

Governance Committee Meeting

Meeting date: Monday, November 4, 2024

Meeting time: 5:00pm – 6:30pm

Meeting location: 2 Oak Street, Norwalk

Committee Members Present:

X	Lenora Minor, Board Chair	X	Laura M. Wheeler, Second Vice Chair
X	Sandy Hovest, First Vice Chair	X	Ben Chaffee, Former Board Chair

Board Staff Present:

X	Kristen Cardone, Executive Director		Ashley Morrow, Community Engagement and Resource Manager
X	Cari Williamson, Office and Fiscal Manager		

Guests:

Discussion Items:

- Open Board Seat
 - Carol Anderson has resigned from the Board and Amber Striker's last Board meeting will be in November; there will be two open Board seats.
 - Kristen asked the committee members their opinion on revisiting Dayna Goodsite's application. Dayna was being considered as a Board member when there were prior seats open. She has been in recovery for the past 11 years, she lives in Willard, she works at Seacrest which bought out Praxis, and she is passionate about recovery and mental health. The person filling Amber's seat needs to be a person in recovery. Committee members were in favor of submitting Dayna's application to the Commissioners for approval.
 - Kristen will forward the application to the Commissioners.
 - Committee members discussed the second open Board seat. This seat can be anyone in the community. Some suggestions were someone in law enforcement, one of the Commissioners who is stepping down this year or Jamie Gfell who is a who is a licensed social worker at Bellevue City Schools and works with children aged 5-8 years old.
 - Kristen will reach out to the suggested people and is open to any other suggestions.
 - Committee members had no further questions or concerns about the open Board seats.
- Levy
 - Ben Chaffee shared that he spoke with Roland Tkach, Huron County Auditor, last week. The State's unofficial projected tax revenues are calculated, and Huron County will see a significantly higher increase than originally anticipated. This means that the Board could potentially request an increase of .25mill instead of .5mill for the levy and receive approximately the same amount of revenue. The question becomes does the Board want to alter the requested increase amount.

every three years. Additionally, there have been a lot of changes made in the Ohio Revised Code section 340, which governs Boards. In December, the Board will have a Culture of Quality review in which they will review all the policies and procedures to ensure they are up to date.

- Kristen reviewed the MHAS Policy Changes document while reviewing each section (Attachment II).
 - Most of the changes made to the policies were updated to align with current procedure and the updated ORC. Some of the language changes were pulled from the county's Policies and Procedures Manual (PPM). Some language changes were made to include all of behavioral health and reflect the full continuum of care.
 - Section 401.1 needed to be updated to reflect the current line items that were recently added for individual federal grants.
 - Add to the Policy Change document the updates to Section 504.10 and Section 504.13.
 - Lenora Minor shared she would give Board staff the EAP (Employee Assistance Program) information, which would work together with the Recovery Friendly Workplace policy that will be implemented.
- Kristen shared there will be one motion to approve all the updated policies, not each individual policy change.
- Committee members had no further questions or concerns. They were in favor of adding the motion to the board agenda.

Attachment I

Summary of Quarterly Reports

- **Catholic Charities – Adult Advocacy Services (p. 5)**
 - The Adult Advocacy Program provided guardianship to a total of 14 wards referred by the Huron Mental Health Board during this quarter. Catholic Charities has assisted a total of 39 wards in the Huron County Area.
 - Of the population served, 68% is over 60, 57% male and 43% female. Also, 85% of the individuals served are Caucasian, while the remaining 15% are African American.
- **Catholic Charities – Miriam House (p. 5)**
 - In the 1st Quarter of SF25, Miriam House served 22 clients. Of those, 10 were adults (18 and over) and 12 were children, ages 0-17 years. Of the adults, 7 had a mental health diagnosis and 5 were dual diagnosed with Substance Abuse.
 - Number of individuals who exited the program: 12
 - Of those who exited, the number who exited successfully (to permanent housing): 12
 - Residents arriving at Miriam House are demonstrating an increase in mental health diagnoses, especially within the youth population.
- **Connections Recovery Services (p. 7)**
 - 426 calls during the quarter
 - Out of the 88 crisis calls, public safety was able to leave the scene on 32 of the calls
 - 170 of the 426 calls were substance use related
- **Family and Children First Council (p. 9)**
 - 22 active cases
 - 15 families participated in Strengthening Families program
 - Began implementing Fear-Less Triple P parent program for youth with moderate to severe anxiety
 - Challenge around families with private insurance having high deductibles and are therefore unable to pay for behavioral health services and other supports.
 - **FCFC/Reach Our Youth**
 - Received 9 new mentor applications since last quarter
 - Hosted at least one group event per month
 - Successes
 - Provided school supplies for any child who requested them
 - Challenges
 - Multiple volunteers resigned
 - 77 on waitlist
 - **FCFC/Age Exchange**
 - All four Age Exchange sessions are ready to begin
 - 42 volunteers participating in the program weekly (36 women and 6 men)
- **Family Life Counseling (p. 18)**
 - Waitlist information
 - Childrens' Behavioral Health Center -- 31
 - Shady Lane Adult and SUD treatment – 8 MH and Family Therapy, 2 SUD
 - Staff Openings
 - Shady Lane Adult and SUD Treatment – 1 dual diagnosis clinician
 - Willard Office – 1 clinician, 1 support staff
 - Successes

