

BOARD OF DIRECTORS' MEETING

Minutes of March 29, 2011 Meeting
(FINAL, approved April 26, 2011)

Board Members Present: Dawn R. Jones, Governance Chair; Kevin K. Crum, Vice Governance Chair; David E. Martin, Secretary; Reneé L. Greene, Rose Juriga, Gordon Keaton, Linda L. Marcum, Patrick A. McGown, David J. Peter, M.D., Valerie Riedthaler, Ph.D., Susan Baker Ross, Esq., Jules F. Sauvageot, Robert C. Schwartz, Ph.D., Christine Yuhasz.

Board Members Absent: Phillip J. Montgomery (excused)

ADM Board Staff Present: Gerald A. Craig, Interim Executive Director; Joanne Arndt, Thomas Leffler, Mark R. Munetz, M.D., Mary Alice Sonnhalter, Jackie Steward, Fran Rudell, Benjamin Wilson

Other Interested Parties Present: Rev. Byron Arledge, Pastoral Counseling Service; Carol Bowes, Summit County Health District, Chris Richardson, Oriana House, Inc.; Ed Stanford, Interval Brotherhood Home; Darryl Brake, Summit County Community Partnership; Fred Frese, Ph.D., Recovery Project; Sheila White, Choices; Michael Irby

I. Call to Order:

Governance Chair (hereafter referred to as "Chair") Dawn Jones called the meeting to order at 5:33 p.m.

II. Attendance and Roll Call

Having knowledge of Board member excused absences, Ms. Jones noted member attendance and acknowledged the presence of Michael Irby, former Board member. Mr. Irby was presented with a recognition plaque and extended appreciation for his service and leadership.

III. Approve Agenda

Ms. Jones instructed the Board to review the agenda for approval as submitted as well as to suggest items to be added to the agenda.

The Board reviewed and approved the agenda as presented.

IV. Pre-approved Actions Agenda

A. Approval of Minutes

Chair Jones directed attention to the minutes of the February 22, 2011, Board Meeting. After review,

A MOTION was made by Christine Yuhasz, and SECONDED by Gordon Keaton,

To approve the Minutes of the February 22, 2011, Board Meeting, as presented.

VOTE: Yes – All

RESOLUTION: 03-11-01

B. Comments from the Public

Chris Richardson, Oriana House, Inc., thanked the Board for approving replacement of the fire alarm enunciator panel at Oriana House.

V. Ownership Linkage & Accountability

A. Chair's Report

Chair Jones reported that Janice Mercier Wade, Ph.D, Akron- UMADOP son passed away unexpectedly and extended to her the sympathy of the Board.

Ms. Jones also acknowledged that Board member Phillip Montgomery had been appointed to fill the unexpired term of Ward 8 of the city council.

B. Ad hoc Policy Governance® Committee report

Committee Chairperson Dawn Jones reported on policy redrafts and acknowledged that the Board is challenged with establishing strategic goals and future planning. To assist in that planning, committee member Rose Juriga presented a draft letter which will be sent to the ADM's network of service providers' executive directors and chief executive officers. The letter extends an invitation to each provider to attend a future Board meeting to give a five (5) minute presentation on trends being seen in their areas of treatment.

Chair added that Policy Governance consultant Eric Craymer will phone conference with the committee to facilitate the discussion on future planning.

Ms. Jones reported that the committee aligned dates of the Board Process: Global Governance Commitment policies to be consistent with the Executive Limitation policies and reporting dates on the monitoring schedule.

It was reported that the committee also discussed the process for appointing Board members to committees. Ms. Jones stated that she had made assignments for the present committees, and the need for committees to schedule initial meetings, if only to elect a committee chair at this time.

C. Training/Recruitment Work Session report

Chair Patrick McGown thanked Board members Linda Marcum, Valerie Reidthaler and Jules Sauvageot for their participation in the training work session. Mr. McGown presented a proposed budget of approximately \$12,000 for Board training, which included membership in the International Policy Governance Association (IPGA), various sessions with consultant Eric Craymer, the Board's annual planning retreat and new member training, and subscription to the IPGA newsletter for all board members and two ADM Board staff. He further explained requirements and benefits of IPGA membership and recoupment of initial cost via discounted savings to members.

Mr. Leffler interjected that \$10,000 was forecasted for Board expenses in 2011 and that approximately \$ 4,500 has been allocated.

Mr. McGown clarified that proposed training/recruitment budget is for next fiscal year.

Ms. Riedthaler also explained that the proposed budget was comprehensive and not limited to training in only Policy Governance.

After discussion on the proposed budget, Board members agreed that additional information is needed before the budget could be adopted.

D. Review Policy 3.5, “Board Officers and Elections”

Chair Jones directed Board to a review of Policy 3.5. Although Board agreed term limits needed to be set for officers, questions were raised about notations for inclusion of other positions and discussion ensued regarding feasibility since there are specific term limitations imposed on Board members. Various possibilities were discussed with the Board recommending a return of Policy 3.5 to committee for review at their April 15th meeting.

E. Prospective Board Members

i Blakeslee Resolution

Susan Baker Ross reported that she would need to seek additional clarification related to Dr. Dustin Blakeslee’s application for Board membership and the concern of a possible conflict of interest as a contract employee with Blick Clinic. Ms. Ross added that she will consult with Summit County Prosecutor Marvin Evans for an opinion and the possibility to have Attorney Evans request an Ohio Attorney General opinion.

ii. Discussion of Board vacancies

Chair Jones acknowledged that the Board must develop a procedure for filling vacancies, to include a recruitment process. She requested the Board consider possibilities and decide if it wants to refer to the ad hoc governance committee for development.

F. Review Policy 3.4, “Agenda Planning” - Tabled due to time constraints

VI. Assurance of Successful CEO Performance

A. Receipt of Monitoring Reports

The monitoring report summary responses for each policy were provided to Board members for review. Chairperson Jones acknowledged receiving five (5) responses, and encouraged members to respond. Jerry Craig offered ADM Board staff support for technical assistance as it relates to the survey tool.

i. Policy 2.5, “Financial Condition and Activities”

With no questions presented,

A MOTION was made by Rose Juriga, and SECONDED by Valerie Riedthaler,

That the documentation presented shows compliance with Policy 2.5, “Financial Condition and Activities,” as presented by Jerry Craig.

VOTE: Yes – All

RESOLUTION: 03-11-02

ii. Policy 2.1, “Treatment of Consumers”

No questions presented, therefore,

A MOTION was made by David Martin, and SECONDED by Christine Yuhasz,

That the documentation presented shows compliance with Policy 2.1, “Treatment of Consumers/Clients,” as presented by Jerry Craig.

VOTE: Yes – All

RESOLUTION: 03-11-03

iii. Policy 2.7, “Ends Focus of Contracts”

Mr. Craig provided explanation of terminology in 2.7, item 1, “let a grant...” After sufficient clarification,

A MOTION was made by Dawn Jones, and SECONDED by David Peter,

That the documentation presented shows compliance with Policy 2.7, “Ends Focus of Contracts,” as presented by Jerry Craig.

VOTE: Yes – All

RESOLUTION: 03-11-04

iv. Policy 2.12, “Provider Contract Decisions”

Mr. Craig explained the noncompliance designation for items 2.12, items 2 a.) and 2 b.). After discussion,

A MOTION was made by Dawn Jones, and SECONDED by Christine Yuhasz,

That Policy 2.12, “Provider Contract Decisions,” be found not in compliance with the Monitoring Report, and recommendation made that Policy 2.12 be rescheduled for review in October.

VOTE: Yes – All

RESOLUTION: 03-11-05

v. Policy 2.11, “Treatment of Contracted Providers”

Mr. Craig reported that this policy was being revisited from February Board meeting. He contacted the provider to follow up on a report of dissatisfaction and determined it was based on misinterpretation of those questions on the survey by providing agency. Another concern was addressed by adding a declaration. After clarification,

A MOTION was made by David Martin, and SECONDED by Valerie Reidthaler,

That the documentation presented shows compliance with Policy 2.11, “Treatment of contracted Providers,” as presented by Jerry Craig.

VOTE: Yes – All

RESOLUTION: 03-11-06

B. New Operational Concerns

Chair Jones again reminded Board members of their obligation to review the monitoring reports and to reply to the surveys. After discussion it was decided that Mr. Craig will acknowledge receipt to Board members upon submission of their survey responses and provide training to any Board member that would find it useful.

C. Review Policies 3.0, 3.1 and 3.2

i. Policy 3.0, “Global Governance Commitment”

Chair Jones requested Board review of the policy. No changes recommended by the Board.

Approved as submitted.

ii. Policy 3.1, “Governing Style”

Chair Jones requested Board review of the policy. Several items were discussed as needing changing or amending. Policy was returned to the ad hoc Governance Policy committee for review at the April 15th meeting.

iii. Policy 3.2, “Board Job Description”

Chair Jones requested Board review of the policy. No changes recommended by the Board.

Approved as submitted.

VII. Levy Committee

Interim Executive Director Jerry Craig presented information on the 2007 levy priorities. He explained how they were developed. Mr. Craig outlined the challenges leading to our next levy cycle. He concluded the presentation with a proposed delineation of roles for the Board of Directors, Levy subcommittee, ADM support committee and ADM board staff.

VIII. Announcements

Mr. Craig reported on the progress of the crisis services redesign meetings and explained that eight core principles have been identified as areas in which improvement is needed and that the focus has been on integration. He stated that lengthy discussion has taken place with stakeholders in the system that have expressed concerns about the redesign.

Ms. Jones initiated a discussion about Portage Path Behavioral Health Services’ decision to change operation and services after the third week of each month. Board members questioned the change and asked for clarification. Mr. Craig explained how the agency had been managing their caseloads and the change in operations. He added that he met with Portage Path to discuss the changes and requested a proposal to better understand the funding needed to reinstate services to meet the demand.

No other announcements.

IX. Ad hoc Executive Search Committee report

In Committee chair Phillip Montgomery’s absence, Susan Baker Ross reported on the Executive Search Committee’s progress. She explained the process used to determine candidates and stated that 56 applications had been received. Of the 56 applicants, 14 met the first level of criteria and from that 14, five (5) were recommended to the Board for final consideration. Of the five (5) recommended candidates, one withdrew for personal reasons and another due to the notice of the ADM’s obligation to adhere to the Public Records Act. Ms. Ross mentioned the March 17th *Akron Beacon Journal* article on the Executive Director search, which listed the finalist names.

Board members discussed next steps to be taken in selection process. After an extended discussion,

A MOTION was made by Dawn Jones, and SECONDED by Valerie Riedthaler, Ph.D.

That the ADM Board of Directors enter into Executive session to consider the employment and final selection process for the appointment of a public employee.

Ms. Jones called roll for the executive session:

ROLL CALL VOTE:

Reneé L. Greene – Yes	David J. Peter, M.D. – Yes	Patrick McGown – Yes
Linda L. Marcum – Yes	Gordon Keaton – Yes	Rose Juriga – Yes
Kevin K. Crum – Yes	Dawn R. Jones – Yes	David E. Martin – Yes
Valerie Riedthaler, Ph.D. – Yes	Susan Baker Ross – Yes	Jules F. Sauvageot – Yes
Robert C. Schwartz, Ph.D. – Yes	Christine C. Yuhasz – Yes	

RESOLUTION: 03-11-07

The regular meeting was adjourned to executive session at 7:33 PM.

