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## ***Nominating Committee Agenda***

**November 15, 2021 6:00 p.m.**

**Located at the MHARS Board, [Conference Room 118](#)  
1165 North Ridge Road East, Lorain, OH 44055**

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**NOMINATING COMMITTEE:** *The Committee shall conduct interviews and shall make recommendations of potential BOD members to the BOD to formally request the appropriate appointing authorities to fill vacancies. The Committee shall endeavor to ensure that the composition of the BOD reflects the demographic characteristics of Lorain County.*

*The Nominating Committee shall have the responsibility to prepare, recommend, and nominate candidates for election as officers to be submitted to the BOD at its May meeting, after soliciting names of candidates from the members of the BOD after which the nominations shall be closed. The Nominating Committee shall convene, consider, and recommend to the BOD candidates for vacant officer positions and shall act by a majority vote of its members. The Nominating Committee shall propose the slate of candidates for BOD officer positions by the June Board meeting each year.*

*The Committee will review and supervise Board Member attendance.*

*The Committee will have supervisory capacity regarding:*

- *New member orientation*

*The Committee will establish and supervise a:*

- *Board Member Mentoring Procedure*
- *Process for Community Representatives serving on the Committees.*

**Expected Members:** Kreig Brusnahan (Committee Chair), Tim Carrion, Inez James, Dan Urbin (ex officio)

**Members unable to attend:** Mike Babet, Sandra Premura

**Board Member:** Regan Phillips

**Expected Staff:** Michael Doud, Patrice McKinney

1. Interview Marie Leibas (to fill one of two OhioMHAS-appointed vacancies through 06/30/2025)
2. Review Board Member Attendance
3. Mentors: Patricia Bell – (no), and Michele Flanagan

**Membership Committee Interview Schedule**  
**11/15/2021**

<b>Interview Schedule</b>	
<b>Time</b>	<b>Name</b>
6:00 – 6:15 p.m.	<i>Prior to interviews, review schedule, agenda and any other logistics.</i>
6:15 – 6:35 p.m.	<b>Marie Leibas</b>

**Sample Interview Questions and Information to Share:**

**Share:**

1. (After introductions), please share with us a brief summary of your work history.

(How Appointing Authorities appoint Board Members): According to Ohio Revised Code, for boards operating as 18-member boards, the director of Ohio Mental Health and Addiction Services (OhioMHAS) appoints eight (8) members of the board, and the Lorain County Board of County Commissioners appoint ten (10) members.

The MHARS Board can only *recommend* new Board Members to either of the two appointing authorities.

Required positions on the Board: Of the eight (8) positions filled by the Ohio Department of Mental Health and Addiction Services, according to Ohio Revised Code at least one member of the Board of Directors must fill these positions:

- (1) a clinician with experience in the delivery of mental health services,
- (2) a clinician with experience in the delivery of addiction services,
- (3) an individual who self identifies as receiving or had received mental health services (consumer),
- (4) an individual who self identifies as receiving or had received addiction services (consumer),
- (5) a family member of an individual who receives or had received mental health services, and
- (6) a family member of an individual who receives or had received addiction services.

Others not assigned these specific positions are “advocates.”

Two (2) current vacancies:

- a. Two (2) OhioMHAS-appointed vacancies through June 30, 2025.

Terms: According to Ohio Revised Code for Mental Health, Alcohol and Drug Addiction Boards: Four years is a full term. Board Members can be appointed to fill partial, unexpired terms and for a maximum of ten (10) years.

Committees: On the list given to you, which committees are of interest to you and why: Nominating, Governance, Community Planning and Oversight, Finance, ad hoc Disparities, ad hoc Crisis / Diversion, and ad hoc Levy.

**Questions** (Committee members are encouraged to ask other questions of the interviewee).

1. Time commitment: i) Most work is done in committees; ii) Committee and board meetings typically last 1-1/2 hours; and iii) educational training is annually-required for all Board Members per OhioMHAS.
  - a. If appointed, are you able to devote this amount of time to serve on this Board?
2. Please tell us what motivates you in wanting to serve on the MHARS Board of Directors?
3. Share with us your knowledge about the Mental Health, Addiction and Recovery Services Board of Lorain County and its provider agencies.
4. To avoid a conflict of interest: Do you have relatives who work for or serve on a board of our provider agencies on [the list given to you](#)? Also, are you related to anyone currently serving on the Lorain County Board of Commissioners?
5. Please share with us 1-2 examples when you may have advocated for a cause.
6. Have you ever had opportunities to volunteer for a levy campaign?
7. Do you have any questions of us?

