

**BOARD OF DIRECTORS' MEETING**

**Minutes of August 30, 2011 Special Meeting  
(FINAL, as amended and approved September 27, 2011)**

**Board Members Present:** Dawn R. Jones, Governance Chair; Kevin K. Crum, Vice Governance Chair; David E. Martin, Secretary; Dustin K. Blakeslee, D.O., Reneé L. Greene, Margaret Halter, Ph.D., Rose Juriga, Bob Lanier, Linda L. Marcum, Patrick A. McGown, Phillip J. Montgomery, Susan Baker Ross, Esq., Jules F. Sauvageot, Christine C. Yuhasz

**Board Members Absent:** David J. Peter, M.D. (excused); Robert C. Schwartz, Ph.D. (excused)

**ADM Board Staff Present:** Gerald A. Craig, Executive Director; Thomas Leffler, Manager of Finance

**Other Interested Parties Present:** Eric Craymer, consultant; Linda Valentine, Mature Services; Don Finn, Interval Brotherhood Home; Mike Bullock, Tarry House, Inc.; Carol T. Bowes, Summit County Health District; Rev. Byron Arledge, Pastoral Counseling Services; Darryl Brake, Summit County Community Partnership.

**I. Call to Order:**

Board Governance Chair (hereafter referred to as "Chair") Dawn Jones called the special meeting of the Board to order at 5:35 p.m.

**II. Attendance and Roll Call**

Having knowledge of Board member excused absences, Chair Jones noted member attendance.

**III. Review and Approve Agenda**

Chair Jones instructed the Board to review the agenda for approval as submitted as well as suggestions for items to be added. After review, the agenda was approved as presented.

**IV. New Business:**

**A. Budget Presentation**

Chair Jones introduced Thomas Leffler, ADM Board Manager of Finance, who presented the 2012 ADM Board Budget (copy attached). Topic points from Mr. Leffler's presentation included:

**2012 Budget Assumptions**

**Revenue:**

- 1) Levy projection includes the accelerated phase out of the tangible personal property and public utilities along with a decrease in the valuation of assessed property of 8.3%. The estimate was confirmed with the County.
- 2) Federal revenue for ODMH and ODADAS were projected based on the SFY2012 awards from the State departments. It is anticipated that ODADAS will decrease 6% in SFY2013, while ODMH will remain constant.

- 3) State revenue for ODMH and ODADAS were projected based on the SFY2012 awards. Based on the biennium budget SFY2013 ODADAS is projected to be 34% less than SFY2012 and ODMH funding is projected to increase 18%.
- 4) Medicaid will be paid through the State 501 line for ODMH and ODADAS in SFY2012. During SFY2012, Boards will continue to pay the entire Medicaid bill for approved claims dated 7/1/2011 through 6/30/2012 submitted by certified providers. Beginning 7/1/2012, Medicaid will be elevated to the State through the ODJFS. Medicaid claims for services dated on or after 7/1/12 will be submitted by providers directly to ODJFS for payment. Medicaid was projected on the current volume plus increases for Medicaid only providers along with five new providers. Federal stimulus reimbursement expired in 2011.
- 5) Other revenue was projected based on actual awards received from other funding sources.
- 6) Total revenue was 19% lower than the 2011 budget due primarily to the elevation of Medicaid to the State.

**Expenditures:**

- 1) Board Administration was increased .4%, \$11,824.
  - a) Salaries include increases based on the staff compensation plan approved by the Board in 2010.
  - b) Medical insurance projected to increase 8% based on the County estimate.
  - c) Other administrative expense was reduced 2.5%.
- 2) Contract agency budgets will continue to be on a purchase of service basis for 2011. Non-Medicaid was budgeted to remain at the 2011 contract level less one time only funding received from the State Departments. Medicaid was budgeted at the 2011 volume. An additional investment of funds for supportive services not covered by Medicaid and priority populations/programs has been budgeted at \$1.5 million. Specific programs are being investigated such as a forensic assertive community treatment team, behavioral health services at the Summit County Jail, medical assisted treatment for the opiate population, felony drug court & funding to increase behavioral health counseling capacity. Approximately 65% for mental health services and 35% for addiction services based on the historic use of system funding.
- 3) Medicaid only contracts were increased \$2 million over 2011. Medicaid was projected on current volume plus confirmed increases for Medicaid only contracts and five providers that began providing services in late in 2010 and in 2011 that will be providing services for a full twelve month period.