- School based clinicians trained in 5 session SUD program to assist with students who get caught using substances
 - Started ‘Parents in Recovery Parenting Group’ on 10/7
 - Developing SUD group in Willard
 - Developing intervention options for young children with an attachment/behavioral focus
 - Men’s House of Hope is full
 - Challenges
 - School based team staffing challenges
 - Increase in individuals with history of trauma
 - Placements for youth who need inpatient stabilization
 - Need to find new office location for Norwalk
 - Need full time staff for Willard
 - Trends
 - Need for substance use services for youth in schools
 - Increase in referrals for Willard office
 - Increased demand for services for young children
- **Firelands Counseling and Recovery Services** (p. 25)
 - Waitlist: Average wait time from referral to assessment: 16 days
 - Average wait time from referral to first offered appointment: 11 days
 - Staff Openings: 1 Coordinator and 1 MH Therapist
 - Successes
 - Family Dependency Treatment Court graduation
 - Assisted client who was homeless
 - Able to schedule substance use clients for diagnostic assessment within one or two days
 - Challenges
 - Transportation continues to be a barrier, as is housing
 - Trends
 - Increase in youth who struggle with school attendance related to bullying, anxiety and depression
 - Increase in stimulant use and alcohol use.
 - Increased THC use among youth.
- **Huron County Juvenile Court** (p. 30)
 - Total clients served during quarter: 6
 - 0 new clients
 - 0 terminations
 - 1 graduation
 - Successes
 - Participants frequently use a taxi service and Huron County Transit through county resource funding and this has been very beneficial.
 - A participant regained temporary custody of her child.
 - One participant has obtained/maintained full-time employment during the quarter
 - Challenges
 - Lack of income
 - Availability (hours, routes) of transportation services
 - Trends
 - Five of the participants do not have a stable work history
- **Let’s Get Real** (p. 31)
 - 151 clients served
 - 2 open staff positions
 - Successes:

- Recovery Ride utilization continues to increase
 - More than half the inmates at the Huron County jail are requesting ongoing peer support. Let's Get Real is now in the jail four days a week instead of three.
 - Challenges
 - Have not received many warm handoff calls from local hospitals
 - Funding
 - Trends
 - Increase in walk in clients needing immediate assistance
 - LGR is receiving an increasing number of calls to provide services to people who do not live with a Substance Use Disorder. The number of calls for services to people with mental health issues is especially increasing.
- **NAMI Lorain**
 - Did not submit a report
- **NAMI Northwest**
 - Did not submit a report
- **OhioGuidestone (p. 33)**
 - Number served: 4
 - Number of family centered consultations: 4 families with 1 family centered consultation provided
 - Attended numerous meetings to connect with Huron County organizations throughout the quarter.
 - Successes:
 - Received classroom consultation referral for Norwalk City Schools.
 - Meeting scheduled for 10/31 to kick off services at Maplehurst.
 - Building relationships in Huron County.
- **Rigel Recovery Services/Oriana House (p. 34)**
 - Waiting List: average wait from referral to assessment is 3.86 business days
 - Staff Openings: 1 (clinician apprentice)
 - Average no show rate: 18.42%
 - Successes
 - Participated in several community events
 - Hosted recovery events
 - Clients able to attend sessions remotely because of tablets purchased with SOS funds
 - Successful audit on 9/30/24
 - Challenges
 - Clients struggle attending in person services due to lack of transportation
 - Coffee house continues to be closed due to limitations outside of their control
 - Trends
 - Increase in mental health clients
 - CNP continues to provide MH medication to clients, allowing for more access to services/stability

Attachment II

Huron County MHAS Board Policy Changes

***Table of contents for all sections will need updated once receive final revisions from Prosecutor.**

CHAPTER 1 **BOARD BY-LAWS/BOARD GOVERNANCE**

100 **Statutory History of the Board**

Added information about recent changes allowing Board size to be altered and date resolution passed by Commissioners, electing to keep Board size at 14 members.