The Board returned to open session at 8:25 PM.

Chair Jones called for any questions or comments, at which time

A MOTION was made by Susan Baker Ross, and SECONDED by Kevin Crum,

That the Board offer the position of Executive Director to Gerald A. Craig, subject to the Board's ability to work out a mutually agreeable contract for that position.

Chair Jones called for any discussion. None presented.

VOTE: YES – 13, NO – 1 (David E. Martin)

RESOLUTION: 03-11-08

X. Adjournment

There being no further business to come before the Board, Chair Jones adjourned the meeting at 8:30 PM.

- XI. Next Meeting Scheduled: April 26, 2011 – 5:30 PM to 7:30 PM**
Akron Metropolitan Housing Authority Multi-Purpose Room
100 West Cedar Street, Akron, Ohio 44307

**Minutes
as approved at April 26, 2011
Board Meeting**

s/ _____
David E. Martin, Secretary

**COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND
MENTAL HEALTH SERVICES (ADM) BOARD**

MONITORING REPORT

Executive Limitations Policy 2.1 Treatment of Consumers/Clients

This is my monitoring report on your Executive Limitations policy Treatment of Consumers/Clients presented in accordance with your monitoring schedule. I certify that the information contained in this report is true.



Gerald A. Craig, Interim Executive Director

3/15/11
Date

POLICY WORDING

1. The executive director may not allow contracted service providers or ADM Board staff to disregard individual consumer choice and cultural sensitivity with regard to (but not limited to) gender, race, age, disability, nationality and/or gender identity.

EXECUTIVE DIRECTOR INTERPRETATION

“Consumer choice” is interpreted to mean allowing for choice when more than one viable option for treatment is available. Cultural sensitivity is interpreted to mean that services will be either modified or provided in a manner that is appropriate to all clients, irrespective of factors including client’s gender or gender identity, race, age, disability, or nationality.

Compliance will be demonstrated when:

- a) Complaints about choice are resolved to the satisfaction of the consumer and the Board ombudsman.
- b) Results of the completed consumer satisfaction surveys demonstrate cultural sensitivity
- c) Complaints will be tracked and used to determine if further training will be a condition of consideration for a Board contract
- d) The ADM audit will verify the presence of client input and informed consent.
- e) The ADM Board’s budget application will require submission of each agency’s policy on cultural competence.

DATA

- a) The ADM Board client rights report shows the nature of complaints and their resolution.
- b) The attached consumer satisfaction surveys demonstrate an 87% satisfaction rating with how well consumers feel cultural sensitivity is addressed in treatment.
- c) The attached client rights reports demonstrate there was one complaint related to cultural sensitivity, which was resolved with an explanation.
- d) Data from the calendar year 2010 compliance audit shows that there is a rate of compliance over 90% with consent for treatment – available for direct inspection.
- e) Data from the calendar year 2010 compliance audit shows that there is a rate of compliance over 90% with consumer participation in service planning – available for direct inspection.
- f) The budget application checklist is attached, and contains a requirement that the applicant agency submit their policy on cultural competency.

I REPORT COMPLIANCE

POLICY WORDING

2. The executive director may not allow contracted service providers or ADM Board staff to cause consumers/clients to be confused about expectations for any service provided.

EXECUTIVE DIRECTOR INTERPRETATION

Cause to be confused about expectations means that service providers or ADM Board staff clearly and respectfully communicates with consumers / client about what to expect during their course of treatment.

Compliance will be demonstrated when:

- a) A signed informed consent form is present in each audited clinical record.
- b) Individualized Services Plans will be completed with client or guardian input.
- c) The report generated by the Client Rights Coordinator demonstrates that complaints involving service expectations not being met are resolved.

DATA

- a) The 2010 audit summary demonstrates that an informed consent form, signed by the recipient of services, was present in at least 90% of audited clinical records – available for direct inspection.
- b) The 2010 audit summary demonstrates that service plans are developed with input for consumers and/or guardians, and signed by the recipient of services at a rate of at least 90% compliance – available for direct inspection.
- c) The 2010 semi-annual and annual report generated by the Client Rights Coordinator displays the number of complaints involving service expectations, and their resolution.

I REPORT COMPLIANCE

POLICY WORDING

3. The executive director may not allow contracted service providers to intentionally inhibit service delivery.

EXECUTIVE DIRECTOR INTERPRETATION

Inhibit service delivery is interpreted to mean that no unnecessary physical or bureaucratic barriers are placed in the way of people seeking services

Compliance will be demonstrated when:

- a) There are either no complaints of physical or bureaucratic barriers being placed in the way of people seeking services, or that such complaints are satisfactorily resolved.
- b) Data collected from strategic planning activities will identify areas for focus and action.
- c) Complaints from community agencies or consumers are investigated and addressed in an appropriate fashion.

DATA

- a) The 2010 semi-annual report generated by the Client Rights Coordinator shows that there were six such complaints in the last half of 2010, and the resolution of each.

- b) Data collected from the April 2010 strategic planning session are attached. Initiatives from this include- i) joint funding of DD/MH clients in crisis ii) MH/CJ Forum to address treatment in lieu of criminalization; iii) development of a process to manage the wait list for AoD residential treatment; iv) crisis services redesign process currently in place.
- c) Several complaints from community agencies have been fielded by ADM Board staff regarding access to services due to funding shortfalls to meet growing demand for services, especially medication assisted treatment and adult counseling. ADM Board staff is currently working with providers to generate wait lists and effectively communicate options for treatment.

I REPORT COMPLIANCE

POLICY WORDING

- 4. The executive director may not allow contracted service providers or ADM Board staff to elicit information for which there is no clear necessity.

EXECUTIVE DIRECTOR INTERPRETATION

Elicit information for which there is no clear necessity is interpreted to mean that requests information from consumer/clients is limited to what is necessary for treatment and / or required by regulators. Further, client information is appropriately safeguarded in compliance with all State and Federal laws.

Compliance will be demonstrated when:

- a) Any substantiated report or complaint of staff or a provider breaching confidentiality laws are addressed in an appropriate fashion by the CEO.
- b) ADM Staff work to address confidentiality limitations and permitted use of confidential information.

DATA

- a) The 2010 semi-annual report generated by the Client Rights Coordinator displays the number of complaints involving information-sharing, and their resolution.
- b) A consultant, John Petrila was brought into Summit County to address information sharing in the interest of increasing continuity of care.

I REPORT COMPLIANCE

POLICY WORDING

- 5. The Executive Director may not cause or allow contracted service providers or ADM Board staff to cause or allow conditions, procedures, decisions or services which are unsafe, undignified, inappropriate, or unnecessarily intrusive for consumers or those applying to be consumers.

EXECUTIVE DIRECTOR INTERPRETATION

“May not cause or allow” is interpreted to mean that the executive director has in place a mechanism to monitor, investigate, and resolve complaints about any of the conditions as identified or defined from the perspective of clients or their families, or other affected community members.

COMPLIANCE WILL BE DEMONSTRATED WHEN:

- a) All of the limitations outlined above are in substantial compliance.

I REPORT COMPLIANCE

**COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND
MENTAL HEALTH SERVICES (ADM) BOARD**

MONITORING REPORT

Executive limitations Policy 2.5 Financial Condition and Activities
For the Period Ending: January 31, 2011

This is my monitoring report on your Executive Limitations policy Financial Condition and Activities, presented in accordance with your monitoring schedule. I certify that the information contained in this report is true.

Gerald A. Craig, Interim Executive Director

Date

This report will monitor the above referenced policy starting at its more detailed provisions and ending with the global provision.

POLICY WORDING

1. The Executive Director shall not spend more funds than are available in the fiscal year.

EXECUTIVE DIRECTOR INTERPRETATION

Spend is interpreted to mean accrued operational expenditures. Spend more funds than are available is interpreted to mean that accrued operational expenditures may not exceed the total of accrued revenues recorded in the fiscal year plus the fund balance from the prior fiscal year. Fund balance is further interpreted to be the difference between the total assets and total liabilities, identified in the attached Consolidated Balance Sheet as Total Equity – Fund Balance.

Compliance will be demonstrated when current and former Financial Statements covering this fiscal year demonstrate that total revenues plus any fund balance from the previous year are greater than total expenses for the preceding monitoring period.

DATA

During the first month of 2011, total accrued revenue was \$7,835,099 (a) with total accrued expense of \$7,381,444 (b). The resulting revenue in excess of expenditures \$453,655 (c) increased the fund balance from the prior fiscal year from \$24,611,707 to \$25,065,362 (d). The current financial statement is attached.

I REPORT COMPLIANCE

POLICY WORDING

2. The Executive Director shall not indebt the organization for ADM Board administrative operations in an amount greater than can be repaid by certain, otherwise unencumbered revenues within 60 days.

EXECUTIVE DIRECTOR INTERPRETATION

**COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND
MENTAL HEALTH SERVICES (ADM) BOARD**

MONITORING REPORT

Executive limitations Policy 2.5 Financial Condition and Activities

For the Period Ending: January 31, 2011

Shall not indebted the organization in an amount greater than can be repaid within 60 days is interpreted to mean that the Executive Director may not create an obligation for budgeted expenditures that cannot be paid within 60 calendar days of the date of the indebtedness being incurred. Certain, otherwise unencumbered revenues is interpreted to mean funds that are not already obligated for other purposes. ADM Board administrative operations is interpreted to mean all budgeted operational expenses of the ADM Board, to include salaries; fringe benefits; building/equipment rent and utilities; administrative contract personnel; equipment purchase and maintenance; insurance; supplies and postage; telephone, travel, training and seminars and other operating expenses. ADM Board administrative operations are interpreted not to include mental health and addiction provider contract expenses or capital expenses. Repaid is interpreted to mean the expenditure of funds by check to satisfy a debt. Certain revenues are interpreted to mean cash received and deposited in the Summit County treasury or cash reasonably expected to be received prior to the debt coming due. Unencumbered revenues are interpreted to mean cash receipts that do not have a claim against them.

Compliance will be demonstrated when an accounting report generated for any period indicates that all ADM Board administrative obligations for which an accurate invoice or claim were received have been paid in the form of a check issued by the Summit County Fiscal Office within 60 calendar days of indebtedness being incurred. The report will provide the number of invoices processed and the number of invoices paid within 60 calendar days of the invoice date.

DATA

An accounting report for the period 1/1 – 1/31/2011 was produced indicating that all ADM Board administrative obligations for which a complete and accurate invoice or claim were received have been paid within 60 calendar days of invoice receipt. The report is attached.

I REPORT COMPLIANCE

POLICY WORDING

3. The Executive Director shall not allow contractual payments to exceed 30 days.

EXECUTIVE DIRECTOR INTERPRETATION

Contractual payments are interpreted to mean any debt incurred as a result of a fully executed contract for which the goods or services specified in the contract have been provided. Shall not allow contractual payments to exceed 30 days is interpreted to mean that contractual payments will be issued by the Summit County Fiscal Office in the form of a check within 30 calendar days for all contractual obligations for which a complete and accurate invoice or remittance advice (MACSIS claims) have been received.

**COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND
MENTAL HEALTH SERVICES (ADM) BOARD**

MONITORING REPORT

Executive limitations Policy 2.5 Financial Condition and Activities

For the Period Ending: January 31, 2011

Compliance will be demonstrated when an accounting report generated for any period indicates that all agency contractual obligations for which an accurate invoice or claim were received have been paid in the form of a check issued by the Summit County Fiscal Office within 30 calendar days of invoice receipt. The report will provide the number of invoices processed and the number of invoices paid within 30 calendar days of the invoice date.

DATA

An accounting report for the period 1/1 – 1/31/2011 was produced indicating that all agency contractual obligations for which a complete and accurate invoice or remittance advice (MACSIS claims) were received have been paid within 30 calendar days of invoice receipt. The report is attached.

I REPORT COMPLIANCE

POLICY WORDING

4. The Executive Director shall not use or shift any Board restricted reserves.

EXECUTIVE DIRECTOR INTERPRETATION

Board restricted reserves is interpreted as a capital reserve account or reserve balance account established by the Board pursuant to Rev. Code §5705.221. Shall not use or shift any Board restricted reserves is interpreted to mean that restrictive reserves created as a result of a Board resolution may not be expended or moved to other categories of revenue without the Board authorizing said expenditure or shifting.

Compliance will be demonstrated when existing (if any) Board restricted reserves are shown to be used only for the purpose for which they are restricted.

DATA

There are no Board restricted reserves established. The current balance sheet is attached.

I REPORT COMPLIANCE

POLICY WORDING

5. The Executive Director shall not allow payroll obligations to be unsettled or untimely.

EXECUTIVE DIRECTOR INTERPRETATION

**COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND
MENTAL HEALTH SERVICES (ADM) BOARD**

MONITORING REPORT

Executive limitations Policy 2.5 Financial Condition and Activities

For the Period Ending: January 31, 2011

Payroll obligations are interpreted to mean all wages, salaries, payroll taxes and fringe benefits payments that are due to employees of the Board, including but not limited to wages, workers compensation premiums, health and life insurance premiums, Medicare payments, Public Employees Retirement System payments and Unemployment Compensation. Unsettled is interpreted to mean unpaid or not maintained with the funds required. Untimely is interpreted to mean wages and salaries that are not paid within the week after the bi-weekly pay period when the work has been performed and documented by the employee through the time and attendance system or the obligation is not paid in accordance with contractual or legal requirements.

Compliance will be demonstrated when a Budget Status report (a) produced by the County of Summit shows that payroll obligations are met. A pay period report (b) will be produced to show payment within five days of the pay period ending. Delayed payments for salary adjustments will have sufficient documentation to demonstrate that the delay was based on prudence, not negligence.

DATA

- A. All payroll obligations have been paid by the County of Summit as indicated on the attached Budget Status report.
- B. Direct deposits or paychecks are issued within five days after the pay period closes. A report of the pay periods and payment dates is attached.

I REPORT COMPLIANCE

POLICY WORDING

- 6. The Executive Director shall not allow tax payments or other government ordered payments or filings to be overdue or inaccurately filed.

EXECUTIVE DIRECTOR INTERPRETATION

Tax payment is interpreted to mean assessments paid on Board owned property. As a public entity, the Board is exempt from most tax payments. Government ordered payments is interpreted to mean payments requested by local (e.g., Summit County Board of Elections), state (e.g., Ohio Department of Mental Health or Ohio Department of Alcohol & Drug Addiction Services) or federal (e.g., Substance Abuse and Mental Health Services Administration) government. Filing is interpreted to mean fiscal reports that must be filed with various governmental agencies, primarily the Ohio Department of Mental Health and Ohio Department of Alcohol and Drug Addiction Services. To be overdue is interpreted to mean fiscal reports that are past due according to the schedule established (including any valid extensions that may be granted) by the governmental

**COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND
MENTAL HEALTH SERVICES (ADM) BOARD**

MONITORING REPORT

Executive limitations Policy 2.5 Financial Condition and Activities

For the Period Ending: January 31, 2011

agencies requiring the reports. Inaccurately filed is interpreted to mean that the payments or reports have material errors or are materially incomplete.

Compliance will be demonstrated via a report of assessments (a) and other government ordered payments (b) indicating the invoice date, due date and check issued date show that obligations are met in a timely fashion. A listing of financial reporting required during the period (c) indicating the report required, due date and submission date to show that filing has occurred within requirements.

DATA

- A. The report of local assessment invoices is attached.
- B. The report of government ordered payments is attached.
- C. The report of financial reporting filed is attached.

I REPORT COMPLIANCE

POLICY WORDING

- 7. The Executive Director shall not make a single purchase or commitment for non-routine ADM Board administrative expenses of greater than 15% of the non-payroll and facility budget. Splitting orders to avoid this limit is not acceptable.

EXECUTIVE DIRECTOR INTERPRETATION

A single purchase is interpreted to mean goods or services purchased from a single requisition or purchase order. A single commitment is interpreted to mean a signed agreement or contract to purchase goods or services. Non-routine ADM Board administrative expenses is interpreted to mean expenses that are not routinely paid on a schedule basis (e.g., weekly, monthly, quarterly, annually) from the ADM Board administration budget. Greater than 15% of the non-payroll and facility budget is interpreted to mean 15% of the difference between the total ADM Board administrative budget and the budget for wages and salaries, fringe benefits, facility leases, utilities and building security.

Compliance will be demonstrated via a report of all invoices paid indicating only single commitments that exceeded the threshold for the year.

DATA

For 2011 this calculation is $\$2,818,865 - \$2,476,735 = \$342,130 \times 15\% = \$51,319$.

**COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND
MENTAL HEALTH SERVICES (ADM) BOARD**

MONITORING REPORT

**Executive limitations Policy 2.5 Financial Condition and Activities
For the Period Ending: January 31, 2011**

Attached is a report for the period 1/1 – 1/31/2011 that indicated there were no single commitments exceeding the threshold.

I REPORT COMPLIANCE

POLICY WORDING

8. The Executive Director shall not acquire, encumber or dispose of real property.

EXECUTIVE DIRECTOR INTERPRETATION

Acquire, encumber or dispose of real property is interpreted to mean any transaction involving real property (land and buildings) on behalf of the ADM Board.

Compliance will be demonstrated via a report of ADM owned real property based on Summit County tax records comparing the current inventory of real property to the prior year end inventory of real property.

DATA

No real property has been acquired or disposed. The inventory of real property is attached.

I REPORT COMPLIANCE

POLICY WORDING

9. The Executive Director shall not allow receivables to go uncollected beyond a reasonable period of time without aggressively pursuing their collection.

EXECUTIVE DIRECTOR INTERPRETATION

Receivable is interpreted to mean cash, goods, or services owed to the ADM Board by an individual or organization. Go uncollected beyond a reasonable period of time is interpreted to mean beyond 90 calendar days without a payment. Aggressively pursuing their collection is interpreted to mean various legal methods used to force the debtor to pay their obligation. (e.g. attachment of property, garnishment of salary, seeking court action).

Compliance will be demonstrated via a report of the balance sheet detailed accounts receivable where payments have not been made within 90 calendar days.

**COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND
MENTAL HEALTH SERVICES (ADM) BOARD**

MONITORING REPORT

Executive limitations Policy 2.5 Financial Condition and Activities

For the Period Ending: January 31, 2011

DATA

A report of accounts receivable indicating the last payment posting date is attached. All are prior to 90 calendar days.

I REPORT COMPLIANCE

POLICY WORDING

The Executive Director shall not cause or allow the development of fiscal jeopardy or a material deviation of actual expenditures from board priorities established in Ends policies with respect to the actual, ongoing financial condition and activities.

EXECUTIVE DIRECTOR INTERPRETATION

Fiscal jeopardy is interpreted to mean putting the ADM board at risk or exposure to being unable to meet financial obligations for the current fiscal year and throughout the levy cycle. Material deviation of actual expenditures from Board priorities established in Ends policies means greater than 10% in dollar amounts (more than \$300,000) without offsetting revenue or fund balance.

Compliance will be demonstrated with a report of projected cash flow (a) over the levy cycle indicates that the cash balance at the end of the levy cycle is at least sixty days of operating expense and a report of expenditures are aligned with Board priorities (b).

DATA:

- A. The cash flow projection report is attached.**
- B. The Board has not established priorities in its Global Ends Policy, so there can be no such report generated at this time.**

I REPORT COMPLIANCE

County of Summit
Alcohol, Drug Addiction and Mental Health Services Board

Consolidated Statement of Income and Expense
Period Ending: January 31, 2011

	January 2011	Activity YTD	Budget YTD	Variance	January 2010	Prior YTD Actual 2010	Budget - Annual 2011
Revenue							
County Levy	\$3,189,342	\$3,189,342	\$3,189,342	\$0	\$3,192,902	\$3,192,902	\$38,272,102
Federal Medicaid	2,695,994	2,695,994	1,919,791	776,203	2,300,385	2,300,385	23,037,486
Federal ODADAS	284,886	284,886	284,885	1	288,417	288,417	3,418,616
Federal ODMH	97,013	97,013	81,869	15,144	69,986	69,986	982,427
Federal Other	72,264	72,264	30,113	42,151	29,646	29,646	361,356
Local Non-Levy	52,381	52,381	57,809	-5,428	45,793	45,793	693,708
State ODADAS	442,329	442,329	138,130	304,199	149,713	149,713	1,657,557
State ODMH	1,000,890	1,000,890	854,744	146,146	1,155,214	1,155,214	10,256,932
Total Revenue	\$7,835,099	\$7,835,099 a	\$6,556,683	\$1,278,416	\$7,232,056	\$7,232,056	\$78,680,184
Expenditures							
Administration - Board	\$183,630	183,630	234,905	-\$51,275	\$182,383	182,383	\$2,818,865
Akron Community Development Assn.	\$0	0	7,833	-\$7,833	\$0	0	\$94,000
Akron Health Department	-20	-20	0	-20	69,442	69,442	0
Akron UMADAOP	122,791	122,791	108,798	13,993	111,831	111,831	1,305,578
Blick Clinic	170,201	170,201	145,960	24,241	156,501	156,501	1,751,515
Child Guidance & Family Solutions	813,409	813,409	785,001	28,408	846,662	846,662	9,420,007
Choices	22,798	22,798	22,798	0	22,798	22,798	273,579
Community Health Center	634,413	634,413	539,174	95,239	582,642	582,642	6,470,090
Community Support Network Summit	0	0	0	0	16,856	16,856	0
Community Support Services	1,516,017	1,516,017	1,282,988	233,029	1,186,590	1,186,590	15,395,857
East Akron Community House	4,313	4,313	4,313	0	4,313	4,313	51,761
Edwin Shaw Rehab	53,875	53,875	49,536	4,339	35,233	35,233	594,430
Interval Brotherhood Home	243,833	243,833	243,833	0	303,365	303,365	2,925,999
Mature Services	68,189	68,189	54,139	14,050	64,488	64,488	649,668
Medicaid Only Contracts	1,075,426	1,075,426	905,025	170,401	835,625	835,625	10,860,295
Medicaid Out of County	522,927	522,927	448,532	74,395	440,674	440,674	5,382,388
Non-Medicaid Out of County	0	0	3,970	-3,970	2,965	2,965	47,636
Oriana House	481,870	481,870	269,673	212,197	488,609	488,609	3,236,081
Other Programs and Professional Allocations	131,754	131,754	318,823	-187,069	83,024	83,024	3,825,872
Portage Path Behavioral Health	1,044,822	1,044,822	847,275	197,547	957,323	957,323	10,167,300
Psycho-Diagnostic Clinic	31,709	31,709	31,709	0	96,103	96,103	380,509
Summit County Health District	65,588	65,588	67,613	-2,025	0	0	811,360
Summit County Sheriff DARE	7,242	7,242	7,242	0	21,725	21,725	86,900
Summit Psychological Associates	109,913	109,913	70,559	39,354	74,352	74,352	846,708
Tarry House	76,744	76,744	76,744	0	87,479	87,479	920,933
Total Expenditures	\$7,381,444	\$7,381,444 b	\$6,526,443	\$855,001	\$6,670,983	\$6,670,983	\$78,317,331
Revenue in Excess (Deficit) of Expenditures		\$453,655 c				\$561,073	\$362,853
Fund Balance at Prior Year End		\$24,611,707				\$12,709,984	
Fund Balance Year to Date		\$25,065,362 d				\$13,271,057	

