

# Governance Committee Meeting

**Meeting date:** Monday, November 2, 2020

**Meeting time:** 5:02pm – 6:28pm

**Meeting location:** <https://us02web.zoom.us/j/84628033899>

Meeting ID: 846 2803 3899

Passcode: 331036

By phone:

(929) 205-6099 US

Meeting ID: 846 2803 3899

Passcode: 331036

**Recorder:** Ashley Morrow

## Committee Members Present:

X	Katie Chieda, Board Chair	X	Ben Chaffee, Jr.
X	Lisa Hivnor, First Vice Chair	X	Mike White
X	Julie Landoll, Second Vice Chair	X	Ken Murray

## Board Staff Present:

X	Kristen Cardone, Executive Director	X	Ashley Morrow, Administrative Assistant
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## Discussion Items:

- Board Attendance Subcommittee
  - Ms. Cardone shared that some progress has been made regarding the Board Attendance Subcommittee but a few more details need to be finalized. A recommendation will be presented in February.
- Financial Update
  - Ms. Cardone shared that she had a conversation with Mr. Mircea Handru, the Huron County MHAS fiscal consultant from Sandusky, Seneca, and Wyandot Mental Health and Recovery Board (SWW), on Friday. Mr. Handru shared that there will be an increase in reporting and oversight requirements from Federal government on federal funds per his meeting with the Auditor of State on 10/29/20. The new reporting and oversight requirements will require a great deal more attention from Boards to ensure we are in compliance with federal requirements and based on what is being asked vs. what Boards are currently doing and a lot of changes will be required by MHAS. Mr. Handru recommends that either MHAS hires their own full-time fiscal person to manage the requirements or the Board will need to increase their contract with SSW for additional funding to account for the increased time that is needed.
    - Mr. Chaffee, Jr. stated he feels it would be better to increase funds currently being paid to SSW instead of hiring a separate fiscal person for the MHAS Board because SSW already has the knowledge and experience with Board funds and operations.
- Quarterly Reports (Email Attachment)
  - Ms. Cardone shared a quarterly update on current contracted agencies. She informed Committee members that the Age Exchange program is not operating but reaching out and keeping people

engaged. The Adult Advocacy Services (Guardianship Program) is at capacity and they will continue to assess the need and may need more funding in the future. Let's Get Real is working on the warm handoff with local hospitals and they are working on expanding the Quick Response Team (QRT). Ms. Cardone shared that the meeting with Family Dependency Court went well and they will include Let's Get Real services for clients. Ms. Cardone added she has had conversations with the jail and Let's Get Real and they are working on increasing peer services in the jail virtually for inmates. Finally, Ms. Cardone shared that Drug Free Clubs of America not currently operating.

- Proposal Discussion (Attachment I)
  - Ms. Cardone stated she updated the list of questions and concerns per Mr. Chaffee, Jr. and Dr. Mike White's recommendations and that is in Attachment I.
  - Ms. Cardone reminded committee members that responses to questions sent to Mr. and Mrs. Schwan for the recovery house proposal are due on Wednesday by noon so she can summarize and send them out with Committee agendas
  - Ms. Cardone shared that she recognizes the need for recovery housing is there, adding that the main issues of the proposal is the building and the location of the building. The building is not a good location and regardless of how much renovations are done, this will never be a good location for recovery housing. Ms. Cardone stated that it does not align with multiple best practices, the building is less than 500 feet from a school, and shares and interior wall with a bar. By funding this proposal, as submitted, using this location, the Board is setting clients up for failure and she cannot recommend that. Ms. Cardone added that there is also the issue of not approving expanded funding for current contracts yet considering this proposal. Ms. Cardone followed up by suggesting if Board members want to consider the proposal, the Board will need to also reconsider all the other proposals received for FY21 that requested additional funds, especially the men's recovery house in Willard, the House of Hope.
  - Ms. Cardone shared an update on the capital funds request submitted by the Board last year. Ms. Cardone spoke with Art Wills who is in charge of capital funding through OhioMHAS and he shared they hope to receive news and potential funding in January, they are just waiting for the legislature. Ms. Cardone reviewed the Board's capital requests and asked him to move recovery housing from priority #2 to #1. Ms. Cardone reminded Committee members they requested \$200,000 from state, the Board puts in \$50,000 and applicant puts in \$150,000 which the Board could revisit. However, the original request was for recovery housing for women and children which would also need updated for these funds to be utilized for the men's recovery house proposal.
  - Ms. Cardone shared an option on how to proceed for Committee members: Do not approve proposal as submitted and provide a letter of support for recovery housing in an appropriate location and agree to review that proposal once an appropriate location is identified. Potential add ons required: must meet with Ohio Recovery Housing prior to submission, must align with best practices, and must not be in a location that places and individual's recovery at risk.
    - Dr. Murray asked about the men's recovery house in Willard, House of Hope.
      - Ms. Cardone shared the House of Hope currently has 10 beds and they did ask for additional funding to expand to 14 beds, so if the Board decides to fund the recovery house in Bellevue, she suggests they also in all fairness revisit the House of Hope proposal again.
  - Dr. Murray stated they should have letters of support, including the Eagles and the school.
  - Ms. Hivnor recommended that Ms. Cardone to reach out to Bellevue's Mayor, Mr. Kevin Strecker, to gather input as well as Immaculate Conception.
    - Mr. Chaffee, Jr. offered to reach out to administration at the school. He also suggested reaching out to the Schwan's regarding the main critical foundational components; location to school, location to bar, building, etc.
  - Committee members agreed to not tie down any funding for the recovery house at this time.