101 **Powers and Duties**

Changed effective date for 340.03 to October 3, 2023. Updated entire section to align with ORC 340.03. Included most up to date language from ORC and changed order of items to align with ORC. Added in additional sections to cover all areas of ORC 340.03.

103 **Board Membership**

Updated Section list as it did not align with policies. Changed language in 103.1, 103.2, 103.6, 103.7, 103.8 to align with ORC.

104 **Meetings of the Board**

Changed language in 104.2 to align with ORC. Changed language in 104.4 to align with current Board procedures. Changed language in 104.10 for safety reasons.

105 **Committees**

Changed language in 105.1 and 105.3 to align with current Board procedures.

CHAPTER 2 **PERSONNEL POLICIES AND PROCEDURES**

200 **Introduction**

Added punctuation, revised language which was pulled from County's PPM in section 200.1. Revised Board authority to align with ORC and OACBHA Roles and Responsibilities training in section 200.2.

201 **Recruitment and Selection**

Updated language in 201.1 to align with County's PPM and updated language on pre-employment drug testing to include exception for prescribed medications. Updated language in 201.2 to align with County's PPM. Added section 201.3 to align with County's PPM.

202 **General Conditions of Employment**

Updated language in 202.5 to align with current procedures. Updated language in 202.7 to align with Ohio Ethics Law. Updated language in 202.10 to align with current procedures (2b, 4i), to align with language in other sections of PPM (3b), and to align with County's PPM (3c, 6). Updated language in 202.11 to align with current procedures/needs and added training requirements for staff per Culture of Quality. Updated language in 202.12 to align with ORC.

203 **Office Hours**

Updated language in 203.1 in response to recent eclipse which was not emergency but required closure. Removed antiquated language from 203.3 that does not align with current procedures.

205 **Benefits**

Changed language to align with County's PPM in section 205.1.

206 Leave

Section 206.1, 206.4, 206.5, 206.6 changed to align with County PPM.

207 Holidays and Vacations

Updated section 207.1, 207.2 to align with County PPM; included questions in 207.2 for Prosecutor requesting clarity on what to do with a few sections.

208 Expenses

Updated language in section 208.1 to align with the US General Services Administration per diem rates, added reference to another section of policies for receipts to ensure both sections align, updated staff title, and updated language to align with current procedures and laws. Updated section 208.2 to merge the County's credit card policy and the Board's internal procedures regarding credit card management and to include language regarding sales tax.

209 Ethics

Updated language in 209.1 to require annual mandatory ethics training for all staff. Updated language in 209.2 to align with County's PPM. Removed 209.3 as this is covered in new language in 209.2. Updated title of 209.5 and language in 209.5 to align with County's PPM and to include addition of recovery friendly workplace language.

216 Promotion, Demotion, Termination, Resignation

Updated language in 216.1 to align with ORC.

218 Acknowledgement of Receipt of Employment Policy Manual

Updated language in 218.1 to align with County's PPM.

220 Whistleblower Protection

Updated language in 220.1 to align with County's PPM.

CHAPTER 3 CONTINUOUS QUALITY IMPROVEMENT

300 Quality Assurance and Improvement Program

Removed language referencing ROSC throughout chapter as this is no longer utilized. Section 3: updated language to reflect new date for behavioral health handbook and updated language from handbook, updated ORC sections and language to align with current law, updated language to align with current procedures. Removed appendix items as ROSC no longer utilized and 300.3 cannot be found in Board's records.

CHAPTER 4 BOARD ADMINISTRATIVE & FISCAL OPERATIONS

400 Business Affiliations with County Offices and Board Business Rules

Section 400.1 updated by Huron County Prosecutor. Changed language in 400.2 to align with current procedures. Updated correct section of ORC in 400.3 and updated language to align with ORC 340.03(b). Changed title of staff in 400.4 to align with Board staff title and updated name of Committee. Changed language in 400.6 to align with current procedures. Section 400.8 shall remain the same for now, however, I will be seeking guidance from OhioMHAS (per Randy's suggestion) as the two sections of the OAC mentioned have both been rescinded. Changed language of 400.11 to align with current procedures.

