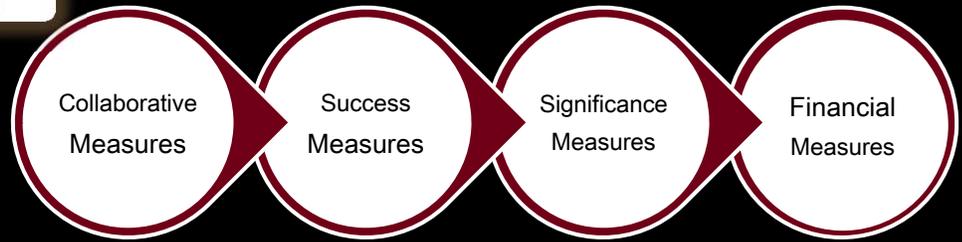




Ohio
Local Government
 Innovation Fund



Round 5: Application Form

Step One: Fill out this Application Form in its entirety.

Step Two: Fill out the online submission form and submit your application materials. All supplemental application materials should be combined into one file for submission.

LGIF: Applicant Profile

Lead Agency	
Project Name	
Type of Request	
Request Amount	
JobsOhio Region	
Number of Collaborative Partners (including lead agency)	
Project Approach	
Project Type	



**Development
 Services Agency**

Website: http://development.ohio.gov/cs/cs_localgovfund.htm

E-mail: LGIF@development.ohio.gov

Phone: 614 | 995 2292

Lead Applicant		Round 5	
Project Name		Type of Request	

Instructions	
<ul style="list-style-type: none"> • Make sure to answer each question appropriately in the space provided, not exceeding the space allowed by the answer box. • Examples of completed applications are available on the LGIF website, found here: http://development.ohio.gov/cs/cs_localgovfund.htm 	

Lead Agency			
Mailing Address:	Name:		
	Street Address:		
	City:		
	Zip:		
In what county is the lead agency located?			
<table border="1"> <tr> <td>Ohio House District:</td> <td>Ohio Senate District:</td> </tr> </table>		Ohio House District:	Ohio Senate District:
Ohio House District:	Ohio Senate District:		

Section 1
Contacts

Project Contact		
Please provide information about the individual who should be contacted regarding this application.		
Mailing Address:	Name:	Title:
	Street Address:	
	City:	
	Zip:	
Email Address:	Phone Number:	

Fiscal Agency:		
Please provide information for the entity and individual serving as the fiscal agent for the project.		
Mailing Address:	Fiscal Agency:	
	Fiscal Officer:	Title:
	Street Address:	
	City:	
	Zip:	

Population		
Does the applicant (or collaborative partner) represent a city, township, or village with a population of less than 20,000 residents?	Yes	No
	List Entity	
Does the applicant (or collaborative partner) represent a county with a population of less than 235,000 residents?	Yes	No
	List Entity	

Single Applicant		
Is your organization applying as a single entity?	Yes	No

Lead Applicant		Round 5	
Project Name		Type of Request	

Collaborative Partners

Does the proposal include collaborative partners?	Yes	No
---	-----	----

Applicants applying with collaborative partners are required to show proof of the partnership with a signed partnership agreement and a resolution of support from each of the partner's governing entities. If the collaborative partner does not have a governing entity, a letter of support from the partnering organization is sufficient. These documents must be received by the end of the cure period in order for each entity to count as a collaborative partner for the purposes of this application.

Nature of the Partnership

As agreed upon in the signed partnership agreement, please identify the nature of the partnership with an explanation of how the lead agency and collaborative partners will work together on the proposed project.

Section 2
Collaborative Partners

Lead Applicant		Round 5	
Project Name		Type of Request	

List of Partners

Please use the following space to list each collaborative partner who is participating in the project and is providing BOTH a resolution of support for the Local Government Innovation Fund application and has signed the partnership agreement.

Collaborative Partner # 1	
Mailing Address:	Name:
	Street Address:
	City:
	Zip:

Collaborative Partner # 2	
Mailing Address:	Name:
	Street Address:
	City:
	Zip:

Collaborative Partner # 3	
Mailing Address:	Name:
	Street Address:
	City:
	Zip:

Collaborative Partner # 4	
Mailing Address:	Name:
	Street Address:
	City:
	Zip:

Collaborative Partner # 5	
Mailing Address:	Name:
	Street Address:
	City:
	Zip:

Collaborative Partner # 6	
Mailing Address:	Name:
	Street Address:
	City:
	Zip:

Section 2 Collaborative Partners

Lead Applicant		Round 5	
Project Name		Type of Request	

Collaborative Partner # 7	
Mailing Address:	Name:
	Street Address:
	City:
	Zip:

Collaborative Partner # 8	
Mailing Address:	Name:
	Street Address:
	City:
	Zip:

Collaborative Partner # 9	
Mailing Address:	Name:
	Street Address:
	City:
	Zip:

Collaborative Partner # 10	
Mailing Address:	Name:
	Street Address:
	City:
	Zip:

Collaborative Partner # 11	
Mailing Address:	Name:
	Street Address:
	City:
	Zip:

Collaborative Partner # 12	
Mailing Address:	Name:
	Street Address:
	City:
	Zip:

Collaborative Partner # 13	
Mailing Address:	Name:
	Street Address:
	City:
	Zip:

Section 2 Collaborative Partners

Lead Applicant		Round 5	
Project Name		Type of Request	

Project Information

Provide a general description of the project, including a description of the final work product derived from the grant study or loan implementation project. This information may be used for council briefings, program and marketing materials.