- Board meeting format
  - Ms. Cardone reviewed Mr. Terry Boose' requests with Committee members regarding MHAS Board meetings which were his request to allow community to participate via video and to change the format of agenda with public comment at beginning of meeting.
  - Ms. Cardone shared that the Board is in complete compliance according to Mr. Randall Strickler on the legal side regarding how their Board meetings are operated.
    - Mr. Ben Chaffee, Jr. stated with the upgrade in software, Ms. Cardone is in more control which may reduce any future issues.
    - Committee members suggested not changing the policy which requires all community members to call in only.
  - Regarding the public comment's requests, Committee members agreed that whether comments are in the beginning or end, they must be managed and those speaking must be held to their time limit. In addition, it was suggested to review the list of rules at the beginning of public comments as a reminder to all attendees.
    - Committee members agreed to moving public comments to the beginning of the meeting as long as rules are enforced.
- FY21 Financial Discussion
  - Ms. Cardone shared that the FY21 Financial Discussion was an Agenda item that was added to October's Board meeting as requested in Program Committee but was not discussed.
  - Ms. Cardone reviewed topics for this discussion as documented in Committee meeting which were: where the Board is in the year financially, appropriate responses to inquiries about additional funding and does the Board have a stance on those topics and does the Board want to make a formal motion to address. Ms. Cardone suggested that if the Board chooses to agree to funding additional projects this year they must go back and revisit all applications that previously were not reviewed.
  - Ms. Cardone shared a potential motion with Mr. Randal Strickler's guidance that states: The MHAS Board will not fund any new applicants for the remainder of Fiscal Year 2021 unless there is a proven real and present need by one of our current contracted agencies or new funding becomes available.
    - Dr. White added that he thinks if that is what Mr. Randal Strickler suggests he agrees however he suggests eliminating the part about the current contracts.
  - Ms. Cardone again stated that if the Board agrees to fund additional projects, she suggests the Board goes back and revisits all old proposals. If the Board does not do that it doesn't look good for the Board and it can open the Board up for a potential lawsuit.
    - Ms. Chieda agrees that if the Board agrees to consider funding for the recovery house, they will have to revisit all proposals.
    - That is the recommendation to the Board. No motion needed.
- Building updates
  - Ms. Cardone shared that since there is no building committee, the Governance meeting will be the building committee.
  - Basement issue (Attachment II)
    - Ms. Cardone shared that the metal shelves have been removed and once they were removed it was identified that there is water coming through the block and the wall is bowed. The Board has received two quotes on how to fix it from Legends Contractor and Daniels Waterproofing.
    - Ms. Hivnor suggested requesting copies of all work Daniel's Waterproofing has done on the building to help make a more informed decision.
  - Signs for Let's Get Real
    - Ms. Cardone shared that Let's Get Real would like to put up a sign to direct clients to their entrance and is willing to pay for the signs.

- Ms. Hivnor said that is no problem but Let's Get Real will have to get a permit. She added that each property is allowed a certain number of signs and they may also need to get a variance. Ms. Cardone stated she will share that with Mr. Drew Riley and instruct him to call the zoning board to see if the property is able to add more signs.
    - Ms. Hivnor added the signs need to blend and be removable as well.
    - Committee members were in support of the signs
- EEO Plan from Commissioners (Attachment III)
  - No concerns regarding adopting the policy. Motion will be added to November Board meeting.
- Policies
  - Client Rights Policy (Attachment IV)
    - Committee members asked if there is a risk if the Board posts this and the agencies didn't meet it.
      - Ms. Cardone shared that the agencies should be able to meet the rights outlined but Ms. Cardone will check with Mr. Randall Strickler to identify any possible issues with the policy. The Committee members suggested Ms. Cardone ask Mr. Randall Strickler and other Boards how they handle their Client's Rights Policy and any potential issues they may have encountered as well as ask agencies what their clients rights policy to make sure everyone is on the same page.
        - Policy tabled and will discuss further in February
  - Public Records Policy (Attachment V)
    - Ms. Hivnor reviewed this policy and has some items to discuss with Ms. Cardone before it is approved.
  - Records Retention Schedule (Attachment VI)
    - Ms. Hivnor reviewed this policy and has some items to discuss with Ms. Cardone before it is approved.