Monitoring Report: Executive Limitation Financial Condition Report of Administrative Operations 2.5.2

Starting Date: 1/1/2011

Ending Date: 1/31/2011

<u>Month</u>	<u>Month Name</u>	<u>Year</u>	<u>CheckNum</u>	<u>Check Date</u>	<u>Vendor Name</u>	<u>Amount</u>	<u>Invoice Count</u>	<u>Description</u>
Total by Category					Building/Equipment Rent & Utilities	31,014.03	9	
Total by Category					Contract Personnel	8,630.00	4	
Total by Category					Equipment Purchase & Maintenance	2,032.28	5	
Total by Category					Insurance	600.70	1	
Total by Category					Other Operating Expenses	625.00	1	
Total by Category					Supplies and Postage	1,635.48	6	
Total by Category					Telephone	589.34	1	
Total by Category					Travel, Training & Seminars	1,103.69	9	
Total for Period						<u>\$46,230.52</u>	<u>34</u>	

Number of Unduplicated Checks **32**

Number of Payments within 60 days of invoice date 34

Number of Payments Greater than 60 days of invoice date 0

Monitoring Report: Executive Limitation Financial Condition Report of Contractual Payments 2.5.3

Starting Date: 1/1/2011

Ending Date: 1/31/2011

<u>Month</u>	<u>Month Name</u>	<u>Year</u>	<u>CheckNum</u>	<u>Check Date</u>	<u>Vendor Name</u>	<u>Amount</u>	<u>VendInv</u>	<u>Description</u>
Total by Vendor					ABC CLIO, LLC	38.48	1	
Total by Vendor					AKRON COMMUNITY DEVELOPMENT ASSN., INC.	16,014.40	3	
Total by Vendor					AKRON UMADAOP INC	170,082.20	2	
Total by Vendor					ALTERNATIVE PATHS INC.	242.67	1	
Total by Vendor					APPLEWOOD CENTERS INC	957.48	2	
Total by Vendor					AREA 51 CONSULTING	120.00	1	
Total by Vendor					ASIAN SERVICES IN ACTION INC.	8,391.25	1	
Total by Vendor					AT&T ADVERTISING	42.00	1	
Total by Vendor					BARBERTON HERALD	840.00	4	
Total by Vendor					BEECH BROOK FAMILY CENTER	40,523.31	2	
Total by Vendor					BELLEFAIRE JEWISH CHILDREN'S BUREAU	12,549.63	2	
Total by Vendor					BEREA CHILDREN'S HOME	29,029.24	2	

Monitoring Report: Executive Limitation Financial Condition Report of Contractual Payments 2.5.3

Starting Date: 1/1/2011

Ending Date: 1/31/2011

<u>Month</u>	<u>Month Name</u>	<u>Year</u>	<u>CheckNum</u>	<u>Check Date</u>	<u>Vendor Name</u>	<u>Amount</u>	<u>VendInv</u>	<u>Description</u>
Total by Vendor					BHC BELMONT PINES HOSPITAL	4,395.39	2	
Total by Vendor					BHC FOX RUN HOSPITAL, INC.	2,740.33	1	
Total by Vendor					BLICK CLINIC INC.	84,189.23	2	
Total by Vendor					CENTER FOR BEHAVIORAL HEALTH, INC.	345.88	2	
Total by Vendor					CENTER FOR FAMILIES AND CHILDREN	153.26	1	
Total by Vendor					CENTURY HEALTH	356.53	1	
Total by Vendor					CHILD AND ADOLESCENT BEHAVIORAL HEALTH	4,228.43	2	
Total by Vendor					CHILD GUIDANCE & FAMILY SOLUTIONS	395,128.33	1	
Total by Vendor					CHILDREN'S HOSPITAL MEDICAL CENTER	33,862.67	3	
Total by Vendor					CHOICES	22,798.25	1	
Total by Vendor					CHRISTIAN CHILDREN'S HOME OF OHIO	3,267.30	2	
Total by Vendor					CHURCHILL COUNSELING SERVICES	157.50	1	

Monitoring Report: Executive Limitation Financial Condition Report of Contractual Payments 2.5.3

Starting Date: 1/1/2011

Ending Date: 1/31/2011

<u>Month</u>	<u>Month Name</u>	<u>Year</u>	<u>CheckNum</u>	<u>Check Date</u>	<u>Vendor Name</u>	<u>Amount</u>	<u>VendInv</u>	<u>Description</u>
Total by Vendor					CITY OF AKRON (HEALTH DEPT.)	55,829.66	1	
Total by Vendor					CLEAR CHANNEL BROADCASTING	1,999.00	1	
Total by Vendor					CLEVELAND CHRISTIAN HOME	22,543.71	2	
Total by Vendor					COLEMAN PROFESSIONAL CENTER	55,886.85	4	
Total by Vendor					COLUMBIANA COUNTY MENTAL HEALTH CENTER	210.88	1	
Total by Vendor					COMMUNITY ASSESSMENT FOUNDATION	140.51	1	
Total by Vendor					COMMUNITY BEHAVIORAL HEALTH CENTER	2,024.06	1	
Total by Vendor					COMMUNITY HEALTH CENTER	375,471.02	2	
Total by Vendor					COMMUNITY MENTAL HEALTH CARE INC.	63.26	1	
Total by Vendor					COMMUNITY MENTAL HEALTH CENTER OF WARREN	90.00	1	
Total by Vendor					COMMUNITY SERVICES OF STARK COUNTY	1,503.66	2	
Total by Vendor					COMMUNITY SUPPORT SERVICES	1,237,074.23	9	

Monitoring Report: Executive Limitation Financial Condition Report of Contractual Payments 2.5.3

Starting Date: 1/1/2011

Ending Date: 1/31/2011

<u>Month</u>	<u>Month Name</u>	<u>Year</u>	<u>CheckNum</u>	<u>Check Date</u>	<u>Vendor Name</u>	<u>Amount</u>	<u>VendInv</u>	<u>Description</u>
Total by Vendor					COUNSELING CENTER OF WAYNE & HOLMES	243.99	2	
Total by Vendor					CRISIS INTERVENTION CENTER	735.48	2	
Total by Vendor					CYO AND COMMUNITY SERVICES	4,411.71	2	
Total by Vendor					D&E COUNSELING CENTER	807.60	1	
Total by Vendor					DATA CORE CONSULTING	516.00	1	
Total by Vendor					DIAMOND PHARMACY SERVICES	34,634.87	1	
Total by Vendor					DUBLIN COUNSELING CENTER	477.45	2	
Total by Vendor					EAST AKRON COMMUNITY HOUSE	28,455.76	1	
Total by Vendor					EDWIN SHAW REHAB	13,879.87	3	
Total by Vendor					FAMILY AND COMMUNITY SERVICES OF PORTAGE	333.99	1	
Total by Vendor					FIRELANDS COUNSELING AND RECOVERY SERVIC	643.23	1	
Total by Vendor					GREENLEAF FAMILY CENTER	28,918.46	8	

Monitoring Report: Executive Limitation Financial Condition Report of Contractual Payments 2.5.3

Starting Date: 1/1/2011

Ending Date: 1/31/2011

<u>Month</u>	<u>Month Name</u>	<u>Year</u>	<u>CheckNum</u>	<u>Check Date</u>	<u>Vendor Name</u>	<u>Amount</u>	<u>VendInv</u>	<u>Description</u>
Total by Vendor					HARBOR BEHAVIORAL HEALTHCARE	2,110.64	2	
Total by Vendor					HEALTH RECOVERY SERVICES, INC.	7,751.46	1	
Total by Vendor					HOMES FOR KIDS OF OHIO INC.	1,253.25	2	
Total by Vendor					ILLINOIS MENTOR	2,903.31	2	
Total by Vendor					INTERNATIONAL INSTITUTE OF AKRON INC.	351.00	5	
Total by Vendor					INTERVAL BROTHERHOOD HOME	248,120.00	1	
Total by Vendor					JEFFERSON BEHAVIORAL HEALTH SYSTEM	1,895.70	1	
Total by Vendor					JEWISH FAMILY SERVICE ASSOC.	954.50	2	
Total by Vendor					KASTNER, WESTMAN & WILKINS	1,027.00	1	
Total by Vendor					KEYSTONE RICHLAND CENTER, LLC	13,219.51	2	
Total by Vendor					KLEIN'S PHARMACY	263.99	1	
Total by Vendor					L&H HOME CARE	4,142.75	1	

Monitoring Report: Executive Limitation Financial Condition Report of Contractual Payments 2.5.3

Starting Date: 1/1/2011

Ending Date: 1/31/2011

<u>Month</u>	<u>Month Name</u>	<u>Year</u>	<u>CheckNum</u>	<u>Check Date</u>	<u>Vendor Name</u>	<u>Amount</u>	<u>VendInv</u>	<u>Description</u>
Total by Vendor					LABORATORY CORPORATION OF AMERICA	571.00	1	
Total by Vendor					LAURELWOOD HOSPITAL & COUNSELING CTR	1,078.84	3	
Total by Vendor					LIBERTY CENTER CONNECTIONS	434.15	1	
Total by Vendor					LIGHTHOUSE PROMOTIONS	1,172.64	1	
Total by Vendor					LUTHERAN SOCIAL SERVICES	207.98	1	
Total by Vendor					MAHAJAN THERAPEUTICS, LLC	587.00	2	
Total by Vendor					MATURE SERVICES	45,125.55	3	
Total by Vendor					MENTAL HEALTH & RECOVERY SERVICES	131.37	1	
Total by Vendor					MENTAL HEALTH OF AMERICA - SUMMIT	13,500.00	1	
Total by Vendor					MENTAL HEALTH SERVICES FOR HOMELESS	427.39	1	
Total by Vendor					MENTAL HEALTH SERVICES OF CLARK CTY	276.07	1	
Total by Vendor					MERIDIAN SERVICES INC.	12,706.30	2	

Monitoring Report: Executive Limitation Financial Condition Report of Contractual Payments 2.5.3