Section 3

Project Information

Lead Applicant		Round 5	
Project Name		Type of Request	

Project Information		
Has this project been submitted for consideration in previous LGIF Rounds?	Yes	No
If yes, in which Round(s)?		
What was the project name?		
What entity was the lead applicant?		

Past Success		
Provide a summary of past efforts to implement a project to improve efficiency, implement shared services, coproduction, or a merger (5 points).		
Applicant demonstrates Past Success	Yes	No

Section 3

Project Information

Scalable		
Provide a summary of how the applicant's proposal can be scaled for the inclusion of other entities (5 points).		
Applicant demonstrates a Scalable project	Yes	No

Lead Applicant		Round 5	
Project Name		Type of Request	

Replicable		
Provide a summary of how the applicant's proposal can be replicated by other entities. A replicable project should include a component that another entity could use as a tool to implement a similar project (5 points).		
Applicant demonstrates a Replicable project	Yes	No

Section 3
Project Information

Probability of Success		
Provide a summary of the likelihood of the grant study recommendations being implemented. Applicants requesting an implementation loan should provide a summary of the probability of savings from the loan request (5 points).		
Applicant demonstrates Probability of Success	Yes	No

Lead Applicant		Round 5	
Project Name		Type of Request	

Performance Audit/Cost Benchmarking		
<p>If the project is the result of recommendations from a prior performance audit provided by the Auditor of State under Chapter 117 of the Ohio Revised Code, or is informed by a previous cost benchmarking study, please attach a copy with the supporting documents. In the section below, provide a summary of the performance audit findings or cost benchmarking study results (5 points).</p>		
Prior Performance Audit or Cost Benchmarking	Yes	No

Section 3
Project Information

Economic Impact		
<p>Provide a summary of how the proposal will promote a business environment through a private sector partner (5 points) and/or provide for community attraction (3 points).</p>		
Applicant demonstrates Economic Impact	Yes	No

Lead Applicant		Round 5	
Project Name		Type of Request	

Response to Economic Demand		
<p>Provide a summary of how the project responds to substantial changes in economic demand for local or regional government services. The narrative should include a description of the current and future expected service level needs (5 points).</p>		
Applicant demonstrates Response to Economic Demand	Yes	No

Section 3
Project Information

Budget Information

General Instructions

- Both the Project Budget and Program Budgets are required to be filled out in this form.
- Consolidate budget information to fit in the form. Additional budget detail may be provided in the budget narrative or in an attachment

Project Budget:

- The Project Budget should detail expenses related to the grant or loan project.
- The Project Budget justification must be explained in the Project Budget Narrative section of the application. This section is also used to explain the reasoning behind any items on the budget that are not self explanatory, and provide additional detail about project expenses.
- The Project Budget should be for the period that covers the entire project. The look-back period for in-kind contributions is two years. These contributions are considered a part of the total project costs.
- For the Project Budget, indicate which entity and revenue source will be used to fund each expense. This information will be used to help determine eligible project expenses.
- Total Sources must equal Total Uses. Include staff time and other in-kind matches in the Total Uses section of the budget.

Program Budget

- Use the Program Budget to outline the costs associated with the implementation of the program in your community.
- Six (6) years of Program Budgets should be provided. The standard submission should include three years previous budgets (actual), and three years of projections including implementation of the proposed project. A second set of three years of projections (one set including implementation of this program, and one set where no shared services occurred) may be provided in lieu of three years previous if this does not apply to the proposed project.
- Please use the Program Budget Narrative section to explain changes in expenses and revenues, and to defend the budget projections. If the budget requires the combining of costs on the budget template, please explain this in the narrative.

Return on Investment:

- A Return on Investment calculation is required, and should reference cost savings, cost avoidance and/or increased revenues indicated in Program Budget sections of the application. Use the space designated for narrative to justify this calculation, using references when appropriate.

For Loan Applications only:

- Using the space provided, outline a loan repayment structure.
- Attach three years prior financial documents related to the financial health of the lead applicant (balance sheet, income statement and a statement of cash flows).

Lead Applicant		Round 5	
Project Name		Type of Request	

Project Budget

Use this space to outline all sources of funds and the uses of those funds. Both sections should include all funds related to the project, including in-kind match contributions. Use the project budget narrative on the next page to justify the project budget, and indicate the line items for which the grant will be used.