## Attachment I – Proposal Discussion

### Comments about Proposal and Business Plan:

1. Did not submit a complete proposal as budget forms were not submitted. Emailed 10/15 in AM to request and still have not received.
2. Did not answer regarding evidenced-based practices under Core Features section.
3. Organizational description in proposal is lacking.
4. Amount listed in operational budget for utilities does not align with what was said during walkthrough
  - a. Average for gas and electric while operating as a bank (i.e. less than 50 hours per week) was stated to be \$1,800 per month. Will be significantly higher when used at full capacity 24/7 which will drastically change monthly operating budget.
5. Do not appear to have anyone on their Board that has experience with Recovery Housing or clinical background.
6. Onsite counselor is not permitted according to the State.
7. Recovery Homes should be in an actual house and look like a home, according to best practices. They should also be located in a residential neighborhood. Proposed location does not align with this and received feedback from Ohio Recovery Housing to confirm this location does not align with recommendations. This feedback was shared with applicants by two Boards.
8. Bar (Eagles) in the same building – they share “party wall” with this location. This is major relapse risk for individuals in early recovery and places them in a dangerous situation.
9. No outdoor space which is identified as being important in the Best Practices document and is needed.
10. Have multiple individuals on the Board who are related to one another which is not recommended.
11. We potentially would be placing recovering addicts in a location adjoining a bar and less than 0.1 miles away (approximately 400 feet) from a pre-school through 8<sup>th</sup> grade Catholic School. This seems to be a very precarious situation. Many addicts are suffering from co-morbidities including mental illness. It is concerning to place people in early recovery in close proximity to alcohol (Eagles) and children.
12. Up to 70% of recovering addicts will recidivate. A large percentage will most likely commit drug offenses at their recovery house. This opens them up to drug enhancement penalties due to the proximity of the school (within 1000 ft.) which will send them to prison. Our correction system is not properly set up to provide adequate services for a recovering addict. We will be hurting the very people we are trying to help which is very concerning.
13. It is stated most funding will be obtained through grants, which are very competitive and not guaranteed. Also, the operating budget does not reflect this statement.

### Questions about Proposal and Business Plan:

14. What experience do you have in operating a recovery home?
15. Please share, in writing, the response from SSW and Erie/Ottawa Board regarding this project.
16. Who in your organization/Board has experience operating a recovery home? Please detail that experience.
17. Staffing
  - a. Do you plan to have 24/7 staffing?
  - b. How many staff on site at one time?
  - c. What will be staff qualifications?
  - d. How do you anticipate handling issues (fights, relapse, medical concerns, etc.) if only one staff on site at a time?
18. Spiritual wellness

- a. What if the client is not Christian?
  - b. Is this a faith-based organization?
19. Please provide a list of what constitutes a violent crime.
  20. How long have you been a 501c3?
  21. What other programs and services has your organization been involved in?
  22. What is your history as an organization?
  23. How do you plan to bill for peer support services?
  24. Will you be receiving a portion of the money the counseling agency brings in for services provided?
  25. It states in the RFP that there will be “resident payments” and “resident monthly fees”. What is the difference? What are the amounts? What does it cover?
  26. How much is rent per client?
  27. At what point are clients permitted to obtain jobs?
  28. What if clients do not have jobs or are unable to pay? Will they be accepted?
  29. Are residents expected to work full time and participate in programs at house if so, what does that look like and how will they be able to work on their recovery if working full time?
  30. Define personal items the client is expected to pay for. What personal items will you be supplying for them?
  31. Are they expected to walk to the grocery without staff supervision? Have to pass quite a few bars to get there which could be a risk to an individual’s recovery.
  32. Why is Terry Boose no longer on the Board?
  33. Has an inspection been completed for the property? If not, when do you plan to do this?
  34. Has an appraisal been completed on the building? If not, when do you plan to do this?
  35. Is there increased liability insurance needed since share a wall with bar/restaurant?
  36. Who are you collaborating with for the programs?
    - a. The partners listed in RFP such as FTMC, county health departments etc. – have they already been contacted and offered support? If so, please provide proof of this support.
  37. Please provide proof of the city’s support and support of Immaculate Conception school.
  38. Stated you spoke with the city and “they” are “basically” in support of the project. Who is “they” and what does “basically” in support mean?
  39. The focus of the project is a recovery house for substance abuse but how will you address any and all mental health needs?
  40. Please provide details on how clients will be linked to resources as this portion of the proposal is lacking.
  41. Is there data to support the listed anticipated outcomes? If so, please provide.
  42. It states in the “Organization” section that the 501C3 “is being transferred, has that been completed?”
    - a. Please provide proof of 501c3
  43. Business plan states “residents can stay as long as needed”; who determines this? What is the longest possible length of stay? What is the plan for transitioning to independent living?
  44. What other sources of funding have you pursued?
  45. Risk assessment: did you already reach out to neighbors/community members and seek feedback regarding recovery house? If so, what neighbors and what was their response?
  46. Should procedures and standards already be in place before moving forward with purchasing a building and renovations?
  47. Anticipate renovations to cost close to \$600,000 which is extremely high. How will you pay for this? What if there is no state funding available? What happens if you cannot get funding for renovations?
  48. It was mentioned that if you are unable to come up with the funding needed for the project you would return the purchase price money back to the Board. How do you plan to do this if you have already purchased a building with those funds?

49. How was the need determined? Please provide data to support.
50. How did you decide on men?
51. What is the sustainability plan?
52. Do not believe renovation cost includes furniture – what is estimate on furniture cost?

## Attachment II - Basement Quotes

### Legends:

As far as the basement wall goes we were over there early last week to put a temporary fix on the downspout. I don't believe it's necessary to replace the block as long as you are ok with how it looks on the inside. I think we should just dig down, patch and coat the wall, then back fill with the correct stone. Grade the landscape so it isn't running towards the building, and reconnect the downspout. We will be at \$2,850 to do that. If you need a more formal quote let me know.

