 Months		Y2 Months		Y3 Months				
			1-6	7-12	1-6	7-12	1-6	7-12			
1.0	Recruit and engage a diverse Board of Directors to effectively advance the MHARS Board's mission and vision.										
1.1	Articulate and implement a MHARS Board Member Recruitment and Retention Plan.	Board Membership Committee and Executive Director		X	X	X	X	X	Implementation of completed process	Process activities schedule	
1.2	Review MHARS Board governance policies and procedures and update as needed.	Board Governance Committee and Executive Director	X	X					Updated Board governance policies	Board Governance policies	
1.3	Review and update MHARS Board By-laws.	Board Governance Committee and Executive Director	X	X					Approval of updated Board By-laws	Board Meeting minutes	
1.4	Build capacity for advisory/outreach opportunities to assist the MHARS Board.	Board Governance Committee	X	X	X	X	X	X	Board By-laws	Board meeting minutes Board Committee reports	
2.0	Empower Board members knowledge and understanding of community needs, service provider program effectiveness and the Board's governance responsibilities.										
2.1	Ensure a complete and timely new Board of Director's orientation / leadership development / monitoring process.	Board Membership Committee and Executive Director	X	X	X	X	X	X	Documented new Board of Director's orientation and leadership development and monitoring process.	Board meeting minutes Executive Director's report	
2.2	Ensure the regular completion of Board-specific training topics at all Board meetings, as time permits.	Governance Committee Executive Director	X	X	X	X	X	X	Implementation of Board training completed plan.	Board meeting minutes	
2.3	Develop, educate and train Board members, leadership, Board staff in Culturally and Linguistically Appropriate Services (CLAS) policies and practices on an ongoing basis.	Executive Director and all Board Staff	X	X				X	Established CLAS policies and practices, Board and Board staff trained.	Board meeting minutes Executive Director reports	

<b>3.0</b>	<b>Complete a MHARS Board of Director's self-evaluation of performance.</b>										
3.1	Board Chair to facilitate the completion of a Board self-evaluation at least every two (2) years.	Board Chair and Executive Director		X				X	Board self-evaluation summary reports	Board meeting minutes	
3.2	Implement any recommendations that result from the Board self-evaluations.	Board Chair and Executive Director		X				X	Board self-evaluation summary reports	Board meeting minutes	
<b>4.0</b>	<b>Formally review the MHARS Strategic Plan.</b>										
4.1	Executive Director to provide monthly progress updates in Board of Directors meeting reports.	Executive Director	X	X	X	X	X	X	Monthly Executive Director Reports	Board meeting minutes Executive Director Reports	
4.2	Complete a documented review and update of the MHARS Board Strategic plan.	Board Chair, Executive Director and Board staff	X	X	X	X	X	X	Semi-annual updates / review of Strategic Plan	Board meeting minutes Executive Director Reports	
<b>5.0</b>	<b>Hire an Executive Director.</b>										
5.1	Develop and implement a plan to hire an Executive Director for the MHARS Board of Lorain County.	Board Chair, Board members	X						Executive Director hired Signed contract by new Executive Director and Board	Board meeting minutes	
<b>6.0</b>	<b>Facilitate team-building activities to support Board integration.</b>										
6.1	Develop and implement a Board team-building plan to facilitate the full integration of the Board.	Board Chair, Executive Director and Board staff		X					Board team-building plan created and implemented	Board meeting minutes Executive Director reports	
6.2	Include Board team-building activities in regular board meetings and outside Board-related activities.	Board Chair, Executive Director and Board staff			X	X	X	X	Established schedule Documented Board team-building activities	Board meeting minutes Executive Director reports	



7.0 Ensure preparation and passage of Lorain County levies supporting behavioral health (language, renewal and timing).											
7.1	Assess levy needs.	Executive Director, Board members and Board Staff	X		X		X		Adequate funding for initiatives Tax Budget projections	5-year forecast	
7.2	Develop and implement levy plan(s) as indicated.	Executive Director, Board members and Board Staff			X	X			Levy passage	Board meeting minutes Executive Director reports	
7.3	Ensure levy language and timing meet the requirements for being added to the county election ballot(s), when indicated.	Executive Director, Board members and Board Staff		X					Levies on ballot(s)	Board meeting minutes Executive Director reports	

**STRATEGIC INITIATIVE: FINANCIAL**

**STRATEGIC GOAL: *ENSURE FINANCIAL VIABILITY OF MHARS THROUGH EFFICIENT AND RESPONSIBLE FINANCIAL MANAGEMENT AND TO MAXIMIZE THE FINANCIAL GROWTH AND STABILITY OF THE ORGANIZATION AND SYSTEM OF CARE.***

#	Objectives / Actions	Leader	Year						Performance Goal	Performance Measurement Source	Status	
			Y1 Months		Y2 Months		Y3 Months					
			1-6	7-12	1-6	7-12	1-6	7-12				
1.0	Coordinate financing strategies for program outcomes.											
1.1	Develop and implement a written funding allocation process.	Board members (Finance and CR&P Committee), Executive Director, Business Operations Director and Clinical Team	X		X			X		Written funding allocation process  Increase in funding based on outcomes	Board meeting minutes  Allocation guidance	
1.2	Enhance and formalize the existing financial forecast model and ensure continued reliability and validity.	Finance Committee, Business Operations Director	X		X			X		Approved and implemented Board policy regarding cash reserve  Ongoing assessment of cash reserve  Formalized financial forecasting model	Board meeting minutes  Financial Statements	
1.3	Assist in transformation to value-based care for provider network through payment strategies for outcomes.	Executive Director, Business Operations Director, and Clinical Team		X		X		X		Analysis regarding the current use of Incentives  Determine cost bands for program services  Develop a pilot for outcome-prioritized incentives  Reports of technical assistance to providers	Board meeting minutes  Executive Director and Board Staff reports	