Starting Date: 1/1/2011

Ending Date: 1/31/2011

<u>Month</u>	<u>Month Name</u>	<u>Year</u>	<u>CheckNum</u>	<u>Check Date</u>	<u>Vendor Name</u>	<u>Amount</u>	<u>VendInv</u>	<u>Description</u>
Total by Vendor					METROHEALTH SYSTEM	129.99	1	
Total by Vendor					MID-OHIO PSYCHOLOGICAL SERVICES, INC.	355.98	1	
Total by Vendor					MUZAK LLC	74.00	1	
Total by Vendor					NATIONAL YOUTH ADVOCATE PROGRAM, INC.	1,045.17	2	
Total by Vendor					NEOUCOM	26,575.00	1	
Total by Vendor					NORTH COAST COMMUNITY HOMES	22,509.10	3	
Total by Vendor					NORTH EAST OHIO HEALTH SERVICES	3,537.52	2	
Total by Vendor					NORTH POINT CONSULTING & BH SERVICES	16,082.20	1	
Total by Vendor					NORTHEAST OHIO BEHAVIORAL HEALTH	20,910.48	2	
Total by Vendor					OHIO DEPT OF ALCOHOL & DRUG ADDICTION	2,282.94	1	
Total by Vendor					OHIO DEPT. OF MENTAL HEALTH	50,453.74	2	
Total by Vendor					OPTIONS FOR FAMILIES & YOUTH	540.00	1	

Monitoring Report: Executive Limitation Financial Condition Report of Contractual Payments 2.5.3

Starting Date: 1/1/2011

Ending Date: 1/31/2011

<u>Month</u>	<u>Month Name</u>	<u>Year</u>	<u>CheckNum</u>	<u>Check Date</u>	<u>Vendor Name</u>	<u>Amount</u>	<u>VendInv</u>	<u>Description</u>
Total by Vendor					ORIANA HOUSE INC.	183,452.93	5	
Total by Vendor					PASTORAL COUNSELING SERVICE	793,214.64	3	
Total by Vendor					PATHWAY CARING FOR CHILDREN	8,954.34	2	
Total by Vendor					PATHWAYS INC. 10085	319.95	1	
Total by Vendor					PHOENIX RISING BEHAVIORAL HEALTH	858.31	2	
Total by Vendor					PORTAGE COUNTY CHILDREN'S SERVICES CTR	2,376.13	2	
Total by Vendor					PORTAGE PATH BEHAVIORAL HEALTH	1,348,199.30	4	
Total by Vendor					POSITIVE EDUCATION PROGRAM	8,169.57	1	
Total by Vendor					PSYCARE INC.	469.57	2	
Total by Vendor					QUEST RECOVERY SERVICES	577.51	2	
Total by Vendor					RAKESH RANJAN, MD	44,212.37	2	
Total by Vendor					RECOVERY RESOURCES INC.	42.66	1	

Monitoring Report: Executive Limitation Financial Condition Report of Contractual Payments 2.5.3

Starting Date: 1/1/2011

Ending Date: 1/31/2011

<u>Month</u>	<u>Month Name</u>	<u>Year</u>	<u>CheckNum</u>	<u>Check Date</u>	<u>Vendor Name</u>	<u>Amount</u>	<u>VendInv</u>	<u>Description</u>
Total by Vendor					REPORTER NEWSPAPER	468.00	1	
Total by Vendor					SHAKER CLINIC	1,448.01	2	
Total by Vendor					SIGNATURE HEALTH INC.	815.67	2	
Total by Vendor					SIX COUNTY INC.	1,202.67	1	
Total by Vendor					SOLUTIONS BEHAVIORAL HEALTHCARE	130.44	1	
Total by Vendor					SPECIALIZED ALTERNATIVES FAMILY & YOUTH	4,204.88	2	
Total by Vendor					SUMMIT COUNTY (DD)	3,061.87	1	
Total by Vendor					SUMMIT COUNTY COMMUNITY PARTNERSHIP	7,314.75	1	
Total by Vendor					SUMMIT COUNTY JUVENILE COURT	7,631.13	1	
Total by Vendor					SUMMIT PSYCHOLOGICAL ASSOCIATES	59,471.41	4	
Total by Vendor					TARRY HOUSE INC.	64,174.86	3	
Total by Vendor					TCN BEHAVIORAL HEALTH SERVICES, INC.	111.33	1	

Monitoring Report: Executive Limitation Financial Condition Report of Contractual Payments 2.5.3

Starting Date: 1/1/2011

Ending Date: 1/31/2011

<u>Month</u>	<u>Month Name</u>	<u>Year</u>	<u>CheckNum</u>	<u>Check Date</u>	<u>Vendor Name</u>	<u>Amount</u>	<u>VendInv</u>	<u>Description</u>
Total by Vendor					THE BAIR FOUNDATION	2,709.81	2	
Total by Vendor					THE CENTER FOR INDIVIDUAL & FAMILY SERV	63.26	1	
Total by Vendor					THOMPKINS CHILD AND ADOLESCENT SERV. INC	197.40	2	
Total by Vendor					TOWNHALL II	130.92	1	
Total by Vendor					TRI COUNTY MENTAL HEALTH & COUNSELING	154.35	1	
Total by Vendor					TRIAD COMMUNICATIONS	639.00	2	
Total by Vendor					TRILLIUM FAMILY SOLUTIONS	90.00	1	
Total by Vendor					TWELVE OF OHIO, INC.	850.49	1	
Total by Vendor					UNITED WAY OF SUMMIT COUNTY	3,500.00	1	
Total by Vendor					URBAN OUNCE OF PREVENTION SERVICES INC	29,404.00	3	
Total by Vendor					VALLEY COUNSELING SERVICES	42.17	1	
Total by Vendor					VIAQUEST BEHAVIORAL HEALTH OF OH	8,854.54	2	

Monitoring Report: Executive Limitation Financial Condition Report of Contractual Payments 2.5.3

Starting Date: 1/1/2011

Ending Date: 1/31/2011

<u>Month</u>	<u>Month Name</u>	<u>Year</u>	<u>CheckNum</u>	<u>Check Date</u>	<u>Vendor Name</u>	<u>Amount</u>	<u>VendInv</u>	<u>Description</u>
Total by Vendor					VILLAGE NETWORK	47,348.92	2	
Total by Vendor					WAKR NEWSRADIO	2,636.00	2	
Total by Vendor					ZEPF COMMUNITY CENTER	63.99	1	
Total for Period						<u>\$5,839,623.68</u>	<u>219</u>	

Number of Unduplicated Checks **201**

Number of Payments within 30 days of invoice date 219

Number of Payments Greater than 30 days of invoice date 0

County of Summit
Alcohol, Drug Addiction & Mental Health Services Board

Consolidated Balance Sheet
Period Ending: January 31, 2011

	1/31/11	1/31/10
Assets		
Cash in Bank	\$30,510,092	\$18,029,195
Accounts Receivable	10,476,038	10,816,565
Accounts Receivable - Cost/POS Settlements	0	0
Prepaid Expense	0	0
Agency Advances	0	0
Total Assets	\$40,986,130	\$28,845,760
Liabilities		
Accounts Payable	\$13,031,886	\$12,826,004
Accounts Payable - Cost/POS Settlements	0	0
Accrued Payroll	62,485	73,794
Accrued Compensatory Time Payable	13,237	13,742
Accrued Sick Leave Payable	147,604	187,595
Accrued Vacation Payable	221,317	232,858
Accrued Medicare Payable	887	1,038
Accrued Workers Compensation Payable	25,774	23,766
Accrued Health Insurance Payable	0	0
Accrued Life Insurance Payable	0	0
Accrued Public Employees Retirement System Payable	8,748	10,330
Unearned Income	2,408,830	2,205,576
Accrued Unemployment Payable	0	0
Total Liabilities:	\$15,920,768	\$15,574,703
Equity - Fund Balance		
Fund Balance Prior Year End	\$24,611,707	\$12,709,984
Current Year Net Income or Loss	453,655	561,073
Total Equity - Fund Balance:	\$25,065,362	\$13,271,057
Total Liabilities and Fund Balance:	\$40,986,130	\$28,845,760

Goal - Days Cash on Hand	60
Actual Days Cash on Hand	142
Variance	82

Monitoring Report: Executive Limitation Financial Condition Payroll Obligations 2.5.5a

COAS: S Summit County Chart
 FUND: 20704 Alcohol, Drug & Mental Health
 PRED ORG: X05017 ADAM Board
 ORG: 5335 Alcohol, Drug & Mental Health Bd

ACCOUNT	ACCOUNT TITLE	ADJUSTED BUDGET	CURRENT PERIOD ACTIVITY	YEAR TO DATE ACTIVITY	BUDGET RESERVATIONS	AVAILABLE BALANCE	CMT TYP
11003	General Property Tax-Real Estate	.00	12,053.90	12,053.90	.00	-12,053.90	U
TOTAL	Taxes	.00	12,053.90	12,053.90	.00	-12,053.90	
13271	Grants-State-Non Federal Funds	.00	8,158,839.39	8,158,839.39	.00	-8,158,839.39	U
TOTAL	Intergovernmental	.00	8,158,839.39	8,158,839.39	.00	-8,158,839.39	
17062	Other Refund/Reimbursement	.00	50.00	50.00	.00	-50.00	U
17522	Rental/Lease of Real Property	.00	.00	.00	.00	.00	U
TOTAL	All Other Revenue	.00	50.00	50.00	.00	-50.00	
20501	Personal Services-Payroll-Pool Budg	1,710,519.00	.00	.00	.00	1,710,519.00	U
20504	Salaries-Employees	.00	77,187.79	***77,187.79	.00	-77,187.79	U
TOTAL	Personal Services - Salaries	1,710,519.00	77,187.79	77,187.79	.00	1,633,331.21	
25501	Employee Benefits-Pool Budget	571,140.00	.00	.00	.00	571,140.00	U
25509	Hospital Waiver	.00	100.00	100.00	.00	-100.00	U
25542	PERS	.00	9,446.00	9,446.00	.00	-9,446.00	U
25592	Medicare	.00	945.01	945.01	.00	-945.01	U
25701	MMO - PPO Advantage	.00	4,331.76	4,331.76	.00	-4,331.76	U
25707	MMO - PPO Plus	.00	7,890.82	7,890.82	.00	-7,890.82	U
25708	County Provided Life Insurance	.00	24.00	24.00	.00	-24.00	U
37999	Taxable Meal Reimbursement	.00	25.44	25.44	.00	-25.44	U
TOTAL	Personal Services - Benefits	571,140.00	22,763.03	22,763.03	.00	548,376.97	
27102	Professional Services	76,180.00	4,630.00	4,630.00	55,000.00	16,550.00	U
TOTAL	Professional Services	76,180.00	4,630.00	4,630.00	55,000.00	16,550.00	
30501	Supplies-Pool Budget	46,800.00	.00	.00	.00	46,800.00	U
30503	Office Supplies	.00	279.00	279.00	.00	-279.00	U
30508	Computer Supplies	.00	.00	.00	522.00	-522.00	U
TOTAL	Supplies	46,800.00	279.00	279.00	522.00	45,999.00	
37501	Travel & Expense-Pool Budget	91,248.00	.00	.00	.00	91,248.00	U
37656	Travel & Exp	.00	.00	.00	5,500.00	-5,500.00	U
37657	Confer Exp/Staff Training	.00	205.00	205.00	8,141.48	-8,346.48	U

2011 Pay Period Schedule

	<u>Pay No.</u>	<u>Start</u>	<u>End</u>	<u>Pay Date</u>
January	1	12/20/2010	1/2/2011	1/7/2011
	2	1/3/2011	1/16/2011	1/21/2011

Monitoring Report: Executive Limitation Financial Condition Report of Assessment Invoices 2.5.6a

Check Register for Account Number: 3345000547080

Year: 2011

Period Ending: 1/31/2011

<u>CheckNum</u>	<u>Check Date</u>	<u>PO Number</u>	<u>Seq</u>	<u>Description</u>	<u>Invoice</u>	<u>Due Date</u>	<u>Amount</u>	<u>Account Number</u>
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There were no assessments due for the reporting period

Total

Total Assessments

All Invoices paid before due date.