Sources of Funds

LGIF Request:

Cash Match (List Sources Below):

Source:	<input type="text"/>

In-Kind Match (List Sources Below):

Source:	<input type="text"/>
Source:	<input type="text"/>
Source:	<input type="text"/>

Total Match:

Total Sources:

Uses of Funds

	Amount	Revenue Source
Consultant Fees:	<input type="text"/>	<input type="text"/>
Legal Fees:	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>
Other: _____	<input type="text"/>	<input type="text"/>

Total Uses:

Local Match Percentage:

* Please note that this match percentage will be included in your grant/loan agreement and cannot be changed after awards are made.

Local Match Percentage = (Match Amount/Project Cost) * 100 (10% match required)
 10-39.99% (1 point) 40-69.99% (3 points) 70% or greater (5 points)

Section 4
Financial Information

Lead Applicant		Round 5	
Project Name		Type of Request	

Project Budget Narrative: Use this space to justify any expenses that are not self-explanatory.

Section 4
Financial Information

Lead Applicant		Round 5	
Project Name		Type of Request	

Program Budget

Actual ___ Projected ___	FY _____	FY _____	FY _____
Expenses	Total Program Expenses	Total Program Expenses	Total Program Expenses
Salary and Benefits			
Contract Services			
Occupancy (rent, utilities, maintenance)			
Training & Professional Development			
Insurance			
Travel			
Capital & Equipment Expenses			
Supplies, Printing, Copying & Postage			
Evaluation			
Marketing			
Conferences, meetings, etc.			
Administration			
*Other - _____			
*Other - _____			
*Other - _____			
TOTAL EXPENSES			
Revenues	Revenues	Revenues	Revenues
Contributions, Gifts, Grants, & Earned Revenue			
<i>Local Government:</i> _____			
<i>Local Government:</i> _____			
<i>Local Government:</i> _____			
<i>State Government</i>			
<i>Federal Government</i>			
*Other - _____			
*Other - _____			
*Other - _____			
<i>Membership Income</i>			
<i>Program Service Fees</i>			
<i>Investment Income</i>			
TOTAL REVENUES			

Lead Applicant		Round 5	
Project Name		Type of Request	

Program Budget

Actual ___ Projected ___	FY _____	FY _____	FY _____
Expenses	Total Program Expenses	Total Program Expenses	Total Program Expenses
Salary and Benefits			
Contract Services			
Occupancy (rent, utilities, maintenance)			
Training & Professional Development			
Insurance			
Travel			
Capital & Equipment Expenses			
Supplies, Printing, Copying & Postage			
Evaluation			
Marketing			
Conferences, meetings, etc.			
Administration			
*Other - _____			
*Other - _____			
*Other - _____			
TOTAL EXPENSES			
Revenues	Revenues	Revenues	Revenues
Contributions, Gifts, Grants, & Earned Revenue			
<i>Local Government:</i> _____			
<i>Local Government:</i> _____			
<i>Local Government:</i> _____			
<i>State Government</i>			
<i>Federal Government</i>			
*Other - _____			
*Other - _____			
*Other - _____			
<i>Membership Income</i>			
<i>Program Service Fees</i>			
<i>Investment Income</i>			
TOTAL REVENUES			

Lead Applicant		Round 5
Project Name		Type of Request

Program Budget

Use this space to justify your program budget and/or explain any assumptions used for the budget projections. These projections should be based on research, case studies, or industry standards and include a thoughtful justification.

Section 4: Financial Information Scoring

(5 points) Applicant provided complete and accurate budget information and narrative justification for a total of six fiscal years.

(3 points) Applicant provided complete and accurate budget information and for at least three fiscal years.

(1 point) Applicant provided complete and accurate budget information for less than three fiscal years.

Lead Applicant		Round 5	
Project Name		Type of Request	

Return On Investment

Return on Investment is a performance measure used to evaluate the efficiency of an investment. To derive the expected return on investment, divide the net gains of the project by the net costs. For these calculations, please use the implementation gains and costs, NOT the project costs (the cost of the feasibility, planning, or management study)--unless the results of this study will lead to direct savings without additional implementation costs. The gains from this project should be derived from the prior and future program budgets provided, and should be justified in the return on investment narrative.

Return on Investment Formulas:

Consider the following questions when determining the appropriate ROI formula for your project. Check the box of the formula that you are using to determine your ROI. These numbers should refer to savings/revenues illustrated in projected budgets.

Do you expect cost savings from efficiency from your project?

Use this formula:
$$\frac{\text{Total \$ Saved}}{\text{Total Program Costs}} * 100 = \text{ROI}$$

Do you expect cost avoidance from the implementation of your project/program?

Use this formula:
$$\frac{\text{Total Cost Avoided}}{\text{Total Program Costs}} * 100 = \text{ROI}$$

Do you expect increased revenues as a result of your project/program?