# DANIEL'S

# QUOTE

Since 1974

Daniels Waterproofing  
Wind Energy Resources LLC  
10407 Main Rd.  
Berlin Heights, Ohio 44814

INVOICE # 915  
NOVEMBER 5, 2020

CUSTOMER ID:  
21449

Phone (440)965-4332 Fax (440)965-4153

[Sabcv@aol.com](mailto:Sabcv@aol.com)

To Ms. Ashley Morrow  
Huron County board  
of mental health & addiction  
2 Oak St.  
Norwalk, Ohio 44857

Property location:  
2 Oak St.  
Norwalk, Ohio 44857

SALESPERSON	JOB	SHIPPING METHOD	SHIPPING TERMS	DELIVERY DATE	PAYMENT TERMS	DUE DATE
Chris Viviano	Interior drainage installation					

QTY	ITEM #	DESCRIPTION	UNIT PRICE	INSTALL	LINE TOTAL
		Interior south 11' x west 28'. Cut interior concrete basement floor approximatlet 12" width. Remove and haul cut concrete.			

	<p>Dig out next to footing to same depth as footing, haul away all interior dug soil. Install new 4" perforated PVC in same 11'x28' area.</p> <p>At end of the run install 1 molded structural sump crock. Install 1 3/4hp sump pump with 1 1/2" pvc discharge.</p> <p>Fill all interior trenches w#57 stone. Drill all concrete block bottom cores and line with 12" frp liner.</p> <p>Replace all trenched interior concrete to level.</p> <p>All clean up and hauling.</p> <p>All labor workmen's comp. hauling, pipe, and materials. Operator fee, insurance on operator included in cost. Warranty available to 10 years.</p> <p>VAL PAK INCENTIVE</p>		<p>TOTAL</p>	<p>\$8,425.00</p> <p>-\$325.00</p>
<p>THANK YOU FOR YOUR BUSINESS !</p> <p>DANIELS BASEMENT WATERPROOFING  WIND ENERGY RESOURCES LLC.  10407 MAIN RD.  BERLIN HEIGHTS, OHIO 44814  <b>440 965-4332 FAX 440 965-4153</b></p>			<p>TOTAL BAL.</p>	<p>\$8,100.00</p>

Attachment III

October 20, 2020

20-274

RESOLUTION

IN THE MATTER OF APPROVING THE HURON COUNTY EQUAL EMPLOYMENT OPPORTUNITY PLAN (EEOP)

Bruce Wilde moved the adoption of the following resolution:

WHEREAS, the Human Resource Office has presented an Equal Employment Opportunity Plan (EEOP) for review and approval; now therefore

BE IT RESOLVED, that the Board of Huron County Commissioners hereby approves the adoption of the Equal Employment Opportunity Plan (EEOP) as attached hereto and incorporated herein; and further

BE IT RESOLVED, that the foregoing Resolution was adopted and all actions and deliberations of the Board of Commissioners of the County of Huron, Ohio, relating thereto were conducted in meetings open to the public, in compliance with all applicable legal requirements, including Section 121.22 of the Ohio Revised Code.

Terry Boose seconded the motion. The roll being called upon its adoption, the vote resulted as follows:

<u>YES</u>	<u>Terry Boose</u> Terry Boose
<u>      </u>	<u>Absent</u> Joe Hintz
<u>YES</u>	<u>Bruce Wilde</u> Bruce Wilde

CERTIFICATION

I do hereby certify that the above is a true and correct copy of the resolution passed by the Board of Huron County Commissioners on 10/20/2020 and is recorded in the Commissioners Journal Volume 100.

Wickie Zembra  
Administrator/Clerk

**EQUAL EMPLOYMENT OPPORTUNITY PLAN (EEOP)  
FOR HURON COUNTY, OHIO**

**POLICY STATEMENT:**

The County is an Equal Opportunity Employer (EEO) and does not discriminate based on race, color, ancestry, religion, sex, age, national origin, disability, military status, genetic information, sexual orientation, or other unlawful bias except when such a factor constitutes a bona fide occupational qualification ("BFOQ"). All personnel decisions and practices including, but not limited to, hiring, suspensions, terminations, layoffs, demotions, promotions, transfers, and evaluations, shall be made without regard to the above listed categories. The County intends for all its policies to comply with federal and state equal employment opportunity principles and other related laws.

The County condemns and will not tolerate any conduct that intimidates, harasses, or otherwise discriminates against any employee or applicant for employment on the grounds listed above. Anyone who feels that their rights have been violated under this policy should submit a written complaint of discrimination to HR or their Appointing Authority if the Appointing Authority is not the alleged perpetrator. Each of these persons shall have the authority and responsibility to work with the office of the County Prosecutor to investigate and take appropriate action concerning the complaint.

Reports and details regarding an alleged EEO violation should be in writing, thorough, factual, in chronological order and signed by the person who is the complainant or another who is an observer of the incident. An appropriate investigation will be performed by the County's EEO officer. Late reporting of complaints will not, in and of itself, preclude the County from acting; however, so that a thorough and accurate investigation may be conducted, employees are encouraged to report complaints in an expedient manner following the harassing or offensive incident(s).

**EEO OFFICER DUTIES:**

The County commits to continuously maintaining the appointment of an EEO officer. The officer for the County is the Director of Human Resources/Loss Prevention/Revenue Enhancement. The EEO officer has the responsibility for effectively administering, promoting, communicating and evaluating the County's EEOP. The EEO officer will make recommendations, when needed, to address deficiencies in the EEOP.

**PLAN:**

The County is committed to ensuring that there not be any form of discrimination exhibited in any of its efforts in advertising, recruitment, hiring/placement, promotion/demotion/layoff/termination, compensation and during employment.

No person shall be discriminated against based on any form of protected class such as: race, color, ancestry, religion, sex, age, national origin, disability, military status, genetic information, or sexual orientation.