Monitoring Report: Executive Limitation Financial Condition Report of Government Invoices 2.5.6b

Check Register for Account Number: 3223000547017

Year: 2011

Period Ending: 1/31/2011

<u>CheckNum</u>	<u>Check Date</u>	<u>PO Number</u>	<u>Seq</u>	<u>Description</u>	<u>Invoice</u>	<u>Due Date</u>	<u>Amount</u>	<u>Account Number</u>
OHIO DEPT OF ALCOHOL & DRUG ADDICTION				OHIO15000A				
0053087493	1/28/2011	A177600011	002	ARRA REVERSAL Q1 SFY2011 #39	1STQSFY11	2/25/2011	298.37	4223000547017
0053087493	1/28/2011	A177600011	001	FFP REVERSAL Q1 SFY2011 #39	1STQSFY11	2/25/2011	1,984.57	3223000547017
Total OHIO DEPT OF ALCOHOL & DRUG ADDICTION							\$2,282.94	
Total Government							\$2,282.94	

All invoices paid before due date.

Monitoring Report: Executive Limitation Financial Condition Financial Reporting Filed 2.5.6c

2011

Report Name	Requester	Due date	Submission Date
FIS-040 SFY2010	ODMH	1/4/2011	1/4/2011

Monitoring Report: Executive Limitation Financial Condition Report of Single Commitments Non Routine Administrative Expenses 2.5.7

Starting Date: 1/1/2011

Ending Date: 1/31/2011

<u>Month</u>	<u>Month Name</u>	<u>Year</u>	<u>CheckNum</u>	<u>Check Date</u>	<u>Vendor Name</u>	<u>Amount</u>	<u>Invoice Count</u>	<u>Description</u>
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Total by Category

Number of Single Commitments > \$51,319

0

Monitoring Report: Executive Limitation Financial Condition Real Property 2.5.8

The following property was owned by the ADM Board at 12/31/2010 and continues to be owned at 1/31/2011

Parcel Number	Location	Description
67-01053	640 Wolf Ledges Pkwy	Community Support Services
67-01096	150 Cross St.	Community Support Services
68-60418	468 N. Howard St.	ADM Crisis Center
68-60911	486 N. Howard St.	ADM Crisis Center Parking Lot
68-61007	117 Edgerton Rd.	Community Support Services

No real property has been acquired or disposed during the reporting period.

Monitoring Report: Executive Limitation Financial Condition Accounts Receivable Payments 2.5.9

Period Ending: January 31, 2011

<u>Account Description</u>	<u>Account Number</u>	<u>Balance</u>	<u>Last Posting Date</u>
A/R - 5AU ODMH STATE	3110000110200	\$115,216.00	1/31/2011
A/R - EARLY CHILDHOOD MH ODMH	3120000110200	19,276.00	1/31/2011
A/R - TITLE XX	3200000110200	31,661.00	1/31/2011
A/R - MH MEDICAID	3210000110200	5,271,046.87	1/31/2011
A/R - AOD MEDICAID	3220000110200	1,007,308.78	1/31/2011
A/R - WOMEN'S FEDERAL	3230000110200	72,465.00	1/31/2011
A/R - LEVY	3340000110200	3,189,557.19	1/31/2011
A/R - HOMELESS	3360000110200	45,726.00	1/31/2011
A/R - UMADAOP	3370000110200	12,314.00	1/31/2011
A/R - CCOE JAIL DIVERSION	3380000110200	15,833.00	1/31/2011
A/R - FEDERAL PCN TREATMENT ODADAS	3460000110200	140,582.00	1/31/2011
A/R - RES TRAIN	3750000110200	8,814.24	1/31/2011
A/R - ORSC	3760000110200	72,264.47	1/31/2011
A/R - PREVENTION SERVICES	3910000110200	2,797.00	1/31/2011
A/R - UNDERAGE DRINK	3990000110200	2,438.00	1/31/2011
A/R - OTHER REFUNDS/REIM	4010000110200	64,745.61	1/31/2011
A/R - RENT REVENUE	4020000110200	30,666.66	1/31/2011
A/R - MH ARRA FFP MEDICAID	4210000110200	272,877.17	1/31/2011
A/R - AOD ARRA FFP MEDICAID	4220000110200	46,158.73	1/31/2011
A/R - FEDERAL PCN PREVENTION ODADAS	4460000110200	48,885.00	1/31/2011
A/R - CIRCLE FOR RECOV FED ODADAS	4490000110200	4,867.00	1/31/2011
A/R - YOUTH LED PREV FEDERAL	4770000110200	538.00	1/31/2011
 ACCOUNTS RECEIVABLE		 <u><u>\$10,476,038</u></u>	

All accounts receivable have had payments posted within 90 days.

Summit County Alcohol, Drug Addiction and Mental Health Services Board

Cash Balance Budget Projection

Levy Period: 2009 - 2014

Revenue Receipts	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 Budget	2012 Budget	2013 Budget	2014 Budget
FEDERAL						
1. ODADAS	\$ 3,557,802	\$ 2,593,921	\$ 3,342,178	\$ 3,265,740	\$ 3,265,740	\$ 3,265,740
2. ODMH	1,159,864	1,070,016	982,427	982,427	982,427	982,427
Subtotal ODADAS & ODMH	<u>\$ 4,717,666</u>	<u>\$ 3,663,937</u>	<u>\$ 4,324,605</u>	<u>\$ 4,248,167</u>	<u>\$ 4,248,167</u>	<u>\$ 4,248,167</u>
3. Medicaid	\$ 22,031,129	\$ 24,315,203	\$ 23,393,886	24,219,161	24,461,352	24,705,966
4. Other Federal	391,715	369,340	676,576	676,576	676,576	676,576
Subtotal Federal	<u>\$ 27,140,510</u>	<u>\$ 28,348,480</u>	<u>\$ 28,395,067</u>	<u>\$ 29,143,904</u>	<u>\$ 29,386,095</u>	<u>\$ 29,630,709</u>
STATE						
1. ODADAS	\$ 1,977,071	\$ 1,809,902	\$ 1,657,557	\$ 1,473,384	\$ 1,399,715	\$ 1,399,715
2. ODMH	12,186,345	13,255,839	10,256,932	8,427,033	7,933,917	7,858,565
Subtotal ODADAS & ODMH	<u>\$ 14,163,416</u>	<u>\$ 15,065,741</u>	<u>\$ 11,914,489</u>	<u>\$ 9,900,417</u>	<u>\$ 9,333,632</u>	<u>\$ 9,258,280</u>
3. Other State	-	-	-	-	-	-
Subtotal State	<u>\$ 14,163,416</u>	<u>\$ 15,065,741</u>	<u>\$ 11,914,489</u>	<u>\$ 9,900,417</u>	<u>\$ 9,333,632</u>	<u>\$ 9,258,280</u>
Local (Non-Levy)	\$ 561,889	\$ 630,015	\$ 693,708	\$ 693,708	\$ 693,708	\$ 693,708
Operating Levy	\$ 40,059,347	\$ 39,480,780	\$ 38,272,102	\$ 37,414,408	\$ 37,054,853	\$ 36,695,297
Total Revenue Receipts	<u>81,925,162</u>	<u>83,525,016</u>	<u>79,275,366</u>	<u>77,152,437</u>	<u>76,468,289</u>	<u>76,277,994</u>
Expenditures:						
Agency/Out of County/Medicad Only	\$ 65,723,713	\$ 68,605,953	\$ 73,470,688	\$ 74,363,761	\$ 74,745,646	\$ 75,131,350
Other contracts and allocations	1,451,763	1,780,369	3,183,099	3,214,930	3,247,079	3,279,550
Other Administration	466,069	504,780	537,207	542,579	548,005	553,485
Salary and Fringe	2,075,711	2,056,415	2,281,658	2,349,731	2,419,166	2,489,989
Total Expenditures	<u>\$ 69,717,256</u>	<u>\$ 72,947,517</u>	<u>\$ 79,472,652</u>	<u>\$ 80,471,001</u>	<u>\$ 80,959,896</u>	<u>\$ 81,454,374</u>
Net Cash Income or <Loss>	<u>\$ 12,207,906</u>	<u>\$ 10,577,499</u>	<u>\$ (197,286)</u>	<u>\$ (3,318,564)</u>	<u>\$ (4,491,607)</u>	<u>\$ (5,176,380)</u>
Cash Balance:						
Operating Cash Balance Beginning	\$ 5,539,846	\$ 17,747,752	\$ 28,325,251	\$ 27,890,108	\$ 24,334,468	\$ 19,638,743
Net Cash Income or <Loss>	\$ 12,207,906	\$ 10,577,499	\$ (197,286)	\$ (3,318,564)	\$ (4,491,607)	\$ (5,176,380)
Debt Service ADM Crisis Center			\$ 237,857	\$ 237,076	\$ 204,118	\$ 204,720
Ending Cash Balance	<u>\$ 17,747,752</u>	<u>\$ 28,325,251</u>	<u>\$ 27,890,108</u>	<u>\$ 24,334,468</u>	<u>\$ 19,638,743</u>	<u>\$ 14,257,643</u>
60 Day Reserve Requirement	\$ 11,619,543	\$ 12,157,920	\$ 13,245,442	\$ 13,411,833	\$ 13,493,316	\$ 13,575,729
Variance	\$ 6,128,209	\$ 16,167,332	\$ 14,644,666	\$ 10,922,634	\$ 6,145,427	\$ 681,914

This financial forecast presents to the best of management's knowledge and belief, the ADM Board's expected results of operations for the forecast period. Accordingly, the forecast reflects management's judgment as of 2/23/2011, the date of the forecast, of the expected conditions and its expected course of action. There will usually be differences between forecasted and actual results, because events and circumstances frequently do not occur as expected, and those differences may be material.

**COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND
MENTAL HEALTH SERVICES (ADM) BOARD**

MONITORING REPORT

Executive limitations Policy 2.7 End Focus of Contracts

For the Quarter Ending: Marc 31, 2010

This is my monitoring report on your Executive Limitations policy End Focus of Contracts, presented in accordance with your monitoring schedule. I certify that the information contained in this report is true.

 3/15/11

Gerald A. Craig, Interim Executive Director

This report will monitor the above referenced policy starting at its more detailed provisions and ending with the global provision.