Use this formula:
$$\frac{\text{Total New Revenue}}{\text{Total Program Costs}} * 100 = \text{ROI}$$

Do you expect some combination of savings, cost avoidance, or increased revenue as a result of your project/program? (Total Gains combines \$ Saved, Costs Avoided, and New Revenue)

Use this formula:
$$\frac{\text{Total Gains}}{\text{Total Program Costs}} * 100 = \text{ROI}$$

Expected Return on Investment = _____ * 100 =

Expected Return on Investment is:

Less than 25% (10 points)

25%-75% (20 points)

Greater than 75% (30 points)

Questions about how to calculate ROI? Please contact the Office of Redevelopment at 614-995-2292 or

lgif@development.ohio.gov

Section 4
Financial Information

Lead Applicant		Round 5	
Project Name		Type of Request	

Return on Investment Justification Narrative: In the space below, describe the nature of the expected return on investment, providing justification for the numbers presented in the ROI calculation. This calculation should be based on the savings, cost avoidance, or increased revenues shown in the program budgets on the preceding pages. Use references when appropriate to justify assumptions used for cost projections.

Section 4
Financial Information

Lead Applicant		Round 5	
Project Name		Type of Request	

Loan Repayment Structure

Please outline your preferred loan repayment structure. At a minimum, please include the following: the entities responsible for repayment of the loan, all parties responsible for providing match amounts and an alternative funding source (in lieu of collateral). Applicants will have two years to complete their project upon execution of the loan agreement, and the repayment period will begin upon the final disbursement of the loan funds. A description of expected savings over the term of the loan may be used as a repayment source.

Section 4
Financial Information

Applicant demonstrates a viable repayment source to support loan award. Secondary source can be in the form of a debt reserve, bank participation, a guarantee from a local entity, or other collateral (i.e. emergency, rainy day, or contingency fund, etc).

Applicant clearly demonstrates a secondary repayment source (5 points)	Applicant does not have a secondary repayment source (0 points)
--	---

Lead Applicant		Round 5	
Project Name		Type of Request	

Scoring Overview

Section 1: Collaborative Measures

Collaborative Measures	Description	Max Points		Applicant Self Score
Population	Applicant's population (or the population of the area(s) served) falls within one of the listed categories as determined by the U.S. Census Bureau. Population scoring will be determined by the smallest population listed in the application. Applications from (or collaborating with) small communities are preferred.	5		
Participating Entities	Applicant has executed partnership agreements outlining all collaborative partners and participation agreements and has resolutions of support. (Note: Sole applicants only need to provide a resolution of support from its governing entity.	5		

Section 2: Success Measures

Past Success	Applicant has successfully implemented, or is following project guidance from a shared services model, for an efficiency, shared service, coproduction or merger project in the past.	5		
Scalable	Applicant's proposal can be scaled for the inclusion of other entities.	5		
Replicable	Applicant's proposal can be replicated by other local governments.	5		
Probability of Success	Applicant provides a documented need for the project and clearly outlines the likelihood of the need being met.	5		

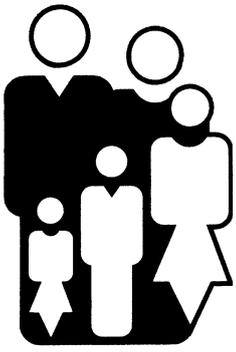
Section 3: Significance Measures

Performance Audit Implementation/Cost Benchmarking	The project implements a single recommendation from a performance audit provided by the Auditor of State under Chapter 117 of the Ohio Revised Code or is informed by cost benchmarking.	5		
Economic Impact	Applicant demonstrates the project will promote a business environment (i.e., demonstrates a business relationship resulting from the project) and will provide for community attraction (i.e., cost avoidance with respect to taxes).	5		
Response to Economic Demand	The project responds to current substantial changes in economic demand for local or regional government services.	5		

Section 4: Financial Measures

Financial Information	Applicant includes financial information (i.e., service related operating budgets) for the most recent three years and the three year period following the project. The financial information must be directly related to the scope of the project and will be used as the cost basis for determining any savings resulting from the project.	5		
Local Match	Percentage of local matching funds being contributed to the project. This may include in-kind contributions.	5		
Expected Return	Applicant demonstrates as a percentage of savings (i.e., actual savings, increased revenue, or cost avoidance) an expected return. The return must be derived from the applicant's cost basis.	30		
Repayment Structure (Loan Only)	Applicant demonstrates a viable repayment source to support loan award. Secondary source can be in the form of a debt reserve, bank participation, a guarantee from a local entity, or other collateral (i.e., emergency fund, rainy day fund, contingency fund, etc.).	5		

Total Points				
---------------------	--	--	--	--



Ashland County

Department of Job and Family Services

Director
Cassandra Holtzmann

Commissioners
Kim Edwards
Barb Queer
Michael Welch

15 West Fourth Street
Ashland Ohio, 44805
(419) 282-5000 Office
(419) 282-5010 Fax
(419) 282-5002 TDD

February 28, 2013
Ohio Development Services Agency
Office of Redevelopment
77 South High Street
Columbus, Ohio 43215

Dear Nicole / Office of Redevelopment:

Please find attached Ohio Local Government Innovation Fund Round 5 Application. As you will see in reviewing this application, the Ashland County Department of Job and Family Services has partnered with the Mental Health and Recovery Board and the Juvenile Court. We have also had a number of intense discussions with a private non-profit entity, namely Cleveland Catholic Charities. This entity has the experience, expertise and appropriate credentials to assist us with this endeavor. We are excited that they have joined in this partnership.

