

PROGRAM MEETING AGENDA



Location: 1985 Eagle Pass Dr. Wooster, OH 44691
Date: December 3rd, 2025
Time: 5:30pm
Facilitator: Dennis Finley - Chair

Committee Members: D. Finley-Chair, A. Keating, M. Moore, S. Rotolo, K. Sifferlin, K. Vance

Staff: Executive Director - N. Williams, Associate Director - H. Dean, Finance Director - D. Miller, Board Operations Coordinator - Megan Dalessandro

AGENDA ITEMS

MHRB Program
Chair D Finley

Welcome and Acceptance of Agenda

Program Overviews

FY26 Funding Breakout
FY26 Community Health Report Q1
Sustainability Letter
FY27 Funding Application Process
FY27 Reduction & 120 Recommendations
FY27 Reduction Meeting Notices

Page(s) 2-4

Page(s) 5-9

Page(s) 10-11

Page(s) 12-21

Page(s) 22-27

NEW

BUSINESS / RESOLUTIONS

Associate Director H.
Dean

RESOLUTION FY26-44

FY27 120 Reduction Recommendations Notices

Page(s) see
pgs12-21

RESOLUTION FY26-45

Resolution to accept FY27 funding recommendations as presented

Page(s) to be
presented
separately

Health Officer Criteria Modification:

Due to current workforce shortages, the criteria for Health Officer positions have been temporarily adjusted. In place of requiring independent licensure at the time of application, candidates holding a Master's degree in a relevant clinical field may be considered if they are actively working toward independent licensure. These clinicians must obtain their licensure within **one year** and will serve under the direct supervision of the Crisis Supervisor. All candidates are expected to sit for the independent licensure exam within the designated timeframe.

Residency

Low Barrier MAT

QRT Grant Update

Motion to Adjourn:

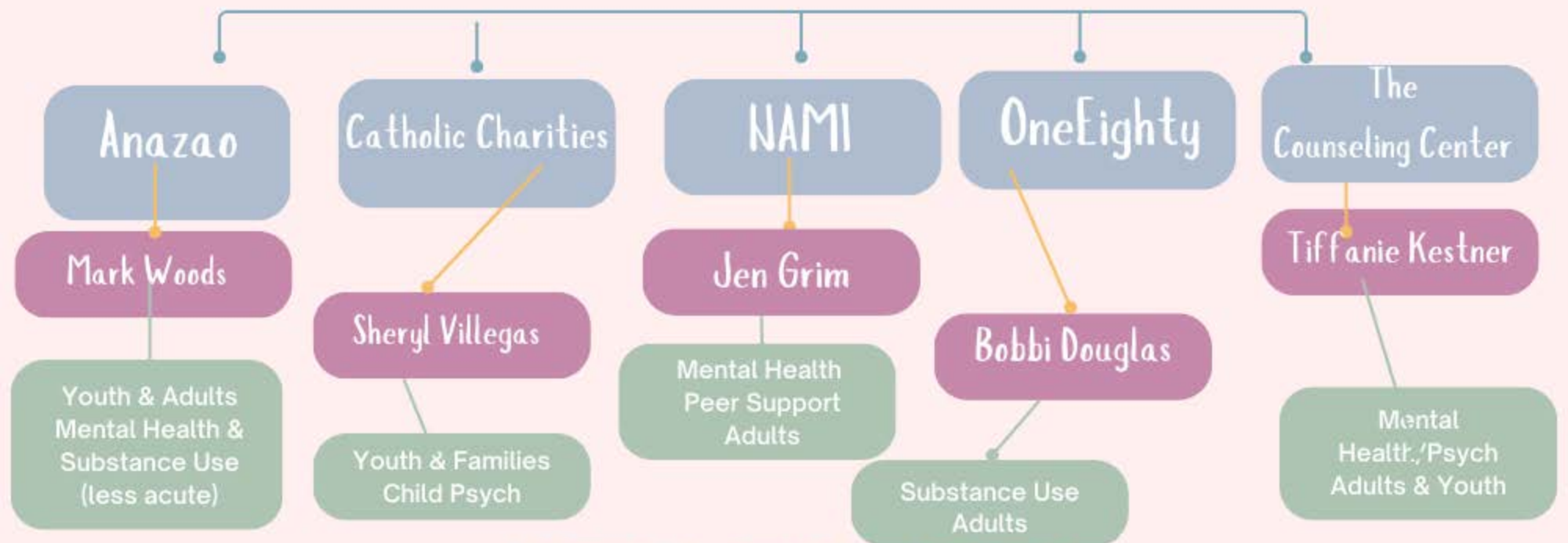
Second:

Vote:

Time:

WHMHRB FUNDED PARTNERS

FIVE MAIN PARTNERS



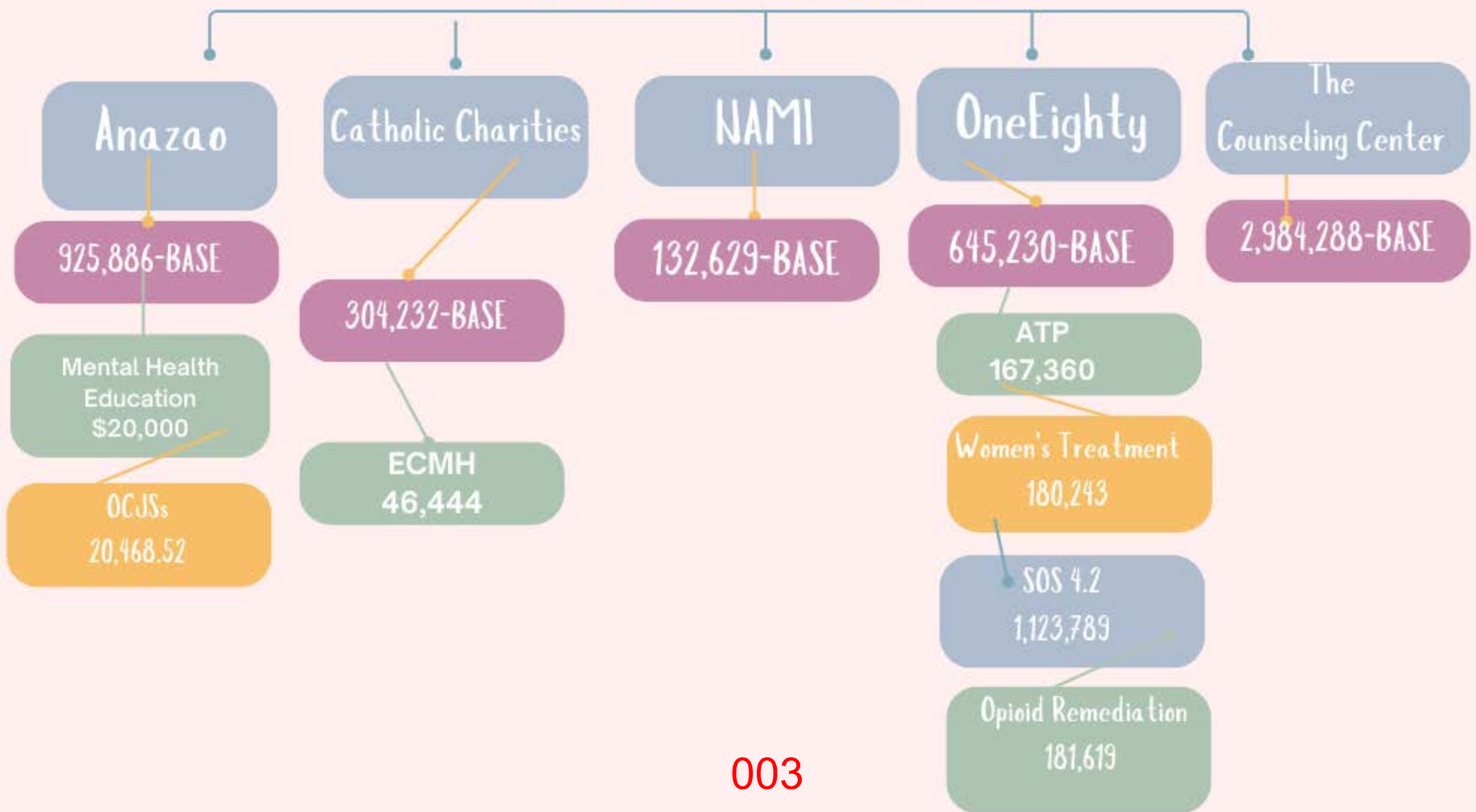
ADDITIONAL FUNDED AGENCIES



FUNDING TOTALS

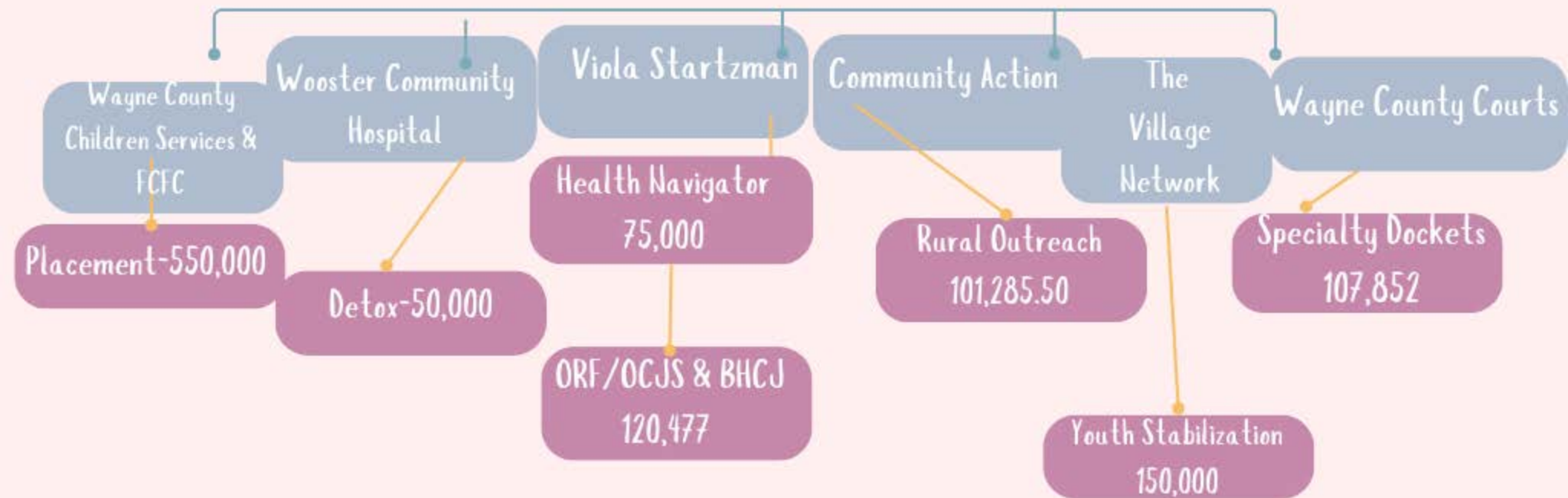
BASE & ADDITIONAL CONTRACTS

FIVE PARTNERS AGENCIES



FUNDING TOTALS

ADDITIONAL CONTRACTS/MOUS





COMMUNITY HEALTH REPORT

Quarter 1 Summary

Executive Summary

September – November 2025

Over the past three months, the community health workers from The Viola Startzman Clinic have carried out an extraordinary volume of outreach, clinic engagement, and case management/supports across Wayne and Holmes Counties. Collectively, they recorded 166 direct encounters, supported hundreds of calls and texts, and facilitated more than 200 referrals connecting individuals to medical care, mental health services, housing, food, and community resources.

Community Health supports included Medicaid applications, SNAP enrollment, mental health appointments, psychiatric injections, and assistance in navigating housing instability, employment challenges, and palliative care. Lifesaving efforts were also advanced through the distribution of naloxone (236 doses) and fentanyl test strips (59), ensuring immediate access to lifesaving tools.

This collective effort demonstrates the power of integrated, community-based care. By combining outreach, the provision of life saving supplies, and clinical services, the team has not only met immediate needs but also built sustainable connections that foster long-term wellness and stability across the region.

Key Activities & Achievements

Quarter 1 focused on several key areas to enhance community well-being:

- Increased outreach to underserved populations through targeted launch of hubs.
- Strengthened referral pathways to ensure timely access to care.
- New Community partnerships to broaden our reach and impact.



The Viola Startzman Clinic & Community Action Teams have partnered to bring care closer to the community, offering a full range of services that strengthen local support networks through the launch of new hubs in Orrville, Millersburg, and West Salem.