POLICY WORDING

1. The Executive Director shall not let a grant or contract without considering an applicant's capability to produce appropriately targeted, efficient results.

EXECUTIVE DIRECTOR INTERPRETATION

"Let" is interpreted to mean "allow or grant". Grant is interpreted to mean "money conveyed or bestowed for a specific purpose". Contracts are interpreted as "an agreement that is legally binding, entered into by two or more parties that specifies what each party will do or not do". Considering is interpreted to mean "to reflect carefully or with deliberation". Capability is interpreted to mean "the characteristic of being qualified and having the capacity and the potential to manifest certain desired abilities". Appropriately targeted is interpreted to mean "that the grant or contract conforms to the direction set forth by the Global Ends Statement". Efficient is interpreted to mean "operating or performing in an effective and competent manner, with little wasted effort or expense". Results is interpreted to mean "what happens as a consequence; outcome"

Summary: The executive director shall use careful and deliberate actions to insure that an applicants has the qualifications, competence, capacity, and potential to efficiently achieve the ends as stated in the Global Ends Statement in a manner that allows for the measurement of those achievements.

Compliance will be demonstrated by:

- a) Awarding of contracts, grants or budgets will be subject to an assessment of capability to achieve targeted results
- b) Awarding of contracts, grants or budgets will be subject to an assessment of efficiency of services provided to achieve results

DATA

- a) Budget application review outlines demonstrate that capability of the applicant to achieve targeted results is considered. An RFP and the annual application review forms are attached.

**COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND
MENTAL HEALTH SERVICES (ADM) BOARD**

MONITORING REPORT

Executive limitations Policy 2.7 End Focus of Contracts

For the Quarter Ending: March 31, 2010

- b) Budget application review forms and RFI application review criteria and evaluation forms are attached for inspection.

I REPORT COMPLIANCE

POLICY WORDING

- 2. The Executive Director shall not fail to monitor a grant or contract to prevent funds from being used in imprudent, unlawful or unethical ways.

EXECUTIVE DIRECTOR INTERPRETATION

Monitor is interpreted to mean observing or recording continuous data about the function, operation, or condition of a contract or grant.

Compliance will be demonstrated by:

- a) Financial audits of agencies will be conducted by an independent certified public accounting firm on an annual basis, and these will be obtained and retained by the ADM Board.
- b) Service compliance audits will be completed on an annual basis, with a report generated and a plan of correction submitted for compliance factors below 90%.
- c) Data submitted to the board demonstrating consumer satisfaction information by each provider.
- d) Any allegation or charge of imprudent, unlawful or unethical practices will be investigated and future funding decisions will be contingent on the outcome.

DATA

- a) The most current completed financial audit of each agency, completed by an independently certified public accounting firm is available for direct inspection.
- b) All Board-funded service providers have received service compliance audits in 2010. The current completed service compliance audits and resulting plans of correction are available for direct inspection
- c) Consumer satisfaction data submitted to the Board by providers is attached in aggregate and available by agency for direct inspection.
- d) The former executive director of IBH has been convicted of unlawful activity in a business that is closely related to a Board funded program. An investigation of the impact of these activities on IBH is currently being investigated, but has not concluded. The outcome of this investigation will be reported to the Board upon completion.

I REPORT COMPLIANCE

POLICY WORDING

- 3. The Executive Director shall not enter into any grant or contract, unless it emphasizes the production of Ends and the avoidance of unacceptable means.

**COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND
MENTAL HEALTH SERVICES (ADM) BOARD**

MONITORING REPORT

Executive limitations Policy 2.7 End Focus of Contracts

For the Quarter Ending: March 31, 2010

EXECUTIVE DIRECTOR INTERPRETATION

Emphasize is interpreted to mean “to give greater strength or importance to; stress”. Production of Ends is interpreted to mean congruence with Policy 1.0, Global Ends: “that those served have a quality of life similar or equal to that of others in Summit County at a cost that reflects a prudent and responsible allocation of resources available to the ADM Board and that is consistent with sustaining a network of providers”. Unacceptable means is interpreted to mean being used in imprudent, unlawful, or unethical ways.

Compliance will be demonstrated by:

- a) Demonstration of compliance with the aforementioned provisions of this policy will demonstrate compliance with this global provision.

DATA

- a) Compliance with the aforementioned policies as interpreted is submitted as evidence of compliance.

I REPORT COMPLIANCE

**COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND
MENTAL HEALTH SERVICES (ADM) BOARD**

MONITORING REPORT

Executive limitations Policy 2.11 Treatment of Contracted Providers

This is my monitoring report on your Executive Limitations policy Treatment of Providers, presented in accordance with your monitoring schedule. I certify that the information contained in this report is true.



Gerald A. Craig, Interim Executive Director

3/15/11

Date

This report will monitor the above referenced policy starting at its more detailed provisions and ending with the global provision.

POLICY WORDING

1. The Executive Director shall not cause or allow situations or processes which do not treat each and every service provider or applicant to become a service provider with fairness, dignity, and respect.

EXECUTIVE DIRECTOR INTERPRETATION

Situations is interpreted to mean any "state of affairs" (Dictionary.com) and processes, "a systematic sequence of actions used to produce something or achieve an end" (Wordsmyth.net). Each and every service provider is interpreted to mean any organization certified by the Ohio Department of Mental Health or Ohio Department of Alcohol and Drug Addiction Services that serves Summit County residents. Applicant is interpreted to mean any organization or individual expressing an interest in applying for funding from the County of Summit ADM Board. Treated with fairness is interpreted to mean the absence of bias leading to an equitable and just outcome. Treated with dignity and respect is interpreted to mean the absence of unethical behavior and the communication of value to the relationship.

Following these definitions, I interpret this policy to mean that the Executive Director shall ensure that any Medicaid or non-Medicaid contract service provider or applicant to become a service provider is treated in a fair, objective, and courteous manner.

Compliance will be demonstrated when:

- a) The results of a provider satisfaction survey returned by service providers and applicants over the past year will demonstrate no instances of noncompliance based on responses to questions related to this policy.
- b) There is no substantiated claim by a provider that they were treated in an unfair, biased or discourteous manner.

DATA

**COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND
MENTAL HEALTH SERVICES (ADM) BOARD**

MONITORING REPORT

Executive limitations Policy 2.11 Treatment of Contracted Providers

- a) The Provider survey is attached and demonstrates that over-all, all but one provider have shown an average score of four on a five point Likert scale. *The lone dissenting contractor was contacted to clarify the nature of her dissatisfaction. She indicated that her rating was an error in interpretation of the survey.*
- b) There has been one claim of unfair treatment by a provider, which was a conflict over the manner in which we funded Medicaid Match for services. This dispute has not been pursued after an exchange of opinions on the matter. NO other claims have been made that the executive director has violated this policy.

I REPORT COMPLIANCE

POLICY WORDING

- 2. The Executive Director shall not cause or allow situations or processes which do not deliver timely and accurate information to providers which they need to apply for, report on, or participate in service provision.

EXECUTIVE DIRECTOR INTERPRETATION

Situations and processes are interpreted as in Policy 1. Timely information is interpreted to mean information provided within a reasonable timeframe and when it is needed. Accurate information is interpreted as being reliable and valid, devoid of errors. Apply for service provision is interpreted to mean the annual contracting process with existing non-Medicaid providers. Report on service provision is interpreted to mean fiscal and programmatic reports that are contractually required before, during and after the period that services are delivered under a contract. Participate in service provision is interpreted to mean a request for proposals process for providers desirous of a Medicaid or non-Medicaid contract to provide services.

Following these definitions, I interpret this policy to mean that the Executive Director shall ensure that providers are given reasonable and timely access to the most current and reliable information that they require in order to either provide, report on or apply to provide Medicaid or non-Medicaid services.

Compliance will be demonstrated when the results of a provider satisfaction survey returned by service providers and applicants over the previous year show an average score of four on a five point Likert scale for identified questions related to this policy.

DATA

I REPORT COMPLIANCE

POLICY WORDING

- 3. The Executive Director shall not cause or allow situations or processes which cause providers to be dealt

**COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND
MENTAL HEALTH SERVICES (ADM) BOARD**

MONITORING REPORT

Executive limitations Policy 2.11 Treatment of Contracted Providers

with based on personal likes or dislikes rather than principles.

EXECUTIVE DIRECTOR INTERPRETATION

Situations and processes are interpreted as in Policy 1. Dealt with based on personal likes or dislikes rather than principles means the absence of clearly articulated principles for conducting business between the ADM Board and providers leading to arbitrary and capricious decisions.

Following these definitions, I interpret this policy to mean that the Executive Director shall ensure that all written and verbal communication with provider organizations will be respectful and guided by clearly articulated principles.

Compliance will be demonstrated when:

- a) The results of a provider satisfaction survey returned by service providers and applicants over the past year show no evidence of dissatisfaction in matters addressed in this limitation policy.
- b) There have been no substantiated complaints that the executive director has violated this policy limitation.

DATA

- a) The provider satisfaction survey is attached, and supports compliance.
- b) My declaration that there have been no complaints, substantiated or not substantiated in violation of this policy.

I REPORT COMPLIANCE

POLICY WORDING

The Executive Director shall not, within his or her authority, purposely, or through negligence, cause or allow contracted service providers to experience conditions, procedures, decisions or services which are unfair, unprofessional, inequitable, or influenced by politics.

EXECUTIVE DIRECTOR INTERPRETATION

“Purposely” is interpreted to mean deliberately, with clear intent. Negligence is interpreted to mean the failure to exercise reasonable care. “Cause or allow” is interpreted to mean to be responsible, either directly or through the actions of staff. Using this clarifying definition, “may not cause or allow contract service providers to experience conditions, procedures, decisions or services that are unfair, unprofessional, inequitable, or influenced by politics is interpreted as meaning that ADM Board-Provider relationships will have a high level of satisfaction in these areas:

**COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND
MENTAL HEALTH SERVICES (ADM) BOARD**

MONITORING REPORT

Executive limitations Policy 2.11 Treatment of Contracted Providers

- Fairness- without bias, or without allowing a greater advantage for one side over another; just.
- Professionalism- suitable to or typical of a person qualified for a particular profession.
- Equitable Treatment- characterized by fairness; just
- Apolitical- the use of strategic maneuvering within a group to obtain power or control

**** Definitions taken from Wordsmythe.com**

Following these definitions, I interpret this policy to mean that the Executive Director shall ensure that reasonable efforts are made to create and maintain relationships with non-Medicaid contract providers that promote reasonable treatment that is fair, professional, and justifiably equitable, and not driven by politics.

Compliance will be demonstrated when:

- a) The results of a provider satisfaction survey returned by service providers and applicants over the past year show no dissatisfaction with the executive director's performance related to this policy.
- b) My declaration that no agency provider has made substantiated or unsubstantiated complaints that the executive director has violated the limitations in this policy provision.

DATA

I REPORT COMPLIANCE

**COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND
MENTAL HEALTH SERVICES (ADM) BOARD**

MONITORING REPORT

Executive limitations Policy 2.12 Provider Contract Decisions

This is my monitoring report on your Executive Limitations policy Provider Contract Decisions, presented in accordance with your monitoring schedule. I certify that the information contained in this report is true.