As a member of the Public Children's Services Association of Ohio (PCSAO) Board of Trustees, I will be in a position to share the information obtained through the Community Placement Alternatives Project feasibility study with agencies throughout the State of Ohio. I am also a member of the Ohio Job and Family Services Director's Association and will be in a position to share the results of the study in that forum as well.

As you will see in the application, I have contacted a number of my colleagues in combined county departments of job and family services to inquire about their interest in a study of this nature. There was a great deal of interest expressed in this project. I intend to share the results and make myself available to respond to questions as needed. Placing children appropriately and managing the cost of placement is a problem throughout the state. While maintaining safety and reducing trauma are of primary importance, placement costs continue to increase causing addition pressure on already depleted funding sources.

Keeping children closer to their home, school, family, friends and community is so important to their well being. It is my hope that if this grant application is approved, the resulting feasibility study will show us that we can create a network of placement alternatives within our own community. Each child within this network would then be wrapped in the services delivered in their own community.

Thank you for your consideration.

Sincerely,

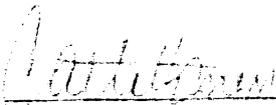
Cassandra A. Holtzmann, L.P.A.
Executive Director

Ashland County Department of Job and Family Services

PARTNERSHIP AGREEMENT

This Partnership Agreement is established for the purpose of formally recognizing collaboration between three Ashland County entities including; Ashland County Department of Job and Family Services, Mental Health and Recovery Board, and, the Juvenile Court. This collaboration is being formalized for the purpose of pursuing grant funds from the Local Government Innovation Fund to obtain a feasibility study to determine whether establishing a Community Placement Alternatives Project (CPAP) is feasible. The CPAP is intended to improve services for children and families, to promote more efficient case management practices and to reduce costs associated with out of county therapeutic foster care and residential treatment programs.

The main applicant and the partners will begin this process by selecting an appropriate vendor to conduct a feasibility study to determine the viability of the CPAP. Once the contract vendor is chosen, the partners will work with this vendor to provide information to assist as necessary to produce a sound feasibility study result. If the feasibility study determines that the CPAP or another type of approach is viable, the partners will then consider implementing the project through the Local Government Innovation Fund (LGIF) Loan funding.



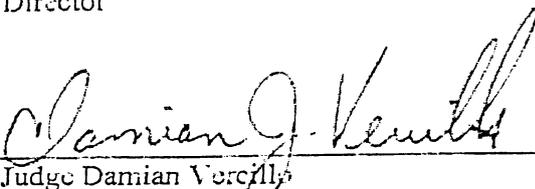
Cassandra A. Holtzmann
Department of Job and Family Services
Director

8/31/12
Date



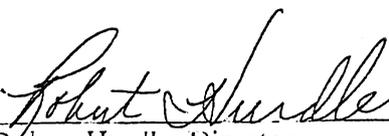
Steve Stone
Mental Health and Recovery Board
Director

8/31/12
Date



Judge Damian Vercillo
Juvenile Court

8/31/12
Date



Robert Hurdle, Director
Catholic Charities

2/25/13
Date

BOARD OF COUNTY COMMISSIONERS
ASHLAND COUNTY, OHIO

August 30, 2012

IN THE MATTER OF AUTHORIZING)
SUBMISSION OF APPLICATION FOR)
LOCAL GOVERNMENT INNOVATION)
FUND FEASIBILITY STUDY GRANT.)

WHEREAS, Cassandra Holtzmann, Director, Department of Job & Family Services, has requested the Board's permission to submit an application to the Local Government Innovation Fund Program, and

WHEREAS, the grant will be used to conduct a feasibility study to determine whether it is feasible to develop a therapeutic foster care and/or residential treatment program in Ashland County utilizing the resources of public entities and private vendors, and

WHEREAS, the name of the project will be Community Placement Alternatives, and

WHEREAS, the Ashland County Department of Job & Family Services and the Ashland County Mental Health & Recovery Board will apply for the grant with the Department of Job & Family Services being the lead agency, and

WHEREAS, the Board is in agreement with the request, therefore,

Mr. Michael Welch moved that Cassandra Holtzmann, Director, Department of Job & Family Services, be granted permission to submit a grant application to the Local Government Innovation Fund Program on behalf of Ashland County, to pursue the feasibility of developing a therapeutic foster care and/or residential treatment program in Ashland County utilizing the resources of public entities and private vendors.