MH – Akron Community Development Association dba Minority Behavioral Health,  
Coleman Professional Services & Shelter Care

AOD – Northeast Ohio Applied Health & Summa-St. Thomas Hospital

The Board continues to be at risk for ODADAS projected match in FY2012. Based on the projected volume of claims approximately \$150,000 has been budgeted to cover the anticipated shortfall in ODADAS State 501 for FY2012.

- 4) Out of County Medicaid was increased 8% based on the current volume of services.
- 5) Other contracts and allocations are estimated to decrease \$493,011 12% compared to 2011. The primary reduction is related to State Hospital psychiatric beds. The recent closing of Northcoast Behavioral Health Care psychiatric hospital in Cleveland by ODMH resulted in an increase in the population of the Northfield Campus as it added both civil and forensic patients from Lorain, Cuyahoga, Lake, Geauga and Ashtabula Counties to our Summit County facility. As a result of the Northfield Campus becoming the lone state psychiatric hospital for the region and being located in Summit County, the Summit County ADM Board holds fiscal responsibility for not only civil bed days for our own citizens but for any out of state patient bed days who present in the aforementioned counties. This fact weighed heavily on our decision to accept the ODMH "heartburn option" for declaring bed days. This option puts ODMH as the fiscally responsible party. While the Summit County ADM Board will not be fiscally responsible for patient bed days, there is a responsibility to assist in discharge planning in a swift and timely manner helping move patients out of the hospital and into community services post haste.
- 6) Total expense decreased 19% compared to 2011 due primarily to the elevation of Medicaid to the State thru ODJFS beginning 7/1/12.

Following Mr. Leffler's presentation, Chair Jones called for questions from the Board.

Board Vice Chair, Kevin Crum asked, with regard to the elevation of Medicaid to ODJFS (Ohio Department of Jobs and Family Services), if an evaluation of reductions in Board administrative expenses had been explored?

Jerry Craig responded that the elevation of Medicaid will need to be considered when evaluating staff needed, along with roles and responsibilities. Mr. Craig will be participating in planning with ODMH and ODADAS via the Ohio Association of Community Behavioral Health Authority's "Committee 2014 - The Future of Ohio's Community Behavioral Health System." The mission of this work group is to fully examine all potential system impacts affecting the future of Ohio's Community Behavioral Health System, in order to develop recommendation(s), position(s), and/or proposal(s) that ensure a consumer-focused system of community based behavioral health services in the State of Ohio. Initial work by the group should focus on the role of the Board in regards to Hospitals, non-Medicaid Services, Information Systems and Medicaid.

Mr. Leffler added that there was a possible end of life for MACSIS system when Medicaid goes to ODJFS that we may need to develop contingencies to address.

Mr. Crum thought it might be to the Board's advantage to further explain the comments regarding National Healthcare on the cash flow projection footnotes. Mr. Leffler responded that he could add the dollars to the footnotes so it is easier to understand that there was a budgeted \$1.5 million increase for targeted populations and a decrease in Non-Medicaid treatment services of approximately \$9 million, approximately on half of all indigent treatment

non Medicaid volume of \$18 million which will be billed outside of the ADM Board directly to ODJFS Medicaid. Additionally, with the elevation of Medicaid to ODJFS, Mr. Crum asked if there was a positive swing in available funding for other services in 2012 versus 2011? Mr. Leffler stated that he could provide this information.

After all questions had been addressed, a MOTION was made by Phillip Montgomery, and SECONDED by Kevin Crum,

**That the Board of Directors approve the 2012 Budget of the County of Summit Alcohol, Drug Addiction and Mental Health Services Board, as presented.**

VOTE: Yes – ALL

**RESOLUTION: 08-11-01**

**B. Comments from the Public**

Chair Jones called for comments from the public. There were no comments.

**V. Adjournment**

Chair Jones reminded the Board Members of the annual training session to be held immediately following the meeting. There being nothing additional to come before the Board, Chair Jones adjourned the meeting at 6:15 p.m.

**VI. Next Meeting Scheduled:**

**Tuesday, September 27, 2011 – 6:00 PM**

Akron Metropolitan Housing Authority Multi-Purpose Room  
100 West Cedar Street, 1<sup>st</sup> Floor  
Akron, Ohio 44307

**Minutes as amended  
and approved at  
September 27, 2011  
Board Meeting**

*s/ David E. Martin*

**David E. Martin, Secretary**



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

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## 2012 Budget

Presented Before Board of Directors  
August 30, 2011





## Community Medicaid from ODADAS and ODMH

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- ❖ The Community Medicaid billing system is based upon a fee for service system.
- ❖ Beginning in State Fiscal Year 2012, Medicaid Claims with service dates 7/1/11 – 6/30/12 will be paid 100% through the State 501 line for both Departments. Providers will continue to submit claim files that will be processed and paid by the Board.
- ❖ In State Fiscal Year 2013, Medicaid will be elevated to the State through the Ohio Department of Job and Family Services. Medicaid claims with service dates on or after 7/1/2012 will be submitted by providers directly to ODJFS for payment. The Board will no longer process or pay Medicaid claims.
- ❖ Federal stimulus reimbursement ended in 2011.