**STRATEGIC INITIATIVE: PERFORMANCE IMPROVEMENT**

**STRATEGIC GOAL: *CREATE A SYSTEM-WIDE MODEL OF PERFORMANCE IMPROVEMENT (PI) / INFORMATION TECHNOLOGY THAT EMPLOYS DATA-INFORMED DECISION-MAKING REGARDING SYSTEM PERFORMANCE, EFFECTIVENESS OF CLIENT OUTCOMES, ACCOUNTABILITY AND OVERSIGHT.***

#	Objectives / Actions	Leader	Year						Performance Goal	Performance Measurement Source	Status
			Y1 Months		Y2 Months		Y3 Months				
			1-6	7-12	1-6	7-12	1-6	7-12			
1.0	Utilize MHARS Board Performance Improvement Plan to improve the quality of care and quality of life measurements for individuals and families.										
1.1	Develop the MHARS Board Performance Improvement (PI) Plan to include outcome measurements, process improvement, program evaluation, policies and procedures, data metrics and benchmarks.	Executive Director and Board staff	X		X		X		Implementation of the MHARS Board Performance Improvement (PI) Plan	PI Plan Board meeting minutes Executive Director reports Client Satisfaction Survey summaries Focus Group Input Summaries	
1.2	Develop, implement and utilize data dashboards for effective decision making.	Executive Director, Board Staff		X	X	X	X	X	Completed and approved data dashboard.	Board meeting minutes Dashboard reports	
1.3	Use a "lessons learned" format to improve program and process outcomes.	Executive Director, Board Staff		X	X	X	X	X	Program outcome reports Provider audits Technical assistance reports Utilize Change Initiatives (Plan, Do, Study, Act) for process improvements	Executive Director and Board Staff Reports	
2.0	Ensure the completion of Culture of Quality (COQ) certification.										
2.1	Assign responsibility of facilitating the completion of the COQ certification process.	Executive Director, Board members and Board Staff		X				X	Staff assigned to facilitate the COQ certification process	Staff meeting minutes	
2.2	Obtain and maintain the COQ certification status.	Executive Director, Board members and Board Staff		X	X	X	X	X	COQ Certification	Board meeting minutes Executive Director reports	

**STRATEGIC INITIATIVE: HUMAN RESOURCES / WORKFORCE DEVELOPMENT**

**STRATEGIC GOAL: *ATTRACT NEW TALENT FOR MENTAL HEALTH AND ADDICTION SERVICES WITH EMPHASIS TO ADDRESS THE CURRENT DIVERSITY GAP.***

#	Objectives / Actions	Leader	Year						Performance Goal	Performance Measurement Source	Status
			Y1 Months		Y2 Months		Y3 Months				
			1-6	7-12	1-6	7-12	1-6	7-12			
1.0	Identify workforce needs and gaps.										
1.1	Complete research and develop a plan, regarding the extent / impact of professional staff turnover system-wide.	Executive Director and Clinical Team, Human Resources & Special Projects Director		X		X		X	Collaborate with system providers to develop and implement a learning community to address staff turnover and retention  # new hires % of stable staffing in system # of network staff diversity reflect clients served	Executive Director and Board Staff Reports	
1.2	Enhance / increase collaborations with high schools, universities / educational institutions to engage students for behavioral health interest.	Executive Director and Clinical Team		X		X		X	Report on collaborations	Executive Director Reports	
1.3	Advocate for recognition by state credential/licensure for US Citizens who relocate to Ohio.	Executive Director and Human Resources & Special Projects Director		X		X		X	Complete rule analysis and determine advocacy for rule changes	State Rules	
1.4	Enhance the use of endowment funding to increase workforce.	Human Resources and Special Projects Director		X		X		X	Utilize the Frederick P. Slanina Foundation Fund	Fund's minutes and annual report	
2.0	Promote and develop Peer Support services to enhance the MHARS Board system of care.										
2.1	Facilitate the enhancement and capacity of Peer Support services in Lorain County.	Executive Director and Board Staff		X		X		X	Baseline and ongoing data of capacity of certified Peer Supporters	Executive Director and Board Staff Reports	
2.2	Advocate for Peer Support in funding and reimbursement models.	Executive Director and Board Staff		X		X		X	Completed cost/benefit analysis	Executive Director and Board Staff Reports	
2.3	Promote peer support employment opportunities.	Executive Director and Board Staff		X		X		X	Map of peer support services	Executive Director and	

										Board Staff Reports	
2.4	Utilize the voices of lived experiences for improvements of service delivery in the system.	Executive Director and Board Staff		X		X		X	Advocacy plan developed and implemented	Executive Director and Board Staff Reports	
2.5	Build connections to include peer supporters into treatment teams.	Executive Director and Board Staff					X	X	Program outcomes	Executive Director and Board Staff Reports	
2.6	Support Recovery Community Organizations in Lorain County.	Executive Director, Clinical Team	X	X	X	X	X	X	Technical assistance reports  Reports on # of participants in structured recovery-oriented activities  Reports on # of group activities at consumer-operated programs	Executive Director and Board Staff Reports	



**STRATEGIC INITIATIVE: PUBLIC RELATIONS / BRANDING**

**STRATEGIC GOAL: ENSURE THAT COMMUNITY MEMBERS KNOW THAT SERVICES EXIST, HOW TO CONNECT TO THEM, AND THAT SERVICES ARE PLANNED, FUNDED AND MONITORED BY A KNOWLEDGEABLE AUTHORITY.**