Explain next steps and thank you.

Given to all candidates: Provider Agencies List, List of Committees, Forms: Code of Conduct and Statement of Expectation

**OHIO MENTAL HEALTH AND ADDICTION SERVICES (OhioMHAS)  
ADAMHS/CMH/ADAS BOARD MEMBER APPOINTMENT APPLICATION (Revised 4-3-2017)**

14 Member Board                       18 Member Board

Board Name:    Mental Health, Addiction and Recovery Services MHARS Board of Lorain County

Board Director Name and Title:                      Michael K. Doud, Executive Director

New Application     Renewal Application     Full Term     Partial Term

**Appointment Type** (Applicants can select both mental health clinician and addiction clinician if they are qualified by scope of practice or licensure.)

Mental Health:             Clinician     Consumer     Family Member     Other \_\_\_\_\_

Addiction:                 Clinician     Consumer     Family Member     Other \_\_\_\_\_

Gambling:                   Clinician     Consumer     Family Member     Other \_\_\_\_\_

**Personal Information**

Name:	<i>MARIE LEIKAS</i>		
Address:	<i>4717 ASHLAND AVE 'F'</i>		
City:	<i>LORAIN OH</i>	Zip Code:	<i>44053</i>
County of Residence:	<i>LORAIN CITY</i>		
Preferred Phone Number(s):	<i>440 525-3811</i>		
Preferred e-mail Address(es):	<i>leikasmarie@yahoo.com</i>		
Preferred Mailing Address:	<i>4717 ASHLAND AVE 'F'</i>		

**Education**

Type	Name and location of School or University	Year Graduated	Degree
High School	<i>LORAIN HIGH</i>	<i>1963</i>	
College			
Other			

<b>Community Organization Affiliations (past and present)</b>			
<i>LORAIN HISTORICAL SOC. (NOW)</i>	<i>HISPANIC POLITICAL VOICE</i>	<i>1990's</i>	
<i>LORAIN PROUD</i>	<i>"</i>	<i>HISPANIC FUND</i>	<i>1990's</i>
<i>LORAIN PALACE THEATRE</i>	<i>"</i>	<i>MEXICAN MUTUAL SOC.</i>	<i>1980 to PRESENT</i>

**Please describe your reasons for wanting to serve as a Volunteer (unpaid) Board member:**

*I wrote an essay in Hi. School on mental health and have been interested ever since. In the 80's I suffered deep depression. A few times, I thought I would go crazy.*

## OhioMHAS BOARD MEMBER APPOINTMENT APPLICATION

### Population Equality Representation Declaration

OhioMHAS is required to assure that member appointment reflects the composition of the population of the service district as to race and sex. The following information is used to assure equal representation. Completion of the following section is voluntary and is not required to consider or appoint you as a Board member, but does give you the opportunity to declare how you identify yourself. Please check all that apply and specify as you wish.

**Race:**  White/Caucasian  Black/African American  American Indian  Alaska Native  
 Asian  Native Hawaiian or Pacific Islander  Other \_\_\_\_\_

**Ethnicity:**  Appalachian  Hispanic  Latino/Latina  of Spanish origin  other \_\_\_\_\_

**Gender**  Female  Male  Other \_\_\_\_\_

**Conflict of Interest Assurance:** By signing below I attest that the following statements are true:

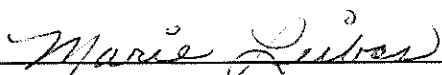
- Neither I nor my spouse, child, parent, brother, sister, grandchild, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law serves on the governing board of any provider with which the board of alcohol, drug addiction, and mental health services which I am applying for board membership has entered into a contract for the provision of services or facilities.
- I am not an employee of any provider with which the board of alcohol, drug addiction, and mental health services which I am applying for board membership has entered into a contract for the provision of services or facilities.
- Neither I nor my spouse, child, parent, brother, sister, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law serves as a county commissioner of a county or counties in the alcohol, drug addiction, and mental health service district.


### Volunteer (unpaid) Board Member Duties:

- 1) Attend all board meetings
- 2) Attend annual board member training
- 3) Maintain professional licenses; (if applicable) and
- 4) Serve on applicable subcommittees of the boards.