Ms. Barb Queer seconded the motion and upon the roll being called, the vote resulted:

Mr. Welch, Yes – Ms. Queer, Yes – Mrs. Edwards, Yes

Motion Carried.

STATEMENT OF CLERK

I, Gail Crossen, Clerk of the Board of County Commissioners of Ashland County, Ohio, do hereby certify that the foregoing is a true and correct copy of the proceedings of the Board on the 30th day of August, 2012, as compared by me with the original on file in the records of my office.



Clerk

cc: Dept. Job & Family Services
Mental Health ✓



DAMIAN J. VERCILLO
JUDGE

ASHLAND COUNTY COURT OF COMMON PLEAS
PROBATE AND JUVENILE DIVISION

142 WEST SECOND STREET
ASHLAND, OHIO 44805
(419) 289-0000

August 31, 2012

To Whom it May Concern:

Please be advised that the Ashland County Juvenile Court supports the pursuit of a grant from the Local Government Innovation Fund for the purpose of obtaining a feasibility study to determine whether a Community Placement Alternatives Project is warranted and feasible for Ashland County, Ohio.

Thank you.

Very truly yours,

A handwritten signature in black ink that reads "Damian J. Vercillo". The signature is fluid and cursive.

Damian J. Vercillo
Probate-Juvenile Judge

DJV:nd



Catholic Charities Community Services | Ashland County

February 28, 2013

To Whom it May Concern:

Please be advised that Catholic Charities supports the pursuit of a grant from the Local Government Innovation Fund for the purpose of obtaining a feasibility study to determine whether a Community Placement Alternatives Project is warranted and feasible for Ashland County, Ohio.

Sincerely,

Robert R. Hurdle
Director, Ashland County

1260 South Center Street, Ashland, Ohio 44805 tel (419) 289-1903 fax (419) 281-8342

Funded in part by the Catholic Charities Annual Appeal, Ashland County Job and Family Services, Family and Children First Council, Mental Health and Recovery Board of Ashland County, Mohican Area Community Fund, Inc., Ohio Children's Trust Fund, Hugo Young Foundation, United Way of Ashland County



Mental Health & Recovery Board of Ashland County



Offering Rays of Hope
www.ashlandmhrb.org

Board Members

Tom Gaus
Board Chairperson

Jenny Whitmore
Vice Chairperson

Kim Harrison
Secretary/Treasurer

Pam Mowry
Chairperson
Finance Committee

Nancy Udolph
Chairperson
Planning Committee

Jenny Whitmore
Chairperson
AOD Committee

Sylvia Adrian

Eva Beard

Lee Bright

Ryan Emmons

Mary Jones

Rebecca Owens

Shari Shafer

Diana Spore

Gail Sweet

Ginny Telego

Mike White

Barbara Workman

Steven G. Stone
Executive Director

"Never doubt
that a small,
group of
thoughtful,
committed
citizens can
change the world.
Indeed,
it is the only
thing that
ever has."

Margaret Mead

August 30, 2012

Cassandra Holtzman, Director
Ashland County DJFS
15 W. 4th Street
Ashland, OH 44805

RE: Support of the LGIF Application

Dear Cassandra,

It is with much enthusiasm that we write this letter of support for the application that will be submitted to the state for funds from the Local Government Innovation Fund (LGIF). The feasibility study that this money will allow is critical to the development of local resources that we need to establish in order to assist our most vulnerable children and their families. The costs that our county has incurred over the past several years continues to rise and we do not believe that our current approach is providing the most effective and efficient response to the problems associated with child welfare.

We are hopeful that the application for the grant will be awarded to our community as this will be a major step forward and ensure that we will be able to make the programmatic and operational changes necessary to create cost-effective, long-term and sustainable solutions.

The Mental Health and Recovery Board will be presented with a formal resolution in support of this effort at their next meeting which will occur on September 18, 2012. We are confident that the full board will pass this resolution, as these children have been a priority of this board for many years.

Please know that your department has the full and complete support of the Mental Health and Recovery Board for this critical initiative.

Sincerely,

Steven G. Stone
Executive Director

J. Thomas Gaus
Board Chair



Mental Health & Recovery Board

of Ashland County

Offering Rays of Hope
www.ashlandmhrb.org

Board Members

Tom Gaus
Board Chairperson

Jenny Whitmore
Vice Chairperson

Kim Harrison
Secretary/Treasurer

Pam Mowry
Chairperson
Finance Committee

Nancy Udolph
Chairperson
Planning Committee

Pam Mowry
Chairperson
Executive Committee

Jenny Whitmore
Chairperson
AOD Committee

Sylvia Adrian

Eva Beard

Lee Bright

Ryan Emmons

Mary Jones

Rebecca Owens

Shari Shafer

Diana Spore

Gail Sweet

Ginny Telego

Mike White

Barbara Workman

Steven G. Stone
Executive Director

"Never doubt
that a small,
group of
thoughtful,
committed
citizens can
change the world.
Indeed,
it is the only
thing that
ever has."