#	Objectives / Actions	Leader	Year						Performance Goal	Performance Measurement Source	Status
			Y1 Months		Y2 Months		Y3				
			1-6	7-12	1-6	7-12	1-6	7-12			
1.0	Increase the visibility and community's understanding of the MHARS Board of Lorain County.										
1.1	Develop a comprehensive Communications Plan in support of the Strategic Plan, to help meet strategic goals and publicize the system of care in an ongoing campaign that includes community-based mental health, addiction, problem gambling, suicide and overdose awareness, and mental wellness and prevention services.	Executive Director, Board Staff		X					Communications Plan will be created that will include metrics for success	Metrics to be included in Communications Plan	
2.0	Increase knowledge and access within groups identified as having low engagement in mental health and addiction resources, or groups with acute risk based on an immediate event or occurrence (postvention).										
2.1	Launch a monthly information-sharing call, e-blast and materials with/to community member "movers and shakers" including people recommended by Board members and partners as having deep ties to neighborhoods, so that they can carry information to their peers/colleagues.	Board Staff	X	X	X				Consistent involvement from a diversity of neighborhood across Lorain County	Sign-in records including home zip codes and count of materials.	
2.2	Develop a proposal for formalizing the "movers and shakers" group into Ambassador roles.	Board Staff				X	X	X	TBD	TBD	
2.3	Complete and disseminate the "business case" for behavioral health care, plus targeted resources for Human Resources directors and businesses.	Executive Director and Board Staff			X	X	X	X	Business case document Report on resources for businesses disseminated	Executive Director and Board Staff reports	
2.4	Establish new corporate/business partnerships by offering a train-the-trainer session inclusive of toolbox materials, on behavioral health to embed in their workplace wellness efforts.	Board Staff			X	X	X	X	Train # of managers, # of sectors, # of businesses	Sign-in records	

2.5	Formalize youth suicide and traumatic death postvention approach that includes child's school and neighborhood.	Clinical Team, Communications and Community Relations Director		X	X	X	X	X	Document current process and educate new staff on roles Suicide Prevention Coalition to include postvention plan	Minutes from Suicide Prevention Coalition	
2.6	Develop and formalize adult suicide postvention approach that includes adult's workplace and neighborhood.	Clinical Team, Communications and Community Relations Director	X	X	X	X	X	X	Suicide Prevention Coalition plan to include postvention approaches Community Health Improvement Plan alignment	Minutes from Suicide Prevention Coalition	
2.7	Develop and formalize overdose death postvention outreach approach in coordination with Overdose Spike Plan.	Executive Director, FR CARA Project Manager	X	X	X	X	X	X	Lorain County Opioid Action Team plan developed to include postvention outreach County Health Improvement Plan alignment	Minutes from Lorain County Opioid Action Team	
2.8	Determine the feasibility of creating or connecting to a Youth Advisory Committee to help support governance and promotion of the system.	Clinical Team, Communications and Community Relations Director			X	X	X	X	Public Education Plan	Executive Director and Board Staff reports	
2.9	Increase Navigator program publicity, support, capacity and education.	Clinical Team, Communications and Community Relations Director	X	X	X	X	X	X	Increase in distribution of promotional materials Increase in calls to Navigator	Track promotion touchpoints Clinical monitoring reports	
<b>3.0</b>	<b>Educate the community that the MHARS Board is the behavioral health authority in Lorain County.</b>										
3.1	Regularly respond to items in the public conversation, through letters to the editor, guest tutorials, online posts, panel discussions and appearances in the voice of the Board Chair, Board Director and staff content matter experts.	Board Chair, Executive Director and Board Staff		X	X	X	X	X	Consistent media voice	Media coverage tracking at on website and media-coverage	
3.2	Support and encourage Board member involvement and efficacy at public outreach events by pairing them with a staff member and preparing them with education and materials.	Board Chair, Executive Director, Communications and Community Relations Director	X	X	X	X	X	X	Completed board members education toolbox	Board meeting minutes Executive Director reports	



# SEARCH PROPOSAL

**MENTAL HEALTH, ADDICTION AND RECOVERY  
SERVICES BOARD OF LORAIN COUNTY  
EXECUTIVE DIRECTOR**





***Executive Search Methodology, Strategies, and Fees***

September 29, 2020

**Mental Health, Addiction and Recovery Services Board of Lorain County**

*ATTN: Tracey Frierson & Committee Members*

1173 N Ridge Rd East

Lorain, OH 44055

Dear Ms. Frierson and Esteemed Committee Members:

Thank you for the opportunity to present our resources at Scion Executive Search for your consideration! We stand confident in our ability to deliver exceptional results if selected to lead recruitment on behalf of the Mental Health, Addiction and Recovery Services Board of Lorain County.

Scion is a leading specialist in search leadership for Executive Director positions in the nonprofit sector. Scion was named as one of the Best Executive Recruiting Firms in the world by Forbes, and the Business Times has recognized Scion as a leading firm for the past fourteen years running.

As discussed, Scion brings significant experience recruiting for nonprofits, behavioral health organizations, recovery, and mental health organizations. Our firm prides itself in our nonprofit extensive Executive Director candidate networks, both on local and national levels.

We are confident that we can provide you with candidates that would be a strong potential match for your organization. Our substantial experience means that we have conducted a wide variety of searches and have incredible candidates who are just a phone call away.

Please find detailed information included within this proposal regarding our mission-driven approach, methodology, services, and professional fees. As a leading specialist in national nonprofit talent searches, Executive Director recruitment is one of the greatest strengths of our award-winning firm.