These new hubs will serve as welcoming spaces where individuals and families can access the help they need, right in their own communities. By combining outreach, medical, and behavioral health services under one roof, they are building stronger pathways to wellness and stability.

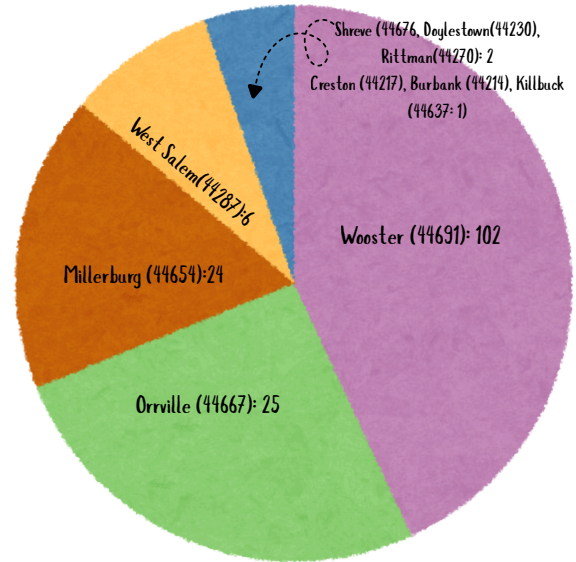
Removing Obstacles, Saving Lives: Low-Barrier MAT Services



On November 1st, The Viola Startzman Team expanded its Medication Assisted Treatment (MAT) Program with a focus on eliminating barriers to recovery. Their low-barrier approach is especially impactful to the residents of Wayne and Holmes Counties. By removing obstacles to care and offering same-day access to treatment, the VSC team is saving lives, reducing overdose risk, and strengthening pathways to recovery. Low-barrier MAT is not just a medical intervention, it is a compassionate, evidence-based approach that saves lives, strengthens families, and builds healthier communities.

Data Overview

Category	Total
Encounters	166 (43-clinic, 123-community)
Outreach Events	10
Referrals	221
Communication (calls, texts, letters)	750+



Life Saving Efforts

Distribution of Naloxone kits & Fentanyl Test Strips: 236 doses of Naloxone and 59 Fentanyl Test Strips were provided across both counties, equipping individuals with life saving supports.

Community Partnerships

The VSC Community Health Team actively collaborated with several community partners to enhance service delivery, including but not limited to:

Wayne and Holmes County Probation, Wayne County Jail, Anasao Community Partners, Community Action, Broken Grounds, Trinity Church, Homeward Bound and the Salvation Army.

Referrals/Supports/Outreach

During Q1, VSC Community Health Team made 221 referrals and outreached nearly 50 individuals

Medical / Health

- Medicaid: ~27
- SNAP: ~11
- PCP/medical appointments: ~10
- Dental needs: 3
- Mental health referrals/appts: ~29
- Psych injections: 6
- Pregnancy support: 5
- Hospice/palliative care: 3

Basic Needs

- Food: ~30
- Housing: ~17
- Utilities/Rent: ~6
- Clothing: ~10
- Diapers/Hygiene: 3
- Groceries delivered: 2

Community / Social Services

- CCA: ~26
- Community Action: ~7
- People to People: ~5
- JFS/child support: 3
- Salvation Army outreach: 11
- Trinity Church outreach: 10
- Homeward Bound outreach: 13

Employment / Financial

- Employment support: 6

Other / Case Management

- Pink slip follow-ups: 3
- SSI/records: 2
- Burial/funeral options: 1
- Flyers distributed: 500+
- ID assistance: 1

Summary

This report underscores the profound impact of meeting individuals where they are and ensuring that care is accessible without unnecessary obstacles. By combining outreach, clinical engagement, life saving supplies, and case management/supports, The Viola Startzman Community Health Team has demonstrated that recovery and wellness are most achievable when services are delivered with compassion and flexibility. The opening of VSC's & Community Action's new hubs, paired with the commitment to low-barrier Medication-Assisted Treatment, represents a decisive step forward in reducing overdose risk, strengthening community trust, and creating pathways to long-term stability. These efforts affirm that when barriers are removed, lives are not only saved but transformed.