# Levy Funds

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- ❖ Levy period: 2009 – 2014
- ❖ Anticipated no growth of levy proceeds for new construction in 2012
- ❖ Accelerated phase out of Tangible Personal Property
- ❖ Reduction in assessed value of property of -8.3%
- ❖ Millage: 2.95
- ❖ Effective Rates:
  - Residential 2.95
  - Commercial 2.85

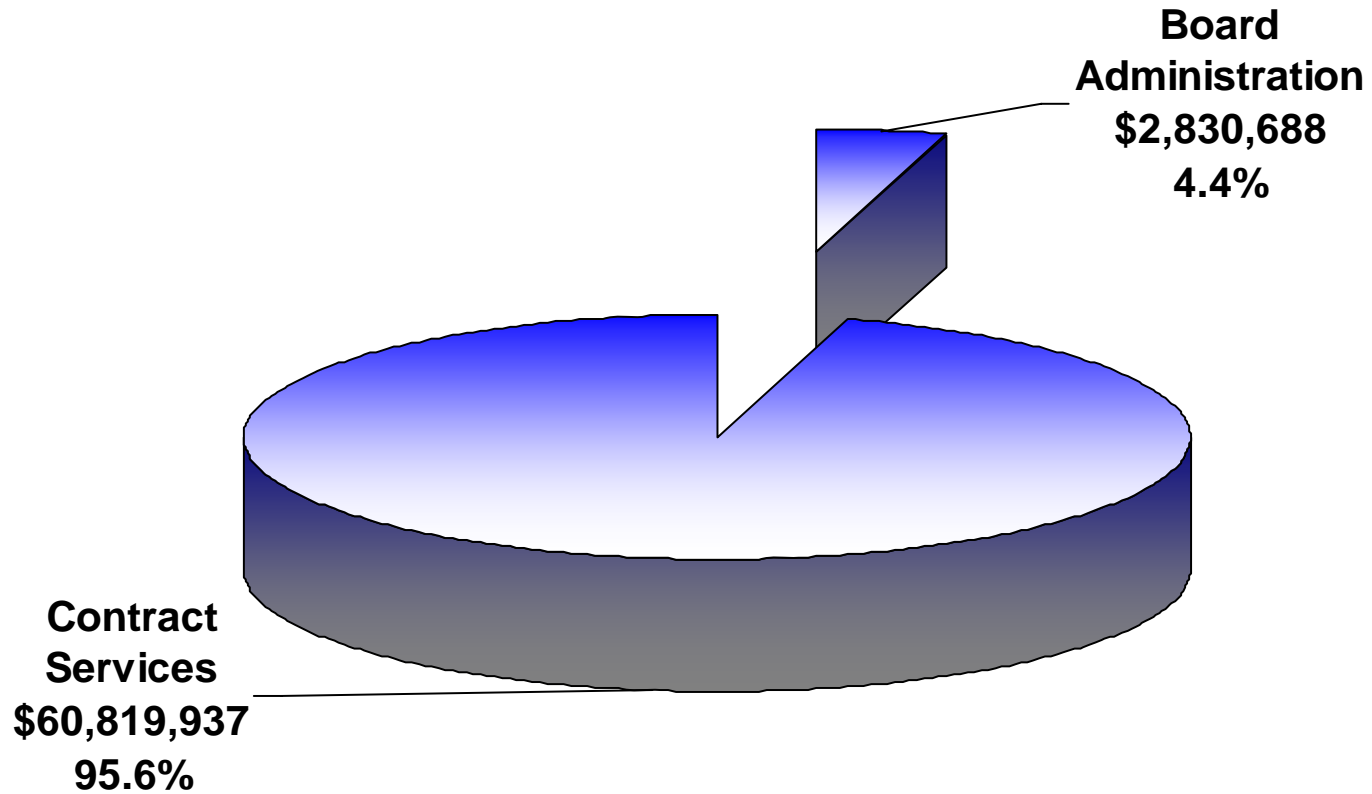
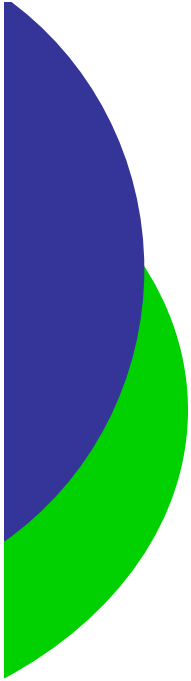
# 2012 Operating Expenditures Budget