**Applicant's Statement:** I have read and completed the application accurately and honestly. I attest that I am a resident of the County specified; I deny any conflicts of interest and agree to fulfill Volunteer Board Member Duties to the best of my ability. I acknowledge that service on the Board is unpaid (with reimbursement for mileage and authorized expenses only) and provides me with an opportunity to serve my local community. I understand that appointment makes me ineligible to be employed at a contract provider of the Board and if such employment should be desired in the future I will follow all directives of the Ohio Ethics Commission including resignation from the Board and completion of prescribed waiting period before accepting employment with a contract agency.

I understand and agree that all information contained in this application is a public record. I hereby grant the Department of Mental Health and Addiction services permission to release my application, including my status as a consumer of either mental health or alcohol and drug addiction services, to anyone making a public records request seeking Board applications.

  
\_\_\_\_\_  
Signature of Applicant

  
\_\_\_\_\_  
Date

**OhioMHAS BOARD MEMBER APPOINTMENT APPLICATION**

**For Board Use Only**

**Appointment Term**

If applicant is filling a vacated partial term, note partial term ending year \_\_\_\_\_.

Initial Appointment – Vacant       Initial Appointment – Full Term       Renewal Appointment

**For Renewal Appointments:** Please list dates of missed meetings with and without prior notification

\_\_\_\_\_

**Appointment Recommended:**       Yes       No

**Appointment Type**

Mental Health:       Clinician       Consumer       Family Member       Other \_\_\_\_\_

Addiction:       Clinician       Consumer       Family Member       Other \_\_\_\_\_

Gambling:       Clinician       Consumer       Family Member       Other \_\_\_\_\_

**Appointment Type Waiver Request:** \_\_\_\_\_

\_\_\_\_\_

If you wish to have OhioMHAS appoint a member who does not fall into one of the appointment types identified above please describe the rationale and the role applicant would fill. In addition, please assure that all members who meet the requirement for and serve as appointment types listed above are noted as such on the membership roster even if they are a county appointee.

**Comments:** <sup>7</sup>  
-

Dates of Previous Appointment(s):

**Appointment Affirmation:** By signing below I recommend appointment of this applicant to the position of board member. I have reviewed the education, employment, personal history and professional qualifications sections and believe the applicant is willing and able to perform the duties of a Board member. This application and attachments have been reviewed by me and to the best of my knowledge is a complete and truthful disclosure of required information. I have also reviewed the conflict of interest assurance and the applicant denied any conflicts of interest.

All boards recommending appointment must submit a current roster of all board members.

Board Roster Included?       Yes       No

\_\_\_\_\_

Board Executive Director Signature

\_\_\_\_\_

Date

**OhioMHAS BOARD MEMBER APPOINTMENT APPLICATION**

***For Clinician Use Only***

**Please check all applicable licenses and or disciplines:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Psychiatrist                         | <input type="checkbox"/> Physician              | <input type="checkbox"/> Nurse               |
| <input type="checkbox"/> Rehabilitation Counselor             | <input type="checkbox"/> Licensed Psychologist  | <input type="checkbox"/> School Psychologist |
| <input type="checkbox"/> Marriage and Family Therapist        | <input type="checkbox"/> Professional Counselor | <input type="checkbox"/> Social Worker       |
| <input type="checkbox"/> Chemical Dependency Counselor        | <input type="checkbox"/> Pastoral Counselor     | <input type="checkbox"/> School Counselor    |
| <input type="checkbox"/> Other (specify with license #) _____ |   |  |

Ohio License Number	Degree without License	Expiration Date

Clinical Experience with Emotionally Disturbed Persons		
Work Locations	Types of Duties	Years
Employment History (Name, address, city and state of past employers)	Dates	Position
OHIO JOBS & FAMILY SERVICES, CHILD SUPPORT DIV.	1997-2020	DATA ENTRY
MIDLAND ALUMINUM Co. CLEVELAND OH.	1987-1997	BOOKKEEPER
LEUKEMIA SOC. CLEVELAND, OH.	1985-1987	BOOKKEEPER

Ref: JOEL ARREDONDO



**MARIE LEIBAS**  
4717 Ashland Ave. Apt. F  
Lorain, Ohio 44053  
440-525-3811

## OBJECTIVE

Seeking a position where I can utilize my extensive accounting, business and service skills.

## EMPLOYMENT HISTORY

### **OHIO JOBS and FAMILY SERVICES Elyria, Ohio**

1997 to 2010 Taking and scheduling calls as an **Aide** for three years for the IM Case workers. Also worked on the Emergency Program to give assistance for people who needed housing, appliances, utilities and food.