**OBJECTIVES:**

Understanding/Support:

To provide to elected officials, supervisors and/or department heads on an as needed basis - ongoing support, training, education and understanding of the County's responsibilities as they apply to EEO.

To provide fair, expeditious and impartial processing of any EEO complaint.

To provide a systematic approach for periodically evaluating the effectiveness of the County's EEOP.

### Recruitment:

Notify all representative sources of new employees that the County is an equal opportunity employer and will hire any qualified person without regard to race, color, ancestry, religion, sex, age, national origin, disability (unless the disability rises to the level of BFQQ), military status, genetic information, or sexual orientation.

Include "Equal Opportunity Employer/EEO" statement on all advertisement and job postings.

If elected officials, supervisors and/or department heads hire new employees **INDEPENDENT OF THE HR DEPARTMENT**, they must explore their recruiting sources/patterns to be certain they include those which represent minorities.

To attempt to increase the representation in the County work force of any protected group if it is underutilized.

Seek the support and assistance of other responsible and appropriate community agencies, such as schools, colleges, employment services, etc., to help provide qualified minorities.

Be sure that job requirements/position descriptions are relevant to the actual work to be performed and that they are applied equally to all job applicants.

### Skills, Utilization and Upward Mobility:

Provide opportunities equally to all employees to enhance their skills, perform at their highest potential, and advance in accordance with their abilities.

Review the job qualifications of lower level/lower paying positions to ensure equal opportunity for job upgrading according to standards and qualifications which are no higher and no lower than those for other employees.

### **DOCUMENTATION:**

All forms, advertisements, reports, notices, posters and related EEO material shall be disbursed with directions for handling offered by the EEO officer.

The EEO officer will also be responsible for evaluating and responding to the program both orally and in writing as directed by the Huron County government.

Use of the forms supplied by the Civil Rights Commission for annual reporting which includes employment posture, employment activity, and any supplementary forms that may be necessary to analyze the results of the EEOP.

The EEO officer will submit reports to required governmental entities as to the status of the EEOP.

### **COMPLIANT PROCEDURE:**

This procedure is established to provide due process standards for the prompt and equitable solution of complaints regarding EEO matters.

The right of a person to a prompt and equitable resolution of the complaint filed hereunder shall not be impaired by the person's pursuit of other remedies such as the filing of a complaint with the Ohio Civil Rights Commission. Use of this complaint procedure is not a prerequisite to the pursuit of other remedies.

Submit all complaints regarding this policy in writing or verbally to:

EEO Officer  
c/o Office of HR/LP/RE  
12 E. Main St., Suite 513  
Norwalk, OH 44857

The complaint should be filed within fifteen (15) calendar days after the complainant becomes aware of the alleged violation. Following is a brief description of the information (not all encompassing) that should be continued in the complaint.

Your discrimination complaint must contain the following:

- Your name, address, and telephone number
- A short description of the events that you believe were discriminatory (for example, you were terminated, demoted, harassed)
- Why you believe you were discriminated against (for example, because of your race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability, genetic information or retaliation)
- A short description of any injury you suffered
- Your signature

After a thorough investigation, a written decision by the EEO Officer will be rendered within fifteen (15) calendar days, with a copy of the complaint and decision maintained as a matter of record.

If the complaint cannot be resolved to the satisfaction of the complainant by the EEO Officer, the complainant may request reconsideration of the decision. This request for reconsideration should be made in writing within fifteen (15) calendar days after receipt of the answer from the EEO Officer, who will then forward the request to the Office of the County Prosecutor and said complaint to the EEO Committee which is composed of the County Administrator, County Human Resource Director, and two other County Department Heads or his/her designee. The complainant may verbally address the compliance committee prior to their issuing a decision. A written decision will be issued within thirty (30) calendar days.

If the decision rendered by the compliance committee is not to the satisfaction of the complainant, the complainant may request further reconsideration of the decision. This request for further reconsideration should be made in writing fifteen (15) calendar days after receipt of the answer from the EEO Committee. The complaint will then be set for hearing by the Board of County Commissioners. An open meeting of this governing board will precede the vote. A determination will be made within thirty (30) calendar days of the hearing, and the decision of this governing board will be final.

In the event the complainant is not satisfied, a complaint may be filed with the Ohio Civil Rights Commission:

OCRC – Cleveland Regional Office  
615 W. Superior Ave. #885  
Cleveland, OH 44113

Any complaint must be filed within six (6) months of the alleged EEO violation.

effective: 10-2020

## Attachment IV – Client Rights Policy

### Client's Rights and Grievance Policy and Procedure

#### Current

##### 504.9 SECTION 9:

##### CLIENT'S RIGHTS AND GRIEVANCE PROCEDURE

Section 5119.36 (1)(K) (i-iv), Revised Code, mandates that the Director of OhioMHAS adopt rules requiring all public or private agencies providing services or facilities under contract with MHAS Boards to have written policies addressing the rights of clients. Such written policies shall be submitted by contract providers or prospective contract providers to the Huron County Board of MHAS which will submit them to OhioMHAS for approval.

The rights of persons receiving behavioral health treatment services shall be contained in written policies of contract providers that include:

1. The right to a copy of the written policies addressing client rights;
2. The right at all times to be treated with consideration and respect for privacy and dignity;
3. The right to have access to one's own psychiatric, medical or other treatment records unless access is specifically restricted in the treatment plan for clear treatment reasons; and
4. The right to have a client rights officer, provided by the provider agency/organization or the Board of Mental Health and Addiction Services, to advise the individual of his/her rights, including the rights stipulated under Chapter 5122 of the Revised Code for clients committed to the provider or board.