**This proposal includes the following sections:**

- (1) Reputation & Experience Overview
- (2) Our Mission
- (3) Our Methodology; a 10-Step Process
- (4) Diversity Recruitment Strategy and Resources
- (5) Our Executive Search Timeline
- (6) Our Approach with Decision Makers
- (7) Our Executive Candidate Networks
- (8) Our Executive Search Team
- (9) Transition Planning
- (10) Professional Search Fees

- (11) Our Guarantee
- (12) Client Examples & Reference Information
- (13) Thank You
- (14) Identifying / Contact Information

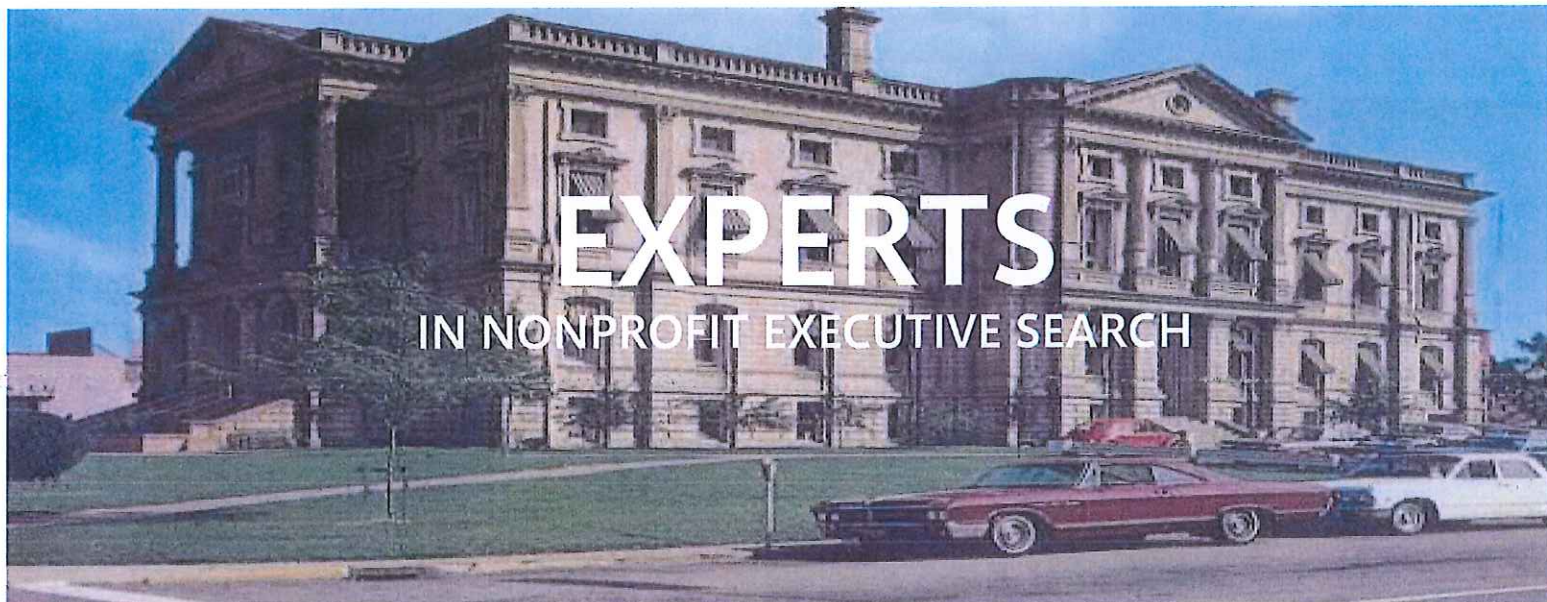
Thank you again for your time and your interest in partnering with Scion Executive Search. We share Mental Health, Addiction and Recovery Services Board of Lorain County's passion for its community and are inspired by your essential mental health and substance use services. Your programs are so important and make a tremendous impact daily. If selected, it would be an honor to recruit on behalf of Mental Health, Addiction and Recovery Services Board of Lorain County and further customize our partnership to best meet your organizational needs. Provide our firm with the green light, and my team and I stand ready to take care of all the details from here!

Thank you,



**Isaac Schild**  
Managing Partner  
(888) 487-8850 x 100





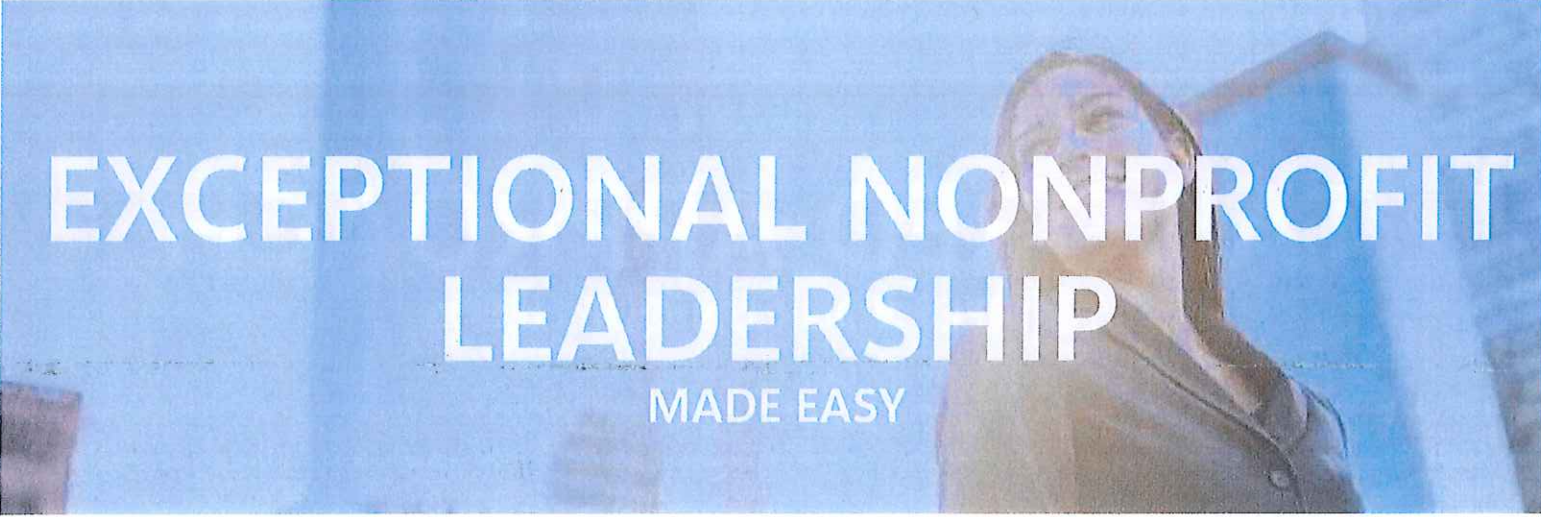
## **(1) Reputation & Experience Overview:**