December 4, 2025

To: Board Funded Agencies

Subject: Fiscal Year 2027 Sustainability Planning Requirement

Dear Board Funded Agencies

This letter serves as formal notification of an upcoming requirement for agencies receiving funding from the Wayne-Holmes Mental Health Recovery Board (WHMHRB). Beginning in Fiscal Year 2027, any agency receiving \$50,000 or more in annual Board funding will be required to submit a sustainability plan outlining how funded programming will be maintained over time.

To ensure this process is both meaningful and manageable, WHMHRB has established a tiered requirement based on funding levels:

- Agencies receiving between \$50,000 and \$99,999 annually will be asked to submit a brief sustainability summary (1–2 pages) that outlines key strategies for maintaining services, including anticipated funding sources, staffing considerations, and basic outcome measures.
- Agencies receiving \$100,000 or more annually are asked to submit a full sustainability plan that includes:
 - A detailed funding strategy, including potential billing, grants, and partnerships
 - Staffing and infrastructure plans
 - Program outcomes and evaluation metrics
 - A timeline for implementing sustainability efforts

To streamline the process and reduce duplication, agencies will be asked to submit one comprehensive sustainability plan that reflects all Board-funded programming meeting the funding threshold. Within this plan, agencies should include a section for each applicable program, outlining its specific sustainability strategy, funding outlook, staffing considerations, and outcome measures. This approach allows WHMHRB to view each agency's efforts holistically while ensuring that each funded service is thoughtfully planned for long-term viability.

This planning requirement is critical to ensuring responsible stewardship of public funds and to supporting the long-term sustainability of high-impact services. It also supports WHMHRB's ability to advocate for continued investment by demonstrating that programs are built for durability and measurable success.



In alignment with this effort, funding applications for Fiscal Year 2027 will include a strong focus on sustainability. Agencies will be asked to demonstrate not only the effectiveness of their services, but also how those services meet a clearly identified community need, avoid duplication, and are best delivered by the applying agency based on its expertise, infrastructure, and relationships. Early planning will help ensure that proposals are competitive and aligned with system-wide priorities.

Attached, please find guidance to support the development of your sustainability plan. This document outlines key components, expectations, and helpful considerations as you prepare for the FY27 planning requirement.

We appreciate your continued partnership and commitment to serving our community. Should you have any questions or need assistance in developing your sustainability plan, please do not hesitate to contact our office.

Sincerely,

Nicole Williams

Nicole Williams, Executive Director



FY27 PROPOSED Funding Application Process: Strategic Shift

Purpose

Beginning in FY27, the Board will implement a strategic shift in funding priorities to ensure sustainability, improve outcomes, and align with statewide best practices.

Our current investment is heavily concentrated in crisis response, residential treatment, group home living, and services within the criminal justice system. While these services remain important, the model is heavily reactive and often misses opportunities for earlier intervention that could prevent individuals from reaching this level of care. The reality is that many residential placements and justice-based interventions stem from crises that might have been avoided through proactive, community-based supports. Jail can be an opportunity to invest in services, but so are schools and youth programs. When considering return on investment and long-term outcomes, prioritizing prevention and early intervention with youth is the wiser path. Continued reliance on back-end investments is unsustainable and misaligned with best practice.

Rationale for Change

- **Prevention First:** Early intervention reduces the likelihood of individuals requiring residential SUD treatment, multiple hospitalizations, or long-term residential living.
- **Equipping Staff:** Providers must ensure staff are trained to recognize signs of decompensation and deliver appropriate early interventions.
- **Sustainability:** Current levels of funding for crisis services cannot be maintained. Resources must be shifted upstream to reduce demand for costly back-end services.
- **Community-Oriented Response:** Expecting populations with limited access to transportation or financial resources to travel for lengthy assessments, often without immediate help due to administrative barriers is misaligned with best practice. Delivering services in community settings reduces transportation costs, improves engagement, and ensures care is accessible and responsive.
- **Youth Investment:** Schools and juvenile justice programs represent critical opportunities for prevention. Investing in youth yields stronger long-term outcomes than continuing to concentrate resources on back-end crisis and jail-based services.

What This Means for Providers

- The Board will continue its transition to service-based delivery rather than paid positions in FY27.
- Proposals should demonstrate measurable outcomes, sustainability plans, and alignment with prevention and treatment priorities.
- Funding decisions will prioritize programs that strengthen prevention, expand community-based service delivery and psychiatric services, and deliver quality treatment options.
- Crisis, residential, and justice-based services will continue to be supported, but at reduced levels, with greater emphasis placed on upstream interventions.