Margaret Mead

September 24, 2012

Cassandra Holtzmann, Director
Ashland County Department of Job and
Family Services
15 W. 4th Street
Ashland, OH 44805

Dear Cassandra,

Please be advised that the Mental Health and Recovery Board passed the following resolution at our meeting on September 18, 2012:

The Mental Health and Recovery Board offers its full and complete support for the Local Government Incentive Grant Fund grant application that was submitted by the Ashland County Department of Job and Family Services.

The resolution was unanimously and enthusiastically approved. I stand with you in anxiously awaiting word on whether the application will be approved and the funds awarded.

Thank you once again for your leadership on the important initiative.

Sincerely,

Steve Stone
Executive Director

MENTAL HEALTH AND RECOVERY BOARD OF ASHLAND COUNTY
Board Meeting Minutes
September 18, 2012

PRESENT: Tom Gaus, Chairperson Steve Stone, Executive Director
Eva Beard David Ross, Director of Planning and Evaluation
Shari Shafer Kelly Daniels, Special Projects Manager
Kim Harrison Patty Walton, Accountant
Mary Jones Diane Switzer, Office Manager
Sylvia Adrian
Pam Mowry
Rebecca Owens
Ginny Telego
Jenny Whitmore
Barbara Workman
Nancy Udolph
Mike White

ABSENT: Lee Bright*
Diana Spore*
Ryan Emmons*
Gail Sweet
**Provided prior notice*

Guests: Jerry Strausbaugh, Appleseed
Stacy Merryweather, Appleseed
Dennis Dyer, ACCADA

CALL TO ORDER
Tom Gaus, Chairperson, call the meeting to order at 4:00 p.m. at the Board office, 1605 County Road 1095, Ashland.

I. CHAIRPERSON'S COMMENTS

Roll Call
Kim Harrison took roll call and noted that a quorum was present.

Tom Gaus mentioned the fair booth running smoothly so far this year. He stated that Mary Jones, Eva Beard and Kelly Daniels have done a fine job organizing the booth. Mary has gotten donations of candy through her church and friends. Steve Stone thanked them for all their help.

Pass Warrants
There was a quorum to pass the warrants.

II. APPROVAL OF THE MINUTES

RESOLUTION: A motion was made by Mary Jones to approve the Minutes of the August Board meeting.
12-09-01 Eva Beard seconded the motion. The motion carried.

III. DIRECTOR'S REPORT

Handouts
OACBHA: Human Trafficking
OACBHA: Suicide- Let's Talk About It

Local Government Innovation Fund
Steve Stone stated that Cassandra Holtzmann, director of the Ashland County Department of Job and Family Services, and himself worked together for several days to prepare an application to the state for *Local Government Incentive Fund* grant. The grant is for \$100,000 and would be used to conduct a feasibility study regarding high/multi-need children who often require residential treatment or foster care. Depending on the outcome of the feasibility study, the county may be

eligible for additional funds that would be provided in the form of a no-interest loan to be paid back over a 10-year period. Steve provided additional information about the program at the meeting. Steve Stone asked the board to pass a resolution in support of the grant, as there is no financial risk to the MHRB for this first part of the process and there is a good chance this could foster long-term benefits to our community.

RESOLUTION: A motion was made by Mary Jones to approve the following: The Mental Health and Recovery Board offers its full and complete support for the Local Government Incentive Grant Fund grant application that was submitted by the Ashland County Department of Jobs and Family Services. Eva Beard seconded the motion. The motion carried.

Center for Civic Life

Steve Stone stated The Center for Civic Life has contacted us and asked for our input into a community dialogue they are planning on the issue of prescription drug abuse this winter. A similar event (a national issues forum) will take place on October 4 at 7:00 p.m. at Ashland University on the subject of the national debt. Mr. Stone stated he believes this could become an important and useful vehicle for the MHRB as we work towards fostering a recovery-oriented community. Steve will keep you updated on the outcomes of these forums.

NARPA Update

Steve Stone explained that he attended the 30th Annual conference of the National Association for Rights, Protection and Advocacy (NARPA) in Cincinnati earlier this month. The association has been instrumental in advocating for and protecting the rights of people with psychiatric disabilities. As you may be aware, Steve Stone has been the co-chair of a state-wide steering committee in Ohio for the past several years to abolish the use of seclusion and restraint in mental health care. This is an example of the kinds of issues NARPA has championed for the past 30 years. Steve is hoping to be more connected to NARPA in the future.

TALK: Community Mediation Program

The TALK program is in the process of moving in to their offices here at the MHRB. Steve Stone has worked with John Stratton, the director, in preparing a \$20,000 grant to the Ashland County Community Foundation for a demonstration project. The grant is being submitted this week. The MHRB will be the fiscal agent for the grant should it be awarded. Steve will keep you posted whether or not they get the grant.