Promoted to **DOA**, Data Entry Clerk in the Child Support Division. Entered Court Orders in child support, divorce cases, adoption cases, and medical orders. After entering, the orders had to be calculated for accuracy. Performed audits for any overdue monies.

### **MIDLAND ALUMINUM CORP., Cleveland, Ohio**

1989 to 1997 **Billing Clerk.** Answered the phone for sales orders, calculated the orders into the computer. Generate and mail the invoices. Schedule delivery for aluminum, brass and steel shipments thou out northeast Ohio. Assisted in the Accounts Payable and receivable departments.

### **LEUKEMIA SOCIETY OF AMERICA INC., Cleveland Office**

1985 to 1989 **Bookkeeper** functions included, writing checks, making bank deposits and bank reconciliations. Posted accounts receivable and payable. Calculated payroll for 15 people and prepared quarterly tax forms.

**Patient Aide Coordinator** Reviewed and processed applications for Leukemia patients and issued checks for financial assistance. Prepared monthly reports for the New York office. Organized and conducted the Leukemia Booth in health fairs to educate the public regarding the Patient Aide Program though out Cuyahoga County.

I graduated from Lorain High School in Lorain, Ohio.

### **References Available Upon Request.**

Paulette Miller, Supervisor of the DOA Dept. in 2010 is still working in the Child Support Division.

## MHARS BOARD OF DIRECTORS ROSTER & BOARD MEETING ATTENDANCE

No Bd  
Meeting  
2020 2020 2021 2021 2021 2021 2021 2021

No Bd  
Meeting 2021 2021

Special  
Bd Mtg 2021 2021

BOARD MEMBERS:	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT 9	SEPT	OCT
1. DAVID ASHENHURST		P	P	P	P	P	P	P		P	P	P	P
2. MIKE BABET /c								P		P	E	P	E
3. MONICA BAUER					P	P	P	P		E	E	P	E
4. PATRICIA BELL /c (appt'd 9/21)												P	P
5. KREIG BRUSNAHAN /c		P	P	P	P	P	P	P		P	P	P	P
6. TIM CARRION		E	P	P	P	P	P	P		E	P	P	P
7. DR. DENISE EACOTT		P	P	P	P	P	U	P		P	P	P	E
8. MICHELE FLANAGAN /c (appt 9/21)												P	P
9. INEZ JAMES /c		P	P	P	P	P	P	P		P	E	P	P
10. PAT MCGERVEY /c					P	P	P	P		P	P	P	P
11. DR. HOPE MOON (appt'd 8/21)										P	P	P	P
12. REGAN PHILLIPS /c		P	P	P	P	P	P	P		P	P	P	P
13. SANDRA PREMURA /c		P	P	P	P	P	P	P		P	P	P	P
14. JAMES SCHAEFER /c		P	P	P	P	P	P	P		P	P	E	P
15. KAREN SUTERA		P	P	P	P	P	P	P		P	P	P	P
16. DANIEL URBIN /c		P	P	P	E	P	P	P		P	P	P	P
17. (OhioMHAS-appt'd vacancy 6/30/25 M. Skellenger)										P	P		
18. (OhioMHAS-appt'd vacancy 06/30/2025 D. DiTullio)													
<b>TOTAL ATTENDED*:</b>	<b>0</b>	<b>14</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>17</b>	<b>15</b>	<b>16</b>	<b>0</b>	<b>11</b>	<b>12</b>	<b>15</b>	<b>13</b>

\*(Totals are correct, as they include the attendance of former Board Members.

**/c = Commissioner-appointed**

**QUORUM (SIMPLE MAJORITY)=1/2 MEMBERS PRESENT (DON'T ROUND UP #) +1 MORE; (9 = QUORUM WITH 15 BOARD MEMBERS).**

Newly-appointed Board Members who are present at Board meetings, but not officially sworn in are NOT counted when determining a quorum of the full Board.

P = PRESENT

E = EXCUSED (CONTACTED MH BOARD OFFICE)

U = UNEXCUSED (DID NOT CONTACT MH BOARD OFFICE, OR MH BOARD WAS UNABLE TO CONTACT).

**(Per Board Member ByLaws Article 4, Section 7 & ORC: If 4 total absences with notice, or 2 absences w/o notice from reg meetings in any 12-month period, the Chair is to write a letter to the appointing authority which may vacate the appointment so someone else can complete the term).**