Culture Shift & Provider Expectations

The Board is committed to fostering a healthier culture that prioritizes accountability, innovation, and ethical spending practices. Historically, funding was concentrated among a small group of agencies, limiting community choice and sustaining operations rather than directly addressing needs.

Moving forward, providers are expected to:

- **Embrace Accountability:** Funding tied to measurable outcomes, not positions or historical allocations.
- **Support Innovation:** Proposals must expand access, improve prevention, and strengthen treatment.



- **Respect Community Choice:** Services must ensure individuals have options and are not limited to one provider.
- **Collaborate, Not Compete:** The Board will reduce funding duplication, using resources efficiently.
- **Uphold Professional Standards:** Peer support, prevention, and treatment services must meet rigorous standards of quality, supervision, and sustainability.
- **Deliver Community-Based Care:** Providers must demonstrate how services will be embedded in community settings to reduce transportation costs and improve accessibility.
- **Invest in Youth:** The Board will prioritize prevention and early intervention strategies in schools and juvenile justice systems to break cycles of crisis and criminalization.

Next Steps: FY27 Funding Process

Overview of Process

For FY27, providers will **not** be required to complete a full application process. Instead, each agency will receive a formal notice of proposed funding recommendations, which may include reductions, increases, or continuation of current funding levels.

Funding decisions are based on:

- **Availability of resources**
- **Program performance and outcomes**
- **Alignment with Board objectives and FY27 priorities**
- **Community need and impact**

Agencies will be required to submit a detailed budget for all Board-supported programs and services. Budgets must be reviewed and approved by the Board, and adjustments may be requested. Allocated expenses that cannot be clearly justified or substantiated should not be included.

Providers will have the opportunity to schedule meetings (sign-up link provided via email) to discuss proposed changes. During these meetings, agencies may present alternate solutions or adjustments to demonstrate how programming can better align with FY27 priorities.

Current programming may continue, but funding levels will reflect effectiveness, sustainability, and alignment with prevention, community-oriented response, and treatment objectives. Enhancements to existing programming will be considered on a rolling basis at the Board's discretion, ensuring flexibility to meet emerging needs. New programming will be introduced through a Request for Proposals (RFP) process.

Timeline: FY27 Funding Process

- **December 3, 2025:** FY 27 Application Process reviewed by Program Committee. If approved, will move to full Board for approval.
- **December 4, 2025:** Providers receive notification of proposed funding recommendations
- **December 5th & 8th 2025:** Provider meetings held
- **January 2026:** Board approves 120-day notices.
- **February 2026:** Agencies receive official 120-day notice.
- **FY27:** RFP process begins for new programming only (fluid timeline).
- **Sustainability Requirements:** Depending on funding level, agencies will submit either a sustainability summary or a full sustainability plan, details will accompany FY27 recommendations.

**Closing Statement**

The Board extends its sincere gratitude to our providers for their commitment to meeting the ever-evolving needs of behavioral health and for their understanding of the funding realities that accompany this work. We deeply value your partnership in ensuring that services remain available to our most vulnerable populations and are delivered in ways that yield the strongest possible outcomes for the community at large. Together, we can continue to build a system of care that is responsive, sustainable, and transformative.



FUNDING REDUCTION RECOMMENDATIONS FOR FY27

"The ones who are crazy enough to think they can change the world, are the ones who do." Steve Jobs

This proposal outlines recommended funding reductions and 120 day notices for FY2027. The recommendations prioritize investment in prevention, youth and juvenile justice, sustainability, compliance with Ohio Medicaid policy, and equitable distribution of resources across the community. The recommendations reflected in this document should not be considered an exhaustive list as additional reductions/notices may be necessary.