Liaison Annual Report for FY 2012

David Ross reviewed the FY 2012 annual report for the liaison program. The program remains highly valued by the local school districts as evidenced by their increased financial participation. Stacy Merryweather, Appleseed, explained how the liaison program works. There was a question raised at the Planning Committee regarding the number of students served at Loudonville/Perrysville Schools being higher than those served at a larger school district, Ashland. Stacy explained that Loudonville had been involved in a dental program with their students and that raised their number. Ashland Schools had lower numbers due to their liaison being used to develop an ADHD program, taking the liaison away from providing services to the children.

ADHD Program Evaluation

David reviewed the evaluation report of the program initiated at Appleseed last spring for children diagnosed with Attention Deficit Hyperactivity Disorder. A team of people have been working with Appleseed on this program gathering data to help make informed decisions about the program. From the information gathered, the program has been successful and is a good alternative program to offer to families.

Special Projects Update

Kelly Daniels reported that a gatekeeper training was offered here at the board offices and 17 people were training in suicide prevention. More trainings are being scheduled around the county. The Liaisons will be trained in October, Samaritan Hospital workers will be training in November and Resident Assistants at Ashland University will be trained in the Winter and Spring.

Kelly stated the new and improved website is up and running. Kelly also reminded everyone about the Boards upcoming Annual Dinner next Tuesday, September 25. Handouts are available about the presentation by Darby Penney after the dinner for those interesting in putting them up in the community. Darby's books will be for sale at the dinner. Nancy Udolph suggested with Darby Penney's permission, her program be video recorded for use by her students who are unable to attend. David Ross will get in touch with her for permission.

Kelly stated that the RSVP conference will be held on September 26 in Wooster. Registration for the conference is open until Friday, September 21.

Drug take back will be September 29; drop off points are at the Justice Center in Ashland and Loudonville Library from 10am-2pm.

Kelly explained that the Ashland County Fair is going well. The Loudonville fair is coming up in October and she sent around a signup sheet for that fair.

Board Retreat

The board retreat is set for October 20 at Camp NuHop. It will be a full day of teambuilding, information and visioning. Details (agenda, map, etc.) will be forthcoming.

Important Dates

September 25	Annual dinner and special presentation: <i>Suitcases in the Attic</i> (Ashland University)
September 26	RSVP conference (Wooster)
September 29	Drug Take Back Initiative (Justice Center and Loudonville Library)
October 20	Board Retreat (Camp NuHop)

IV. NEW BUSINESS

Planning Committee Report

Nancy Udolph gave the Planning Committee report noting that all topics were reviewed at the meeting tonight that were discussed at the meeting. Nancy noted that the only subject not discussed tonight was the Board partnering with Samaritan Hospital in offering educational sessions at the hospital. The next session is set for November 30 for nurses at the hospital.

Finance Committee Report

Pam Mowry gave the Finance Committee report. She stated that Patty Walton reviewed the September warrants for payment and the August financials.

RESOLUTION: A motion was made Mary Jones to recommend to the Board approval of the September 12-09-03 warrants for payment. Nancy Udolph seconded the motion. The motion carried.

RESOLUTION: A motion was made by Nancy Udolph to recommend to the Board approval of the August 12-09-04 Financials. Rebecca Owens seconded the motion. The motion carried.

RESOLUTION: A motion was made by Shari Shafer to recommend to the Board approval of the updated 12-09-05 Applesseed Budget as follows: Central Pharmacy went down from \$27,919 to \$16,833. School Liaison went up from \$427,677 to \$434,142. Eva Beard seconded the motion. The motion carried.

RESOLUTION: A motion was made by Rebecca Owens to recommend to the Board approval of the updated 12-09-06 Catholic Charities Budget as follows: Mentoring Grant went up from \$29,498 to \$32,731. Kim Harrison seconded the motion. The motion carried.

Executive Committee Report

Jenny Whitmore gave the Executive Committee report. She stated that the Committee discussed personnel issues. Patty Walton has accepted a permanent part-time accountant's position on the board staff. Also as a part of restructuring, David Ross is being promoted to the position of Associate Director beginning October 1, 2012 and increasing his salary \$5,000.

RESOLUTION: A motion was made by Jenny Whitmore to promote David Ross to the position of Associate
12-09-07 Director and to increase his salary by \$5,000 beginning October 1, 2012. Mary Jones seconded the motion. The motion carried.

Tom Gaus and Steve Stone commended David for his hard work over the years; he has done an excellent job and is deserving of this promotion. Tom Gaus congratulated David on his promotion.

V. ADJOURNMENT

RESOLUTION: A motion was made by Pam Mowry to adjourn the meeting at 5:17 p.m.
12-09-08 Nancy Udolph seconded the motion. The motion carried.

Respectfully Submitted,
Diane Switzer, Office Manager

Chairperson

Secretary