Scion Executive Search is a retained executive search firm established to satisfy the talent needs of nonprofit organizations across the nation. Our firm—with multiple office locations across the United States (with operations based in Cincinnati, Ohio)—is deeply rooted in the nonprofit sector, and we implement our exclusive processes and proven search strategies to identify exceptional leadership on your organization's behalf.

Scion Executive Search has led many hundreds of successful national nonprofit executive searches in since being founded in 2006. Our executive candidates are true agents for change, and we are experts at matching their talents, motivations, and passions to the mission of your organization!

The initiation of each executive search is an opportunity for organizational advancement, growth, and reflection. It is our ambition to assist your organization and ease the hiring process throughout your upcoming leadership transition.

As proven experts in nonprofit recruitment, we understand the importance of hiring experienced candidates who are exceptional leaders. In addition to being inspired by your mission, it is critical the individual selected as your incoming Executive Director also possesses experience and personal interests which are specifically aligned to the unique culture of your organization!



# EXCEPTIONAL NONPROFIT LEADERSHIP MADE EASY

## (2) Our Mission:

We are dedicated to providing our clients with the most highly qualified talent available. In addition to demonstrable success, we ensure identified leadership superiority remains in sync with Mental Health, Addiction and Recovery Services Board of Lorain County's organizational values, culture, and mission.

Our firm and individual conduct is guided by the following **core values**:

- **Diversity** – We believe diverse teams are more than just a strength, they are essential for success. We work with our clients every step of the way to ensure that the application, interview, and hiring process are thoughtfully inclusive, equitable, and beneficial for all.
- **Confidentiality** – We are committed to protecting our valued clients and executive candidates. Successful searches require a prudent approach to retaining competitive talent in a confidential and effective manner.
- **Quality** – We are committed to excellence. We strive to deliver value to our executive search clients. We believe that success stems from our dedication and commitment to refinement.
- **Integrity** – We do the right thing. We listen to our clients, we communicate honestly, and we deliver on our commitments.
- **Passion** – We are passionate about connecting nonprofit executive leadership with nonprofit organizations. We take pride in each executive search we undergo.
- **Character** – We believe in relationships, not just transactions. We deliver on the promises and commitments that we make.
- **Humanity** – Our interactions with our clients and with each other are conducted ethically and with empathy.
- **Partnership** – Teamwork is paramount in our relationships with clients, alliances, and with each other. We are all connected.





# TAILORED APPROACH

## TO MEET YOUR UNIQUE NEEDS

### (3) Our Methodology, a 10-Step Process:

Our search approach will be tailored to successfully meet your organization's recruitment goals. The following details describe the 10-step methodology utilized in our executive recruitment process:

**Step 1. Detailed Analysis.** We truly discover what your requirements are. We investigate the position, your mission, the aptitude requirements, position responsibilities, and your organizational structure and environment. In order to accomplish this, we request to meet with your search committee and/or any available hiring directors related to the open position. All acquired information properly equips our executive recruiters to make the best match for your organization.

*During the analysis, we will:*

- Conduct a detailed review to ascertain your organization's specific needs, strategic plans, and unique culture.
- Create a position announcement to ensure that the posted job search advertisements successfully attract qualified candidates.

**Step 2. Recruitment.** We tap into our exclusive network of executives. Scion Executive Search perpetually networks with our nonprofit leadership executives throughout our national and global networks. For all executive searches, we conduct research to identify qualified potential candidates, utilize our robust database of talented executives, strategically place advertisements, and recruit to identify leadership candidates that complement your organization's culture. We will then provide you with material about the entire pool of candidates.

Our recruiting includes a concerted effort to engage a diverse cross-section of well qualified candidates. As many of the candidates we identify are passive, we always protect confidentiality to retain the highest integrity throughout the search.

**Step 3. Networking.** We connect with the movers and shakers on a confidential level. Scion Executive Search employs proven networking techniques to engage and retain exceptional candidates. During this phase, Scion Executive Search collaborates with you as a partner to identify target niche industries, key nonprofit leaders, Boards, associations, and professional organizations to discreetly contact and network within.

Throughout this process, we compile candidate portfolios consisting of background and profile information, executive resumes, and additional information on certifications when requested. Your organization's name will only be used when appropriate, and when approved by your leadership. Conversely, potential candidate

information is also held confidential. In our experience we are judicious and confidentially approach candidates until a true interest in the position is established.

**Step 4. Comprehensive Screening.** All candidates are rigorously interviewed in phases and methodically matched with each of the specified requirements for each executive search we lead. Our exhaustive process allows us to distinctly identify each prospective candidate's profile and portfolio including their goals, motivations, career aspirations, and overall accomplishments in relation to their prospective effectiveness in this executive position.