Agencies should anticipate approved reductions/notices to be reflected in their FY27 contract attachments

Agency	Program	Amount	Rationale												
The Counseling Center (TCC)	Crisis Services	\$142,441	WHMHRB deeply appreciates the work of the TCC Crisis Team and recognizes/appreciates the significant growth in programming, communication, and service delivery under the new Director of Crisis Services. The proposed reductions reflect projected State and Federal cuts and are not reflective of WHMHRB recommendations. These are pass-through reductions.												
	Non-Licensed Residential/Group Homes (Nold & Spink)	\$187,647	<p>The notice of this requirement for FY27 is built into TCC's current contract (attachment F)</p> <p>Licensure Requirement for Quality Care and Supervision Purpose: To ensure the highest quality of care and supervision for the vulnerable populations served, it is essential that all facilities providing services are properly licensed. Policy:</p> <ul style="list-style-type: none">Effective FY27, no exceptions will be made. Facilities must obtain and maintain proper licensure to continue receiving WHMHRB daily bed rate funding.Provider will follow accreditation requirements for community housing. <table><tr><th>Residential Housing</th><th>Service Capacity</th></tr><tr><td>North Street</td><td>6</td></tr><tr><td>Oak Hill</td><td>5</td></tr><tr><td>Portage Place</td><td>8</td></tr><tr><td>Nold Avenue</td><td>5</td></tr><tr><td>Parkview Place</td><td>5</td></tr></table> <p>The Residential Support Service (RSS) program provides fiscal assistance to eligible individuals who require residential placement but lack resources to cover the full cost of care. RSS funding helps offset room-and-board expenses in approved residential settings and is designed to ensure stability, safety, and continuity of care. The program typically pays up to a set monthly maximum, approximately \$1,600 per month, depending on eligibility/level of support required.</p>	Residential Housing	Service Capacity	North Street	6	Oak Hill	5	Portage Place	8	Nold Avenue	5	Parkview Place	5
	Residential Housing	Service Capacity													
	North Street	6													
	Oak Hill	5													
Portage Place	8														
Nold Avenue	5														
Parkview Place	5														
Guardianship	\$26,198	Funding was provided to support a smooth transition of Guardianship Services to Coleman. Funding concluded at the end Q1.													
Youth Services	\$63,114	To support WHMHRB's FY27 goals & objectives, current funding will be realigned to invest in new and emerging programming that strengthens our system of care. While this results in a reduction to some existing allocations, funding dedicated to serving youth will continue and will be made available through an open RFP process in early FY27. All agencies will be eligible to apply. We encourage providers to consider innovative approaches that align with our strategic priorities.													
Treatment Line	\$85,712	Supports client choice among Board-funded psychiatric providers. 5% reduction.													

Agency	Program	Amount	Rationale
OneEighty	Youth Mentoring (Base Contract)	\$35,462	To support WHMHRB's FY27 goals and objectives, current funding will be realigned to invest in new and emerging programming that strengthens our system of care. While this results in a reduction to some existing allocations, funding dedicated to serving youth will continue and will be made available through an open RFP process in early FY27. All agencies will be eligible to apply, and we encourage providers to consider innovative approaches that align with the Board's strategic priorities.
	Peer Recovery Supports	\$25,000	Reduction based on service overlap/billing practices. Funded through SOS
	SOS Funding (Indirect)	\$22,369.73	WHMHRB will receive 2.5% administrative costs. Total based on FY26 award. OneEighty received notification of the intended shift on 9.29.25.
	SOS Funding (Direct)	\$250,000	Reallocation of \$250,000 to advance broader community priorities in FY27. Although this differs from previous funding patterns, this realignment will allow us to address emerging needs and enhance system-wide outcomes. WHMHRB extends its appreciation to the current provider for their professionalism and the meaningful contributions they have made through this program.

Agency	Program	Amount	Rationale
Anazao	Project Stay	\$30,000	To support the WHMHRB's FY27 goals and objectives, current funding will be realigned to invest in new and emerging programming that strengthens our system of care. While this results in a reduction to some existing allocations, funding dedicated to serving youth will continue and will be made available through an open RFP process in early FY27. All agencies will be eligible to apply, and we encourage providers to consider innovative approaches that align with the Board's strategic priorities.
Wayne Co. FCFC/CSB	Placement	\$200,000	WHMHRB's continued support of WCCSB/FCFC placement needs at current level is not fiscally sustainable.
The Counseling Center, Anazao, OneEighty	Justice Services-reduction, provider % TBD.	Total \$101,889	To support WHMHRB's FY27 goals and objectives, current funding will be realigned to invest in new programming that strengthens our system of care. While this includes reductions within the adult justice system, these resources will be redirected to support diversion and juvenile justice initiatives. Funding will be available through an open RFP process in early FY27, and all agencies will be eligible to apply.