Grievances are to be addressed as stated in the Board's state department-approved policies/procedures included in the 500 APPENDIX of the policies.

#### New

Policy: It is the policy of the Board to ensure that client rights will be protected through the development of a Client Rights procedure that provides for impartial resolution of grievances. It is the policy of the Board to assure that all staff members are informed of and are familiar with this client grievance policy. Each staff member shall sign an acknowledgement statement documenting that they have been oriented to these policies and procedures and have received such policies and procedures in written form. The signed acknowledgement shall become part of the staff person's personnel file. Each staff member shall be able to explain any and all aspects of the Client Rights and Grievance Procedure to a client or a parent/guardian, upon request.

##### CLIENT RIGHTS

- The right to be treated with consideration and respect for personal dignity, autonomy and privacy.
- The right to be informed and the right to refuse any unusual or hazardous procedures.
- The right to be informed of one's own condition, of proposed or current services, treatment, or therapies, and of the alternatives.
- The right to service in a humane setting which is the least restrictive feasible as defined in the treatment plan.

- The right to consent to or refuse any service, treatment or therapy upon full explanation of the expected consequences of such consent or refusal. A parent or legal guardian may consent to or refuse any service, treatment or therapy on behalf of a minor client.
- The right to a current, written, individualized service plan that addresses one's own mental health, physical health, social and economic needs and that specifies the provision of appropriate and adequate services, as available, either directly or by referral.
- The right to active and informed participation in the establishment, periodic review, and reassessment of the service plan.
- The right to freedom from unnecessary or excessive medication.
- The right to freedom from unnecessary restraint or seclusion.
- The right to participate in any appropriate and available agency service, regardless of refusal of one or more other services, treatments, or therapies or regardless of relapse from earlier treatment in that or another service, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client and written in the client's current service plan.
- The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, television, movies, or photographs.
- The right to have the opportunity to consult with independent treatment specialists or legal council; at one's own expense.
- The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client or legal guardian of a minor client or court appointed guardian of the person of an adult client.
- The right to have access to one's own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for that individual client for clear treatment reasons in the client's treatment plan. "Clear treatment reasons" shall be understood to mean only severe emotional damage to the client such that dangerous or self-injurious behavior is an imminent risk. The person restricting the information shall explain to the client and other persons authorized by the client the factual information about the individual client that necessitates the restriction. The restriction must be renewed at least annually to retain validity. Any person authorized by the client has unrestricted access to all information. Clients shall be informed in writing of agency policies and procedures for viewing or obtaining copies of personal records.
- The right to be informed in advance of the reason(s) for discontinuance of service provision and to be involved in planning for the consequences of that event.
- The right to receive an explanation of the reasons for denial of service.

- The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, developmental disability, or inability to pay.
- The right to know the cost of service.
- The right to be fully informed of all rights.
- The right to exercise any and all rights without reprisal in any form including continued and uncompromised access to service.
- The right to file a grievance.
- The right to have oral and written instruction, for filing a grievance.

Procedure:

1. Each contract agency of the Board is required to establish a client rights policy, which meets the requirements of Administrative Rule 5122-26-18
2. A copy of the policy is to be posted in a conspicuous location at each agency, and a copy of such policy is to be filed at the Board office. A copy of such policy will be made available to the community upon request.
3. A copy of the Client Rights Policy shall be distributed to each client or parent/guardian at the intake session or next subsequent appointment.
4. Each employee of a contract agency shall receive a copy of the Client Rights Policy and shall be able to explain any and all aspects of the Client Rights and Grievance Procedure to a client or parent/guardian, upon request.
5. In case of a crisis or emergency situation, the client or parent/guardian shall be verbally advised of at least the immediate pertinent rights including, but not limited to, the right to consent to or to refuse the offered treatment and the consequences of that agreement or refusal. A printed copy and full verbal explanation of the Client Rights Policy may be delayed until the next appropriate meeting.
6. Each contract agency of the Board shall ensure that a client or recipient of behavioral health services may receive a copy and explanation of the Client Rights Policy upon request.

Each contract agency of the Board is required to notify the Executive Director in writing within 24 hours of any verbal or written complaint alleging client right violation. The notification will include the action taken to resolve the complaint. The resolution of the grievance shall not exceed twenty (20) working days from the date of filing the grievance, unless a specific timeline is agreed to by all parties.

Should no satisfactory resolution of the grievance be reached at the agency level, the client or his/her representative may initiate a written complaint with the Client Rights officer designated by the Board following

notification of the results of the agency. Provisions for redress shall be made available to assist clients who cannot write or may have difficulty filing an appeal.

The Executive Director shall serve as the Board Client Rights Officer.

Executive Director

Huron County Board of Mental Health and Addiction Services

2 Oak Street

Norwalk, Ohio 44857

Phone: 419-681-6268

Grievances are to be addressed as stated in the 500 APPENDIX of the policies.

## **Attachment V – Public Records Policy**

### **Availability of Public Records Policy**

#### **Current**

#### **409.4 SECTION 4:**

##### **AVAILABILITY OF PUBLIC RECORDS**

It is the policy of the Board that openness leads to a better informed citizenry, which leads to better government and better public policy. It is the policy of this office to strictly adhere to the state’s Public Records Act.