*Final candidates are also screened in Step Nine (below). Step Nine includes the verification of professional references, as well as criminal, educational, financial, media, and civil litigation checks.*

**Step 5. Evaluation.** The goal of screening in preliminary interviews is to make initial judgments that can be tested in further interviews, interactions, and reference checking. We seek an ideal alliance between candidate's past experience, interests, and prowess, to the likely challenges and responsibilities of the new role. We base our evaluations on the job description and search objectives established by the Board members and key stakeholder's objectives.

**Step 6. Candidate Presentations.** Upon completion of our Analysis, Recruitment, Networking, Screening, and Evaluation stages, we provide detailed profiles of the most qualified semi-final candidates. *Scion Candidate Profiles* offer factual insight into the candidates' specific backgrounds, and include: (1) current salary level, (2) salary expectations, (3) employment highlights, (4) candidate's specific availability to begin a new position, and (5) facts evidencing the employment match.

**Step 7. Client Interviews.** All of the administrative details for the executive search are included in our service. This includes finalizing a process with the Board for interviews, coordinating candidate participation, scheduling appointments, meetings, and offering any advice or preparation on travel arrangements. At all times our staff remains available to you and your organization as a resource, ensuring a smooth hiring process and successful transition.

**Step 8. Final Candidate Selection.** We offer the final candidate pool to your search committee. Our Executive Recruiters will assist in debriefing your Board (following the in-person organizational interviews) and are available to identify additional candidates, if necessary. We offer additional highlights of the candidates' personality, goals, commitment and devotion to your organization's mission, career potential, staying power, growth aspects, compensation goals, track record, geography, and any other information pertaining to your successful placement.

**Step 9. References and Qualifications.** After the candidate interviews with your executive staff members and Board, additional in-depth reference checking is conducted for candidates of prospective final interest. While completing this portion of our search process, we actively engage candidates and meticulously verify references to ensure candidate quality and consistency.

**Step 10. Final Offer.** Once your organization selects a candidate for hire, we assist in extending a tactful final offer. In turn, we also notify all candidates who applied for consideration and were not selected. To aid in the final hiring process, Scion Executive Search consults with you on all salary negotiations. Though every search is inherently customized, our experts will consult you in making the best salary offer while remaining within your budget.





# DIVERSITY

## DRIVEN RECRUITMENT STRATEGY

#### (4) Diversity Recruitment Strategy and Resources:

We are experts in diversity recruiting and highly experienced at cultivating, building, and providing diverse executive candidate pools for hire. We provide incredible reach into diverse populations, sectors, and candidate communities in the United States and beyond.

*During all stages of our work we cultivate diversity for the searches we lead by:*

- Proactively reaching out to executive candidate pools that offer a range of candidates in terms of age, cultural background, physical abilities and disabilities, race, religion, gender, gender identity, and sexual orientation.
- Providing and maintaining a diverse private candidate network of over 300,000 executives and national networks of over 14,000,000+ candidate options.
- Strategically recruiting to encourage diversity in your executive applicant pool via direct introductions, networking, and strategic postings as needed to create a well-rounded talent pipeline.

*As a firm we are a socially conscious service practicing DEI hiring practices:*

- 50% of our staff are from diverse communities and 20% of our staff members are part of the LGBTQIA+ community.
- We, Scion Executive Search, affirm without reservation, the principles of equal opportunity in employment, and will not in any way discriminate for any unlawful reasons, including age, race, gender, gender identity, national origin, religion, physical or mental disability, medical condition, political affiliation, pregnancy, marital status, sexual orientation, or any other protected classes.



## (5) Our Executive Search Timeline:

Below please find an example of a traditional timeline of searches for Executive Directors led by Scion Executive Search. Please keep in mind that our firm has expedited searches available for your organization if you require a faster turnaround or transition. Your search lead from the Scion Executive Search team will work with you to develop a customized schedule that incorporates and considers all of your organization's needs.

### Typical Scion Executive Search Timeline for Executive Director Searches:

Proposal:	Week 1
Engagement defined/contracted:	Week 1
Search Intake	Week 2 – 3
New search announcement finalized:	Week 4
Recruiting/Networking work:	Week 4 – Week 16
Candidate Evaluation Stage:	Week 10 – Week 16
Date targeted to <i>submit</i> selected candidates to Search Committee:	Week 16
Candidate interviews by SC:	Week 17
Selection of finalists:	Week 17
Interview dates for finalists with full Board:	Week 19
Selection of ranked first and second choice finalists:	Week 19
Finalist reference checks:	Week 19
Verbal/written offer to be made:	Week 20
Background check completed:	Week 20
Target date for written offer to be received:	Week 20
Target start date for new Executive Director:	<i>As soon as possible after offer</i>
Closing of search processes by Scion:	<i>As soon as possible after start date</i>

## (6) Our Approach with Decision Makers:

As experts in nonprofit executive searches, we assist your decision makers in uniting resources, and offer clear expectations of the decision makers' responsibilities while engaging us. In the end, we can all gain valuable insight through our communicative approach and true partnership. The approach we utilize is strategic and consultative in nature. All of the aspects of the executive search are executed on behalf of your organization and it is our pleasure to be your strategic leader, scheduling partner, salary expert, and compensation negotiator as required for success.