Recommendations for 120 Day Notices

Agency: TCC

WHMHRB will no longer fund bed days for residential or group home facilities that are not licensed.

Agency: TCC & OneEighty

WHMHRB will not fund out-of-county residents for residential or group home placements. Providers must coordinate with the county of residence for payment responsibility.

If a client is deemed homeless, an attestation form must be submitted verifying homelessness status and documenting unsuccessful efforts related to lower levels of care (LOCs).

all Partners were notified verbally on 11.17.25 and in writing on 11.18.25

Agency: TCC & OneEighty

Residential/Group Home Bed Day rates cannot be billed manually. All Bed Day rate paid by WHMHRB must be processed through SmartCare and align with Ohio Medicaid policy, which includes both room/board and the services provided within the per diem rate.



Recommendations for 120 Day Notices

Agency: ALL

Board-funded positions include:

Employee name

Verification of timesheet/payroll

Detailed listing of ALL other funding sources supporting Board funded positions. This information should include source, dollar amount and FTE %

Agency: ALL

All agencies receiving Board funding shall provide:

Financial (includes audits) and program dashboards for any affiliated or subordinate entities (defined as organizations under common control, or those with separate EINs but operating under the funded agency's umbrella).

This requirement ensures transparency and accountability for all Board-funded programs. Including subordinate entities prevents duplication of billing / internal transfers

Agency: ALL

Agencies receiving Board funding for positions must reconcile with the Board on a quarterly basis.

Total amount of Medicaid/Insurance payments collected for each Board funded position

This ensures transparency and prevents duplication of funding.

Recommendations for 120 Day Notices

Agency: ALL

Provider agencies shall submit billing for consultation and education services on a monthly basis rather than weekly.

Each monthly submission must include a supplemental report that provides:

Client initials and date of birth (to ensure unique identification without disclosing full PHI).

A brief explanation of the consultation or education provided, including purpose and outcome.

Prevents overuse of consultation/education codes and discourages billing for non-clinical services.

Agency: ALL

All manual bills submitted to the Board must include substantiating documentation that verifies the legitimacy of any allocated amounts.

Substantiation must clearly demonstrate the basis for the charges (e.g., itemized expenses, supporting receipts, or allocation methodology).

Agencies are required to complete an annual reconciliation of all allocated amounts to ensure accuracy, transparency, and compliance with Board funding requirements.

Agency: ALL

Per Ohio Administrative Code 5160:1-2-51, residency for Medicaid and county funding purposes cannot be established through temporary institutional settings such as: Jails or correctional facilities, Hospitals or medical institutions, Residential treatment or group home placements

Residency is determined by the individual's address prior to institutionalization or placement.

As such, the Board will not pay for services provided to residents outside of Wayne and Holmes Counties.

Providers must complete an attestation form and document the basis for assigning homeless status, including efforts made to verify county residency.

Overuse or misuse of the homeless designation to bypass residency requirements is prohibited.

If claims are found to be falsely billed under homeless status, providers will be required to repay the Board for those claims.



Anazao



◦ Funding Discussion

◦
◦ 12.22.25 at 12pm
◦
◦

◦ at WHMHRB
◦

Proposed Reduction

Project Stay: \$30,000

Justice Services Reduction-all providers

022

Catholic Charities



o Funding Discussion

o
o 12.5.25 at 9am
o

o via TEAMS
o

No Proposed Reductions

meeting not needed

023

Nami



o Funding Discussion

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o
12.5.25 at 11am

at WHMHRB

No Proposed Reductions

meeting not needed

024

OneEighty



◦ Funding Discussion

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◦

◦

◦

have not scheduled

at WHMHRB

Proposed Reductions

Youth Mentoring (Base): \$35,462

Peer Recovery Supports (Base): \$25,000

SOS Funding (In-direct): \$22,369.73

SOS Funding (Direct): \$250,000

Justice Services Reduction-all providers

The Counseling Center



- Funding Discussion

-
-
- have not scheduled
-
-
-
-

at WHMHRB

Proposed Reductions

Crisis Services: \$142,441

Non-Licensed Residential: \$187,647

Guardianship: \$26,198

Youth Services: \$63,114

Treatment: 5% reduction-\$85,712

Justice Services Reduction-all providers

026



Funding Discussion

have not scheduled

Proposed Reductions
Placement Costs: \$200,00