Section 149.43 of the ORC provides that all public records shall be open, at reasonable times, for inspection. All public records shall be prepared and made available within a reasonable period of time for inspection to any person during regular business hours. Upon request, a person responsible for public records shall make copies available at cost, within a reasonable period of time.

“Reasonable” takes into account the volume of records requested; the proximity of the location where the records are stored; and the necessity for any legal review of the records requested. In order to enhance the ability to identify requested records, the Board may ask for the request in writing, although the requestor shall be advised that a request in writing is not mandatory.

Public notice shall be displayed in the Board office with its policy regarding availability of public records and the cost of those records if paper copies are requested or required.

#### **New**

##### **I. POLICY**

It is the policy of the Board to maintain public records as defined by Revised Code, Sections 149.011 and 149.43 in such a manner as required by State and Federal law. The Board will make available to any member of the general public all public records except those determined to be exempt under, R.C. 149.43 and 149.433 pursuant to State and Federal law.

##### **II. DEFINITIONS**

A “record” is defined to include the following: a document in any format – paper, electronic (including but not limited to, business e-mail) – that is created, received by, or comes under the jurisdiction of the Huron County Board of Mental Health and Addiction Services that documents the organization, functions, policies, decisions, procedures, operations, or other activities of the Huron County Board of Mental Health and Addiction Services (MHAS).

A “public record” is a “record” that is being kept by this office at the time a public records request is made, subject to applicable exceptions from disclosure under Ohio or federal law. All public records must be organized and maintained in such a way that they can be made available for inspection and copying.

##### **III. PROCEDURE**

1. Public records, as defined by Revised Code Sections 149.011 and 149.43 but subject to exemptions under R.C. 149.43 and 149.433, are to be available for inspection during regular business hours. Public records must be made available for inspection promptly.
2. Requests to review public records are made to the Executive Director or shall be forwarded to the Executive Director by other Board staff.

3. Copies of public records must be made available within a reasonable period of time. "Prompt" and "reasonable" take into account the volume of records requested; the proximity of the location where the records are stored; the necessity of any legal review and redaction; and other facts and circumstances of the records requested.
4. Generally, all requests for public records should be acknowledged in writing or, if feasible, satisfied within ten business days following the office's receipt of the request.
5. Those seeking public records may be charged only the actual cost of making copies, not labor. The charge for paper copies is five (5) cents per page, to be paid by either cash, money order, or cashier's check. For information to be mailed, MHAS will charge at the current rate set by the United States Postal Services all costs incurred. Payment must be paid prior to the release of public records. Checks are to be made payable to MHAS. If electronic documents are requested, the requester must provide MHAS with a new, unopened flash drive and there is no charge for electronic documents provided in this manner. There is no charge for e-mailed documents.
6. The requester does not need to identify him/herself or to explain the intended use of any requested public document. MHAS cannot deny access due to a requester's refusal to answer these questions.
7. No specific language is required to make a request for public records. However, the requester must at least identify the records requested with sufficient clarity to allow MHAS to identify, retrieve, and review the records. In processing the request, MHAS does not have an obligation to create new records or perform a search or research for information in MHAS's records.
8. An electronic record is deemed to exist so long as a computer is already programmed to produce the record through MHAS's standard use of sorting, filtering, or querying features.
9. Records in the form of e-mail, text messaging, and instant messaging, including those sent and received via a hand-held communication device, are to be treated in the same fashion as records in other formats, such as paper or audiotape.
10. If the requester makes an ambiguous or overly broad request or has difficulty in making a request such that MHAS cannot reasonably identify what public records are being requested, the request may be denied, but MHAS must then provide the requester an opportunity to revise the request by informing the requester of the manner in which records are maintained and accessed by MHAS.
11. If MHAS withholds, redacts, or otherwise denies requested records, it must provide an explanation, including legal authority, for the denial(s). If the initial request was made in writing, the explanation must also be in writing. If some portions of a record are public and other portions are exempt, the exempt portions may be redacted and the rest must be released. When making public records available for public inspection or copying, MHAS shall notify the requester of any redaction or make the redaction plainly visible.
12. The public office shall distribute the public records policy adopted by the public office under this division to the employee of the public office who is the records custodian or records manager or otherwise has custody of the records of that office. The public office shall require that employee to acknowledge receipt of the copy of the public records policy.
13. The public office shall create a poster that describes its public records policy and shall post the poster in a conspicuous place in the public office and in all locations where the public office has branch offices.
14. The public office may post its public records policy on the internet web site of the public office if the public office maintains an internet web site.
15. A public office that has established a manual or handbook of its general policies and procedures for all employees of the public office shall include the public records policy of the public office in the manual or handbook.