# OUR NETWORKS

## OF EXECUTIVE CANDIDATES

### (7) Our Executive Candidate Networks:



SCION  
EXECUTIVE

#### **NONPROFIT EXECUTIVES**

National Nonprofit, C-Level Executives Recruited for Nonprofit Clients



SCION  
STAFFING

#### **HEALTHCARE & CORPROATE EXECUTIVES W/NONPROFIT INTERESTS**

Corporate Executive (Cross-Over)  
Candidates

Local + Statewide + National Talent  
Networks across a Variety of Verticals  
*Many with Board membership expertise and  
nonprofit passion*



SCION  
TECHNICAL

#### **HIGH TECH + STARTUP EXECUTIVES W/NONPROFIT INTERESTS**

National C-Level, High-tech and Startup  
(Cross-Over) Talent across a Variety of  
Verticals

Many with Board membership expertise  
and nonprofit passion



# LEADERS

## PROVIDING LEADERS

### (8) Your Scion Executive Search Team:



**Braden Busch, Managing Partner, Co-Founder**

Braden Busch is a consultative nonprofit strategist and expert executive search lead recruiting for nonprofit leadership roles. He focuses on recruitment for Executive Directors and Nonprofit CEOs. His search strategies and networks are vast and include local domestic and national nonprofit, healthcare, and social service candidates in Ohio and nationally.

Mr. Busch has led hundreds of searches for nonprofit organizations, health organizations, and social service organizations. Braden is a passionate leader of executive search teams offering proven expertise in organizational development, nonprofit executive recruitment strategy, and offers creative modern networking approaches for his clients.

Braden is a proven national expert in nonprofit executive search with a true passion for behavioral health and recovery nonprofit programs. Prior to joining Scion Executive Search as Managing Partner in 2006, Braden led searches for Corestaff, AppleOne, and Waterpik Technologies at the national level. Prior in his career Braden spearheaded a government procurement initiative, which landed the largest deal in his company's history. Executing and servicing this multi-million dollar contract, Braden achieved an impressive 99% customer service rating from the United States Government.

Braden holds a Bachelor of Arts from the University of Oregon and serves on the board as a trustee of Fund for Elders' Independence, a foundation to support the Center for Elders' Independence. He's an Associate Member of the Association of Fundraising Professionals and also volunteers for and supports several nonprofits including: Full Circle Fund, Alameda Food Bank, Project Open Hand, Shanti, Upwardly Global, and Amazon Watch.

**Isaac Woodrow Schild, Esq., Executive Search Partnerships & Strategy Lead**

Isaac Woodrow Schild, Esq. is a founding member of Scion Staffing, Inc., and holds a Juris Doctor (J. D.) from Golden Gate Law and a B.S. in Economics from the University of Oregon. He studied international law in association with George Mason Law at the University of the Netherlands Antilles and had the pleasure of working for the House of Representatives, Government Reform Committee in DC during law school.



Isaac is an established executive search expert in the nonprofit and public sectors. As an active keynote speaker, local nonprofit board member, and organizational development consultant, he is a zealous nonprofit professional committed to bettering our communities and inspiring socially-conscious business practices. Isaac's work and expertise has been featured by Seedco in the report "When Good Work Makes Good Sense: Social Purpose Business Case Studies" and by CBS News on the segment "Where Is the Job Growth Happening?" He has been interviewed for several Harvard University case studies, and has served as an expert on multiple panels and at events such as Ask The Experts - Golden Gate University, Ask HR - Association of Fundraising Professionals - Fundraising Day, Young Nonprofit Professionals Network Annual Party, Progressive Job Fair, Your Best Job Search EVER, and Getting the Job You Want in the Nonprofit Sector.

Over the past twenty years, Isaac has successfully led over five hundred searches for a variety of national nonprofit organizations and foundations. He also had the honor of recruiting over 125 emergency counseling workforce members for Safe Horizon (in association with Professionals for Nonprofits) that counseled and represented hundreds of families of the victims of 9/11.

Prior to Isaac's leadership role at Scion Executive Search, he served as President of First Source Staffing—part of the nonprofit organization Fifth Avenue Committee—and as the Director of Business Development at Professionals for Non Profits, Inc., both based in New York, NY.

Isaac is also the Founder of the Frozen Film Festival (501c3), FoundationList.org, past member of the Board of Trustees for the Cedarwood Waldorf School and current board member for the art organization Fear No Music.





# PLANNING FOR A SMOOTH TRANSITION

## (9) Transition Planning:

Scion Executive Search are experts at supporting your organization before, during, and throughout your transition period. As a firm we work to educate our clients to ensure a strong transition plan is in place and to prepare your organization for continued success. As you know, when hiring a new executive leader your Board of Directors is undertaking one of its most important responsibilities. We strongly encourage your organization to plan to take strategic steps to ensure successful transition and continuation of organizational operations.

*Scion Executive Search works diligently to support transition planning through the following steps:*

1. We educate your organization on the steps it should consider for a positive and successful transition.
2. We lead and conduct search intake meetings with key staff, Board members, and search committee members that acuminate the strategic goals the organization needs to accomplish.
3. We engage alignment with your Board, search committee, and key staff via developing a position announcement that clearly defines the strategic needs of the role and organization for search committee approval.
4. We provide thoughtful organizational structure considerations and possible areas for improvement relating to the hire, your benefits package, staff structure, Board composition, search committee and organizational leadership.
5. We ensure continued success via our search intake and transition process and provide instruction to help your organization support the on-board of your new executive.
6. We guide your search committee to better understand its internal needs as to transition planning and explain any areas that your organization needs to improve.
7. We provide continual ongoing support. We are available throughout the search process and after placement during the first year to answer questions and help prepare your organization strategically for the transition of your new executive and ensure their continued success.
8. We implement careful planning and evaluation. Through our intake process and individual meetings with your Board we reevaluate the kind of executive your nonprofit is looking for. During these calls we build consensus, listen, educate, and develop the strategic goals which your next leader will work to realize. We then build and refine your existing description to reflect the true organizational goals and benchmarks that will be required in your next executive.





# YOUR INVESTMENT

## **(10) Our Professional Search Fees; Retained Service Information:**

Our firm's professional fee for the search and placement of the incoming Executive Director is offered at a rate of 33.33% of the executive's annual salary with a *twelve-month placement guarantee*. Total compensation is defined as the base salary and any paid or deferred compensation that is paid in the first year of employment. We estimate a minimum salary for the search, and upon completion of our work, if the actual compensation is higher or lower than this estimate, we will adjust our fee on the final invoice to reflect the actual hiring amount.