401 Receipts, Deposits, Disbursements

Changed language in 401.1 to remove 'client repayment of HAP funds' as we do not have HAP funds and updated language to align with current procedures. Language changes in 401.2 to correct staff titles and to align with current procedures.

404 Board Office Supplies, Furniture, and Equipment

Language updated in 404.1 to remove crisis hotline and add 988. Changed language in 404.2 as the Board no longer pays additional fees for long-distance telephone calls or facsimile transmissions; also updated staff title. Changed word in 404.4 because if someone has to Google what it means, it probably shouldn't be used in policies.

405 Correspondences

Updated language in 405.1 to align with current procedures. Updated language in 405.2 to align with current procedures.

409 Records Management, Retention, and Disposition

Changed language in 409.4 to remove the option of using a flash drive for public records; per the recent technology safety training attended by all staff, use of flash drives is not recommended due to risk of virus transmission. Updated language in 409.5 to align with ORC.

410 Uniform Guidance

Added section to include policies from OACBHA which they recommend all Boards adopt.

CHAPTER 5 CONTRACT AUTHORITY

500 Purpose of Board Contract Policies

Updated sections of ORC to align with current law throughout the document. Added 'recovery' to support in all areas throughout the document.

501 Board Authority to Contract

501.1 removed outdated/incorrect language and replaced with updated language from ORC.

502 Contracting Process

Replaced outdated/incorrect language with updated language from ORC. 502.1 removed duplicate language. 502.1 changed 'will' to 'may' regarding RFP policy to align with recent legal ruling in Lucas County case. 502.2 removed abstinence goal language in Program section to align with current best practices. Updated language in Proposed Prevention Program section to align with OhioMHAS most recent prevention rule.

503 Board Implementation of Contracts

Updated to reflect current behavioral health handbook language.

504 Contract Terms

Updates made throughout section 504 to align with current behavioral health handbook and ORC. Updated language in 504.8, including removal of language that was deemed redundant per Lara (HR). Updated 504.9 to align with law. Updated 504.10 to align with the current Behavioral Health Handbook. Revised section 504.11 per input from Huron County prosecutor. Updated language in 504.12 to align with current procedures which are consistent with other Boards. 504.13 Updated language to align with ORC.

CHAPTER 6 BOARD HEALTH, SAFETY AND REASONABLE ACCOMODATIONS

600 Board Health and Safety Policy

Updated language to reflect current process/procedure as the Board no longer utilizes space in a County owned building and therefore does not have access to the County Maintenance Supervisor. Updated language in 600.1 Off Hour Response Plan to include notifying Board Chair. Added overdose as a Reportable Incident in 600.2. Updated language in 600.3 to reflect that the Board's office is handicap and wheelchair accessible. Revised language in 600.4 to remove visitors as being required to comply with Tobacco Use Policy. This change was made

due to the fact that the Board's office is shared with Let's Get Real and many of the individuals seeking services from LGR use tobacco products.

CHAPTER 7

CONFIDENTIALITY AND CLIENT RIGHTS

702 Client Rights and Grievances - HIPAA

Removed reference to section of OAC - no longer exists and we are unsure what it was referencing.

704 Client's Rights to Access

Removed section 704.2 as this information is already covered in 703.2.

706 Client's Right to Request Amendment

Updated Board's address in 706.4.

708 Facility Security

Removed 'CFO' from 708.2 as this position does not exist. Updated language to reflect that the Board no longer utilizes space in a County owned building. Removed language in 708.3 that allows for the installation of certain software applications without Executive Director approval. Updated section 708.6 to include secure email as approved format for sending PHI. In 'Limit Release' section of 708.6, added language that requires Executive Director to approve any release of PHI. Updated 'Electronic Mail' section of 708.6 to state that all emails sent by Board staff should include language regarding confidentiality (language was sent to Board staff by Randy). Also included language in 'Electronic Mail' section to require installation, and use, of encrypted email software for sending PHI.

709 Confidentiality/HIPAA Training

Updated language in 709.1 to require annual HIPAA training and to remove HIPAA pre and post test; this document was created by Board staff many years ago and Board staff should be completing an up to date training created by professionals.

700 Appendixes

Removed 709.1 as Board staff will be completing professional confidentiality training moving forward.