	2012	2011	Variance	Percent
	Budget	Budget		
Board Administration				
Salaries	\$ 1,768,176	\$ 1,710,519	\$ 57,657	3%
Fringe Benefits	538,542	571,140	-32,598	-6%
Professional Services	76,180	76,180	0	0%
Supplies	43,130	46,800	-3,670	-8%
Travel	88,857	91,248	-2,391	-3%
Insurance	72,769	73,502	-733	-1%
Telephone	8,400	8,400	0	0%
Rentals	188,634	195,076	-6,442	-3%
Advertising/Printing	17,500	17,500	0	0%
Other Expense	3,000	3,000	0	0%
Equipment	25,500	25,500	0	0%
Total Board Administration	\$ 2,830,688	\$ 2,818,865	\$ 11,823	0%
Contract Services	60,819,937	75,498,466	-14,678,529	-19%
Total Expenditures	\$ 63,650,625	\$ 78,317,331	\$ -14,666,706	-19%

# 2012 Expenditure Summary

## \$63,650,625

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Contractual Expenditure by Agency

Contract Agency	Contract Period	Type of Contract	2012 Budget
<b><u>Non-Medicaid:</u></b>			
Akron Community Development Association	1/1 - 12/31/2012	Mental Health Services	\$94,000
Blick Clinic	1/1 - 12/31/2012	Mental Health Services	811,710
Child Guidance & Family Solutions	1/1 - 12/31/2012	Mental Health Services	4,788,491
Community Support Services	1/1 - 12/31/2012	Mental Health Services	8,469,552
Choices	1/1 - 12/31/2012	Mental Health Services	273,579
Mental Health America of Summit County	1/1 - 12/31/2012	Mental Health Services	13,500
Portage Path Behavioral Health	1/1 - 12/31/2012	Mental Health Services	7,381,816
Psycho Diagnostic Clinic	1/1 - 12/31/2012	Mental Health Services	379,534
Summit County Health District (FCFC)	1/1 - 12/31/2012	Mental Health Services	100,899
Summit Psychological Associates	1/1 - 12/31/2012	Mental Health Services	569,507
Tarry House	1/1 - 12/31/2012	Mental Health Services	896,805
Target Population/Program Investment	1/1 - 12/31/2012	Mental Health Services	975,000
Hospital Psychiatric Beds	1/1 - 12/31/2012	Mental Health Services	195,275
<b>Subtotal Non-Medicaid Mental Health Services</b>			<b>\$24,949,668</b>
Summit County Health Department	1/1 - 12/31/2012	Alcohol/Substance Abuse Services	\$668,359
Akron UMADAOP	1/1 - 12/31/2012	Alcohol/Substance Abuse Services	1,197,259
Asian Services	1/1 - 12/31/2012	Alcohol/Substance Abuse Services	31,792
Community Health Center	1/1 - 12/31/2012	Alcohol/Substance Abuse Services	3,952,089
East Akron Community House	1/1 - 12/31/2012	Alcohol/Substance Abuse Services	51,761
Edwin Shaw Rehab	1/1 - 12/31/2012	Alcohol/Substance Abuse Services	350,635
Interval Brotherhood Home	1/1 - 12/31/2012	Alcohol/Substance Abuse Services	2,678,922
Mature Services	1/1 - 12/31/2012	Alcohol/Substance Abuse Services	409,114
Oriana House	1/1 - 12/31/2012	Alcohol/Substance Abuse Services	3,037,249
Summit County Community Partnership	1/1 - 12/31/2012	Alcohol/Substance Abuse Services	151,625
Summit County Sheriff DARE	1/1 - 12/31/2012	Alcohol/Substance Abuse Services	86,900
Target Population/Program Investment	1/1 - 12/31/2012	Alcohol/Substance Abuse Services	525,000
<b>Subtotal Non-Medicaid Alcohol/Substance Abuse Services</b>			<b>\$13,140,704</b>
<b>Subtotal Non-Medicaid Services</b>			<b>\$38,090,372</b>
<b>Medicaid:</b>			
Contract Agencies			\$ 10,112,701
Medicaid Only Agencies			6,959,403
Out of County Medicaid			2,851,737
<b>Subtotal Medicaid Services</b>			<b>19,923,841</b>
<b>Other Contract Services</b>			<b>2,805,725</b>
		<b>Total Contracts</b>	<b>\$60,819,937</b>