Gerald A. Craig, Interim Executive Director

3/15/11

Date

This report will monitor the above referenced policy starting at its more detailed provisions and ending with the global provision.

POLICY WORDING

1. The executive Director shall not ignore the underlying human service and clinical needs.

EXECUTIVE DIRECTOR INTERPRETATION

“Ignore” is interpreted to mean “to willfully fail to take notice of”; human service is interpreted to mean “meeting basic health, welfare, and other needs of a society or group, as of the poor, sick, or elderly”; clinical needs is interpreted as “needs related to treatment of patients”.

Using the definitions above, this policy is interpreted to mean that the Executive Director shall not fail to formally consider the specific needs of the individuals for whom services are being sought.

Compliance will be demonstrated by:

- a.) Evidence of a process for provider selection with evaluation criteria that is consistent with this policy.
- b.) Evidence that consumer and stakeholder input was sought in planning for services for community plan
- c.) Evidence that strategic planning addresses human service and clinical needs of system.

DATA

- a.) The criteria used for the evaluation of RFI responses for the services formerly awarded to the Consumer Support Network are attached.
- b.) Stakeholder input sought for input into community plan. This data is attached.
- c.) Stakeholder input sought as part of strategic planning process. Data is attached.
- d.) Stakeholder input sought as part of crisis services redesign. Reports are available for direct inspection

. I REPORT COMPLIANCE

POLICY WORDING

**COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND
MENTAL HEALTH SERVICES (ADM) BOARD**

MONITORING REPORT

Executive limitations Policy 2.12 Provider Contract Decisions

2. The executive director shall not elect providers who do not provide evidence of clinical and financial capability.”

EXECUTIVE DIRECTOR INTERPRETATION

“Financial capability” is interpreted to mean showing evidence of being able to cover your monthly expenses with your income; selecting and managing financial products and services, and planning ahead to save for the future. “Clinical capability” is interpreted to mean having the appropriate array of services with the required characteristics, performed by an appropriate level of appropriately credentialed and competent staff.

Following the definitions above, I interpret this policy to mean that the executive director shall select providers that can demonstrate evidence of financial and clinical capability.

Compliance will be demonstrated by:

- a.) Evidence that providers meet criteria specified in a Board staff-generated procedure that measures the financial capability by using specified dashboard indicators.
- b.) Evidence that providers meet specific criteria identified to demonstrate clinical capability.
- c.) The ability to evaluate services of Medicaid-Only Services by applicant providers will be a condition preceding a decision to award service contracts for non-Medicaid funding.
- d.) Medicaid only applicants to be providers of non-Medicaid funding will be required to submit financial information to satisfy RFI requirements of financial capability.

DATA

- a.) This criteria has not been developed, but will be developed with input of providers in time to initiate in the 2012 provider contract period.
- b.) Clinical Capability criteria will be developed with provider input to be used as a measurement of clinical capability of agencies.
- c.) No Medicaid-only agency applied to provide services for which the Board was seeking proposals.
- d.) No Medicaid-only agency applied to provide services for which the Board was seeking proposals.

REPORT NONCOMPLIANCE

Per items a & b above, a procedure and the criteria for these items will be developed with a goal to identify indicators by the end of the third quarter of 2011.

3. The executive director shall not select providers who do not meet the level of care needed by the clients.

EXECUTIVE DIRECTOR INTERPRETATION

Level of care is interpreted to mean “services at the intensity and duration required to meet the treatment needs of the targeted population”

**COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND
MENTAL HEALTH SERVICES (ADM) BOARD**

MONITORING REPORT

Executive limitations Policy 2.12 Provider Contract Decisions

Following the definitions above, my interpretation of this policy is that the Executive Director shall insure that providers for non-Medicaid funded services to specified populations provide the appropriate frequency, intensity and duration of services necessary to meet client service needs.

Compliance will be demonstrated by:

- a.) An annual summary of service compliance audits that demonstrates services audited meet the level of care needed by clients.**
- b.) An annual summary that captures consumer response to the question of satisfaction with “How much we focus on the problems or issues for which I sought help”.**
- c.) RFI’s issued in the past year, will address the level of care needed by clients, and criteria to evaluate an applicant’s ability to meet it.**

DATA

- a.) A summary of 2010 compliance identify that current providers meet this requirement. Individual reports or the summary is available for direct inspection.
- b.) A summary of client satisfaction captured by agency providers to the question of “how much we focus on the problems or issues for which I sought help” is attached, with break-outs by service provider available for direct inspection.
- c.) RFI for a service awarded in 2010 is attached

I REPORT COMPLIANCE

POLICY WORDING

- 4. The executive director shall not contract for services which unreasonably limit consumer choices.

EXECUTIVE DIRECTOR INTERPRETATION

“Unreasonably limit consumer choice” is interpreted to mean “does not limit consumer choice when it would not pose an unreasonable financial hardship on the ADM Board to provide multiple provider options for services.

Following the definitions above, my interpretation of this policy is that the Executive Director shall not fail to consider consumer choice as a variable in selection of providers.

Compliance will be demonstrated when:

- a.) A selection process requests a provider response to address how specific services will be delivered if the incumbent provider is the only service provider, and the consumer does not wish to receive services from the provider.

**COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND
MENTAL HEALTH SERVICES (ADM) BOARD**

MONITORING REPORT

Executive limitations Policy 2.12 Provider Contract Decisions

DATA

- a.) The RFI for Intensive Treatment Services did address this. Since many of the clients that were formerly served by the CSN Program did not want to receive services at CSS, CSS contracted with Tarry House to service those individuals.

I REPORT COMPLIANCE

POLICY WORDING

- 5. The executive director shall not make choices without a reasonable and equitable selection process.

EXECUTIVE DIRECTOR INTERPRETATION

Reasonable is interpreted to mean “a standard for what is fair and appropriate under usual and ordinary circumstances; that which is according to reason; the way a rational and just person would have acted. (Webster’s Law Dictionary). Equitable is interpreted to treat all in an evenhanded and consistent manner. (Wordsmythe.com)

Summary: The interpretation of this policy is that the Executive Director shall insure that decisions about contracting for services shall be based on a process that considers factors identified in the executive limitations and global ends policies.

Compliance will be demonstrated by:

- a.) Any RFP will contain selection criteria for any newly contracted service that considers these factors.
- b.) There is clear documentation of the results of evaluation of any applications to provide requested services that cover these factors.

DATA

- a) The full RFI for the services formerly provided by the ODMH’s Consumer Support Network is attached.
- b) Documentation of final evaluations that resulted in the award of the contract are available for direct inspection.

I REPORT COMPLIANCE

POLICY WORDING

- 6. The executive director shall not go geographically further than needed to secure the services.

**COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND
MENTAL HEALTH SERVICES (ADM) BOARD**

MONITORING REPORT

Executive limitations Policy 2.12 Provider Contract Decisions

EXECUTIVE DIRECTOR INTERPRETATION

Reasonably equivalent is interpreted to mean “comparable to another in cost, value, competence, clinical value, or outcomes”; most accessible is interpreted to mean “able to access without delays in response or material increase in cost”

Following the definitions above, I interpret this policy to mean that the Executive Director shall first consider the ability of local providers to perform services before providers located outside the county are considered, unless it can reasonably be determined that providers within the county are not able to effectively or efficiently deliver the necessary services for specific populations or in geographic locations.

Compliance will be demonstrated by:

- a.) Locations of services funded with non-Medicaid funding are within the county or are provided via mobile staff.
- b.) There are no substantiated complaints of services that are available in county being inaccessible.

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- a.) All services other than adolescent residential programs are available in county. The funding of these services in Cuyahoga County was approved because there were no comparable services available within Summit County. It has also been determined that it would be cost prohibitive to develop these services in-county due to low volume of requests.
- b.) No formal complaints have been made that residential treatment services for adolescents are not available in Summit County.

I REPORT COMPLIANCE

POLICY WORDING

- 7. The executive director shall not rule out agencies for the sole reason that they have not been contracted with before.

EXECUTIVE DIRECTOR INTERPRETATION

My interpretation of this policy is that the Executive Director shall not exclude considering agencies that have not received a non-Medicaid ADM Board contract when they are otherwise qualified and demonstrate the capability to provide efficient, effective results. “For the sole reason” is interpreted to mean that a decision not to contract a provider cannot be based on one factor alone, but must be in combination with other factors.

Summary: The interpretation of this policy is that the Executive Director shall consider all willing and capable providers irrespective of their previous contract status with the Board for the awarding of non-Medicaid funding for services. No agency will be ruled out of contract contention based solely on a lack of prior contract experience with the Board.

**COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND
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MONITORING REPORT

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Compliance will be demonstrated by

- a.) The development of any RFI process for new service awards will contain this policy language.
- b.) A mechanism will be developed to weigh options for contracting for non-Medicaid services that gives consideration to agencies that have not been contracted with before.

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- a.) A contracting procedure will be developed that addresses RFI's for new services and incorporating the language in this limitation policy.
- b.) A contracting procedure will be developed in time for the next provider contracting period that incorporates the language in this executive limitation.

I REPORT NONCOMPLIANCE

Plan of Correction: This procedure addressed in this limitation will be developed by the end of the third quarter of 2011 and submitted to the Board of Directors as evidence of compliance.

POLICY WORDING

- 8. The executive director shall not automatically choose the incumbent provider.

EXECUTIVE DIRECTOR INTERPRETATION

Create is interpreted to mean "cause"; Entitlement is interpreted to mean "having a right or a claim to"; **Using the definitions above, my interpretation of this policy is that the Executive Director shall not cause providers to have a sense of or actual entitlement by choosing an incumbent provider without a rigorous review of qualifications as stated in policies 3 and 6 above.**

Compliance will be demonstrated by:

- a.) A direct inspection of documentation of budget and program review criteria completed by board staff will demonstrate the fitness of the selected provider to provide the service effectively and efficiently.

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- a.) A copy of the budget and program review criteria is attached. Completed budget reviews for agencies are available for direct inspection.
- b.) The criteria in this and other applicable executive limitation policies will be incorporated into a procedure for selection of providers. This will be completed by the end of the third quarter, 2011.

I REPORT COMPLIANCE

**COUNTY OF SUMMIT ALCOHOL, DRUG ADDICTION AND
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POLICY WORDING

9. The executive director shall not allow or condone contract decision processes or outcomes which do not lead to a fair and unbiased process which is reasonably designed to select the best possible candidate.

EXECUTIVE DIRECTOR INTERPRETATION

Allow is interpreted to mean “permit”; Condone is interpreted to mean “to overlook voluntarily or without condemning “;

Following the definitions above, I interpret this policy to mean that the Executive Director shall actively oversee the employment of a rigorous process of contract decision-making that is fair and unbiased, and designed to select the best possible candidate based on a careful evaluation of ability to perform in a manner that is clinically appropriate and fiscally restrained. Compliance will be demonstrated through demonstrating compliance with the preceding limitations.

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I REPORT NONCOMPLIANCE

Plan of Correction: The provider contracting process will be clarified in a procedure so that all applicable elements of ends and limitations policies are incorporated into the selection process. This work will be completed and presented to the Board as a demonstration of compliance with this policy at the Board meeting immediately after the third quarter.