Our firm's fee will be billed in three installments of one-thirds. The first (1) will be billed upon successful execution of this agreement, the second (2) will be billed 30 days later, and the third (3) will be billed on the executive's start date.

*Scion Executive Search fees are all inclusive.* The only additional fees involved are approved by your organization for our additional available services such as background checks (including criminal, educational, financial, and civil litigation checks). No additional fee is charged for advertising, research, photocopy/document reproduction, communication, mail, or technology. Approved fees for requested criminal, educational, financial, and civil litigation checks, and/or consultant travel to on-site meetings will be billed back to your organization as the charge is incurred.

In some instances, it may be appropriate for your organization to reimburse for candidate travel expenses. We will ask you to approve any expense before moving forward with arrangements. Expenses incurred by potential candidates selected to travel for interviewing include, but are not limited to: airfare, lodging, meals, and ground transportation. Approved expenses will be forwarded for your reimbursement directly to the candidate. *This is optional.*

Either party has the right to cancel this assignment at any time, with 15 days written notice before this agreement is terminated. Should your entity for any reason decide to cancel this engagement, your obligation under this agreement is for all accrued fees up to and including the final termination date; please note, to date, *no search* with Scion Executive Search has ever been terminated.



### **(11) Our Guarantee:**

We stand behind our work with a concrete service guarantee and a full commitment to excellence and search confidentiality. Our valued clients are always serviced and represented in a consistently high, personal, ethical, professional, and effective manner. We consciously recruit talent and provide guarantees because we are confident in the extraordinary quality of our searches, and the talented candidates we select to represent. Scion Executive Search fees are non-refundable.

If a candidate placed by our firm leaves your employment within the aforementioned search guarantee timeframe, we will repeat the search one time for *no additional cost*. The replacement search must be initiated within the calendar-day guarantee timeline from the original hire date in order to be valid. This guarantee does not apply to; a variance in responsibility or significant variance in position authority from that of which was represented at the time of hire, layoffs related to budgetary constraints, unanticipated circumstances including health issues, and acts of God.



(12) Sample of Scion Executive Search Clients:





# THANK YOU

## (13) Thank You:

Thank you for your interest in Scion Executive Search. Please let me know if you have any questions about our firm; we truly look forward to the prospect of creating a partnership with Mental Health, Addiction and Recovery Services Board of Lorain County. We are passionate about the organization's mission, offer proven executive search experience directly related to this search, and offer access to the candidates this role requires. We would be honored to lead this search and stand ready to put our resources to work for you!

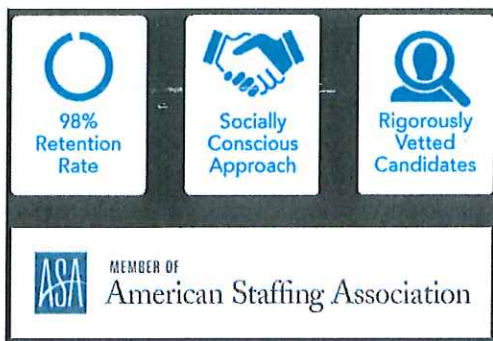
Most sincerely,



**Isaac Schild**  
Managing Partner  
**Scion Executive Search**

## (14) Identifying/Contact Information:

Search firm:	<b>Scion Executive Search</b> , a division of Scion Staffing, Inc.
Contact:	<b>Isaac Schild</b>
Telephone number:	(888) 487-8850 x100
Email:	<a href="mailto:ischild@scionstaffing.com">ischild@scionstaffing.com</a>
Website:	<a href="http://www.scionexecutivesearch.com">www.scionexecutivesearch.com</a>
Recent Accolades:	Best Executive Search Firms; <b>Forbes</b> Best Executive Search Firms; <b>The Business Times</b>









**SATURDAY OCTOBER 24<sup>th</sup>, 2020 10:00am – 2:00pm**

Turn in your unused or expired medication for safe disposal

**Collection sites in Lorain County will be:**

All Police Departments, Lorain County Sheriff's Department,  
and Columbia Township Fire Department

Amherst Police Department	911 North Lake St. 44001
Avon Lake Police Department	32855 Walker Rd. 44012
Avon Police Department	36145 Detroit Rd. 44011
Columbia Township Fire Department	25540 Royalton Rd. 44028
Elyria Police Department	18 West Ave. 44035
Grafton Police Department	1009 Chestnut St. 44044
Kipton Police Department	299 State St. 44049
LaGrange Police Department	301 Liberty St. 44050
Lorain County Sheriff's Office	9896 Murray Ridge Rd. 44035
Lorain Police Department	200 West Erie Ave. 44052
North Ridgeville Department	7303 Avon-Belden Rd. 44039
Oberlin Police Department	85 South Main St. 44074
Sheffield Lake Police Department	609 Harris Rd. 44054
Sheffield Village Police Department	4340 Colorado Ave. 44054
Vermilion Police Department	5791 Liberty Ave. 44089
Wellington Police Department	117 Willard Memorial Square 44090

The Lorain County Opioid Action Team's Community Engagement Workgroup members will be onsite at specific locations that day to provide information to Lorain County residents on safe medication disposal and storage practices at these sites: Amherst, Elyria, N. Ridgeville, Grafton, Sheffield Lake, Wellington, Lorain, Vermilion and Sheriff's Department at their medication drop box sites. We will have medication safes and medication disposal pouches available (both at no cost to Lorain County residents). For more information contact: J Mastney 440-434-5711 or [jmastney@mharslc.org](mailto:jmastney@mharslc.org)