## Attachment VI

### SCHEDULE OF RECORDS RETENTION AND DISPOSITION SHEET

#### Huron County Board of Mental Health and Addiction Services

(1) Schedule Number	(2) Record Title and Description	(3) Retention Period *RC-3 Required by OHS	(4) Type of Record	(4) Media Type	<i>to!</i> For use by Auditor of State or LGRP	(6) RC-3 Required by LGRP
mhas-01-01	Advertisements for Vacant Position	Six months after position filled	Administrative	Electronic		
mhas-01-02	Annual Client Grievances and Complaints Report	Two years after complaint is resolved & two years after audit	Administrative	Electronic		
mhas-01-03	Applications & Resumes for Employment	Six months after position filled	Administrative	Electronic		
mhas-01-04	Board Committee Meeting Agenda & Minutes	Five years and after Fiscal & Compliance Audit	Administrative	Paper & Electronic		
mhas-01-05	Board Office Manual	Permanent	Administrative	Electronic		
mhas-01-06	Civil Commitments	Seven years provided audited	Administrative	Electronic		
mhas-01-07	Executive Correspondence (s)	Two years	Administrative	Electronic		
mhas-01-08	Facsimile Log	Until no longer of administrative value	Administrative	Paper & Electronic		
mhas-01-09	Forensic Monitoring	Seven years provided audited	Administrative	Electronic		
mhas-01-10	General Correspondence (s)	One year	Administrative	Electronic		
mhas-01-11	Incident Reports (Staff/Board Members/Visitors)	Until no longer of administrative value	Administrative	Electronic		
mhas-01-12	Interview Evaluations Forms and Records	Six months after position filled	Administrative	Electronic		
mhas-01-13	Inventory and Depreciation Schedule	Five years provided audited	Administrative	Electronic		
mhas-01-14	Lease Agreement	Seven years provided audited	Administrative	Electronic		
mhas-01-15	Levy Campaign Materials	Two years	Administrative	Electronic		
mhas-01-16	Levy Planning Committee Minutes	Two years	Administrative	Electronic		
mhas-01-17	Ohio MHAS Program Reports: Forensic, Gambling, Title XX.	3 years after SAR Review	Administrative	Electronic		
mhas-01-18	Provider Peer Review Audit	Two years after State & Ohio MHAS Audit	Administrative	Electronic		
mhas-01-19	Provider Reports: Program, Outcomes, quality assurance, etc	Seven years provided audited	Administrative	Electronic		
mhas-01-20	Public Records Request	Two years beyond request & information provided	Administrative	Electronic		
mhas-01-23	Transient Records (voicemail, telephone message slips, post-it notes)	Until no longer of administrative value	Administrative	Paper & Electronic		
mhas-01-24	Board Employee/Personnel Files	Seven years after termination	Administrative	Paper & Electronic		
mhas-02-01	Cash Receipts	Seven years provided audited	Fiscal	Electronic		
mhas-02-02	Claim Files	Seven years provided audited	Fiscal	Electronic		
mhas-02-03	Contracts (all)	Seven years provided audited	Fiscal	Electronic		
mhas-02-04	End of the Month Fiscal Reports	Seven years provided audited	Fiscal	Electronic		
mhas-02-05	Funding Requests (received and/or disbursed)	Seven years provided audited	Fiscal	Electronic		
mhas-02-06	Grant Awards and Accompanying Reports	Seven years provided audited	Fiscal	Electronic		
mhas-02-07	Journal of Expenses and Revenues	Seven years provided audited	Fiscal	Electronic		
mhas-02-08	Ohio MHAS 040 Fiscal Report- Actual	Seven years provided audited	Fiscal	Electronic		
mhas-02-09	Ohio MHAS 040 Budget	Seven years provided audited	Fiscal	Electronic		
mhas-02-10	Ohio MHAS Allocation Guidelines	Two years after released. Available through Ohio MHAS	Fiscal	Electronic		
mhas-02-11	Ohio MHAS Fiscal Reports: Forensic, Title XX, Gambling	Seven years provided audited	Fiscal	Electronic		

mhas-02-12	Provider Fiscal & Audit Reports	Seven years provided audited	Fiscal	Electronic		
mhas-02-13	Purchase Orders/Requisitions (all)	Seven years provided audited	Fiscal	Electronic		
mhas-02-14	Vouchers/Invoices (all)	Seven years provided audited	Fiscal	Electronic		
mhas-03-01	Board Annual Reports	Permanent *	Historical	Electronic		
mhas-03-02	Board Audit Reports	Permanent *	Historical	Electronic		

mhas-03-03	Board By-laws	Permanent *	Historical	Electronic		
mhas-03-04	Board Meeting Minutes, Agendas, Motions and Resolutions	Permanent *	Historical	Paper & Electronic		
mhas-03-05	Board Member Appointment/ Oath of Office	Permanent *	Historical	Paper & Electronic		
mhas-03-06	Board Member Roster and Committee Designation	Permanent *	Historical	Electronic		
mhas-03-07	Board Policies & Procedures	Permanent *	Historical	Paper & Electronic		
mhas-03-08	Board Strategic Plan	Permanent	Historical	Electronic		
mhas-03-09	Capital Projects	Permanent * or three years after property is sold	Historical	Paper & Electronic		
mhas-03-10	Community Plan	Permanent *	Historical	Paper & Electronic		
mhas-03-11	Ohio <i>MHAS</i> Compliance ( <i>SAR</i> ) Review	Permanent *	Historical	Electronic		
mhas-03-12	Public Records Commission documents	Permanent *	Historical	Electronic		
mhas-03-13	Salary Worksheets	Permanent *	Historical	Electronic		
mhas-04-01	Insurance policies: includes health, life, D&O, Bond and Commercial	five years after expiration of policy, provided all claims settled	Legal	Electronic		
mhas-04-02	Legal Opinions	Permanent *	Legal	Paper & Electronic		
mhas-04-03	Litigations involving <i>MHAS</i> Board	Permanent *	Legal	Paper & Electronic		

• updated May June 2020