Present Levy Period Cash Fund Balance Projection

	2009 <u>Actual</u>	2010 <u>Actual</u>	2011 Budget	2012 Budget	2013 Budget	2014 Budget
Beginning Cash Balance	\$ 5,539,846	\$ 17,747,752	\$ 28,324,904	\$ 31,420,002	\$ 31,970,679	\$ 29,401,997
<b>Revenue Receipts</b>						
<b>FEDERAL</b>						
1. ODADAS	\$ 3,557,802	\$ 2,593,921	\$ 3,385,074	\$ 3,411,628	\$ 3,363,791	\$ 3,363,791
2. ODMH	1,159,864	1,070,016	1,016,700	1,037,028	1,037,028	1,037,028
Subtotal ODADAS & ODMH	\$ 4,717,666	\$ 3,663,937	\$ 4,401,774	\$ 4,448,656	\$ 4,400,819	\$ 4,400,819
3. Medicaid	\$ 22,031,129	\$ 24,315,203	\$ 11,115,222	-	-	-
4. Other Federal (ORSC Pathways)	391,715	369,340	361,356	1,221,157	676,576	676,576
Subtotal Federal	\$ 27,140,510	\$ 28,348,480	\$ 15,878,352	\$ 5,669,813	\$ 5,077,395	\$ 5,077,395
<b>STATE</b>						
1. ODADAS	\$ 1,977,071	\$ 1,809,902	\$ 3,398,928	\$ 2,789,170	\$ 505,348	\$ 505,348
2. ODMH	12,186,345	13,255,839	23,778,477	20,859,058	3,474,760	3,474,760
Subtotal ODADAS & ODMH	\$ 14,163,416	\$ 15,065,741	\$ 27,177,405	\$ 23,648,228	\$ 3,980,108	\$ 3,980,108
3. Other State (DYS BH Juvenile Justice)	-	-	157,500	315,000	315,000	315,000
Subtotal State	\$ 14,163,416	\$ 15,065,741	\$ 27,334,905	\$ 23,963,228	\$ 4,295,108	\$ 4,295,108
Local (Non-Levy)	\$ 561,889	\$ 630,015	\$ 693,708	\$ 736,194	\$ 736,194	\$ 736,194
Operating Levy	\$ 40,059,347	\$ 39,480,780	\$ 38,257,930	\$ 33,832,068	\$ 32,651,277	\$ 32,651,277
Total Revenue Receipts	\$ 81,925,162	\$ 83,525,016	\$ 82,164,895	\$ 64,201,303	\$ 42,759,974	\$ 42,759,974
<b>Expenditures:</b>						
Non-Medicaid Providers	\$ 34,924,265	\$ 34,246,307	\$ 36,745,265	\$ 38,090,372	\$ 39,590,372	\$ 32,090,372
Medicaid	30,799,448	34,092,366	36,322,568	19,923,841	-	-
Other contracts and allocations	1,451,763	2,040,340	3,183,099	2,805,725	2,833,782	2,862,120
Other Administration	466,069	513,136	537,207	523,970	529,210	534,502
Salary and Fringe	2,075,711	2,055,715	2,281,658	2,306,718	2,375,292	2,445,238
Total Expenditures	\$ 69,717,256	\$ 72,947,864	\$ 79,069,797	\$ 63,650,626	\$ 45,328,656	\$ 37,932,232
Projected Revenue Over/(Under Expenditures)	\$ 12,207,906	\$ 10,577,152	\$ 3,095,098	\$ 550,677	\$ (2,568,682)	\$ 4,827,742
Ending Cash Balance	\$ 17,747,752	\$ 28,324,904	\$ 31,420,002	\$ 31,970,679	\$ 29,401,997	\$ 34,229,739

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 8/5/11, 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.

**Revenue Assumptions:**

ODMH and ODADAS revenue stable SFY2014-15  
 Medicaid elevated to the State beginning 7/1/2011  
 Medicaid paid directly by ODJFS 7/1/2012  
 Levy collections reduced by projected 8.3% reduction in property values beginning with collections 2012  
 Levy reduced due to Tangible Business Property (TPP) accelerated phase out beginning 2011

**Expenditure Assumptions:**

Non-Medicaid increased 4% beginning in 2012 for target populations and programs  
 National Health Care begins 2014. Approximately 50% of Non-Medicaid Treatment services will be paid by Medicaid ODJFS  
 Medicaid paid directly by ODJFS 7/1/2012  
 Other contracts & allocations increased 1% 2013 - 2014  
 Other Administration increased 1% 2013 - 2014  
 Salary and Fringe increased 2% with 8% increase in health insurance 2013 - 2014