

LAKE COUNTY ADAMHS BOARD

Regular Board Meeting

Monday, December 15, 2025

5:30 p.m.

Lake County ADAMHS Board, 9237 Mentor Ave., Unit B, Mentor

Mr. Hatton called the meeting to order at 5:35 p.m.

ROLL CALL:

Members Present:

Matt Sabo	Carl Dondorfer
Roberta Kalb	Jeffrey Taylor
William Wilson	Kristin Hess
Joanne Zeroske	Stacy Kramer
Martin Phillips	Frances Webb
Mike Hatton	Philip Orley

Members Excused:

Pam Kurt – Chair
Nicole Parker
Beverly Schilero

Staff Present:

Kim Fraser, Executive Director
Jackie Bruner, Director of Business Operations
Dan Rowles, Director of Quality & Clinical Operations
Amy Tulenson, Fiscal & Reporting Specialist
Justin Williams, Administrative Assistant

Guests:

Tia Lawrence	Torchlight	Suzette Miller	Generations BH
Leslie Quilty	Crossroads Health	Mike Crislip	Crossroads Health
Carrie Dotson	Lifeline	Mark Hill	Extended Housing
Ray Delamotte	Extended Housing	Karen McLeod	Extended Housing
Mark Basista	Extended Housing	Melanie Blasko	Lake-Geauga Recovery
Michelle Bertman	Catholic Charities	Matthew Selker	NAMI Lake County
Andrea Gutka	WomenSafe	Angi Daugherty	Family Pride
Jonathan Lee	Signature Health	Carol Casey	BRIDGES
Janice Jones	BRIDGES		

MINUTES OF MEETING:

Ms. Zeroske moved to accept the minutes of the October 20, 2025 Board meeting as mailed. The motion was seconded by Mr. Sabo and the Motion Passed Unanimously. (26-034)

CORRESPONDENCE:

There was no correspondence to report.

FINANCIAL REPORT:

Ms. Tulenson read the financial report of Board operations for the month of October, 2025 as follows:

Beginning Cash Balance	\$5,511,225.27
Plus: Cash Receipts for the Month	\$1,807,049.72
Total to Account For	\$7,318,274.99
Minus: Cash Disbursements for the Month	\$1,429,871.79

Ending Period Adjustments	\$ 2,320.00
Ending Cash Journal Balance	\$5,886,083.20

Ms. Tulenson read the financial report of Board operations for the month of November, 2025 as follows:

Beginning Cash Balance	\$5,886,083.20
Plus: Cash Receipts for the Month	\$ 143,413.53
Total to Account For	\$6,029,496.73
Minus: Cash Disbursements for the Month	\$1,156,721.78
Ending Period Adjustments	\$ 0
Ending Cash Journal Balance	\$4,872,774.95

Mr. Dondorfer moved to accept the financial report for the month of October, 2025 and November, 2025 as read. The motion was seconded by Ms. Zeroske and the Motion Passed Unanimously. (26-035)

PUBLIC COMMENT ON AGENDA ITEMS & INTRODUCTIONS OF GUESTS:

Guests were welcomed and invited to comment on any agenda items.

EXECUTIVE DIRECTOR’S REPORT:

Ms. Fraser began by wishing happy holidays to the group and thanking them for attending the Board’s Holiday Open-House.

Ms. Fraser informed the group that the Board would be conducting a Bi-Annual Board Member Self-Evaluation as a part of Culture of Quality best practices. The form was in the Board Member packets and Ms. Fraser asked each Board member to fill the evaluations out before they left that evening. The Board Members had the option of putting their name on their form or leaving it anonymous.

Ms. Fraser announced the Board would be hosting its Annual Board Member Training on April 16, 2026. The topic for this training is “Building Cross-Cultural Competence” – Multiethnic Advocates for Cultural Competence (MACC). The Ashtabula County MHRB Board is once again invited to join the Lake County ADAMHS Board for this training. The training is already approved via OhioDBH.

Ms. Fraser shared that the Board would be bringing Think Fast Interactive to the Lake County middle schools as student education. Think Fast Interactive is an evidence-informed program that was originally developed in 1997 as a fun, innovative, and experiential entertainment program that would non-intrusively expose participants to important educational information about a custom safety awareness topic chosen by the program, sponsors, such as the consequences of underage drinking, substance misuse and abuse, bullying prevention, traffic safety promotion, and healthy relationship skills. The Lake County ADAMHS Board has reached out to every middle school in Lake County to bring this training to their students. So far, 14 schools have confirmed and will be offering this training. The Board is still waiting on a response from 10 additional schools.

EXECUTIVE COMMITTEE REPORT:

Ms. Kalb motioned that the full Board accept the Lake County ADAMHS Board Employee Handbook as updated.

- Updates language regarding non-discrimination
- Replaces MACIS with GOSH
- Updates personnel file retention policy (consistent with law)
- Adds Personal Time (converted from sick time)
- Updates Bereavement Leave for out of state funerals

- Adds Frequent Flyer Miles and Rewards Programs language (consistent with Ohio's Ethics Laws)
- Eliminates Safety Policy language (now in stand-alone policy)

The motion was seconded by Ms. Zeroske and the Motion Passed Unanimously. (26-036)

Mr. Taylor motioned that the full Board approve the 6-month meeting dates as follows:

- Monday, January 26, 2026
- Monday, February 23, 2026
- Monday, March 16, 2026
- Monday, April 20, 2026
- Monday, May 18, 2026
- Monday, June 15, 2026

The motion was seconded by Mr. Phillips and the Motion Passed Unanimously. (26-037)

Ms. Kalb motioned that the Full Board enter into a contract with Strategy Design Partners in an amount not to exceed \$44,500. Ms. Fraser reminded the group that the Board has not used outside consultation for strategic planning since 2002. The proposal from Strategy Design Partners includes the three requested components – strategic plan, service prioritization, and design, facilitation and refinement of a proposal evaluation scorecard. Ms. Fraser reviewed past and current clients of SDP and has benchmarked the fee for services proposed. Staff recommendation is to proceed with the middle tier proposed – up to 20 interviews for \$37,000 plus \$7,500 for the proposal evaluation scorecard, for a total investment of \$44,500. Services can commence in January and will likely last up to 9 months. The motion was seconded by Mr. Dondorfer and the Motion Passed Unanimously. (26-038)

Mr. Taylor motioned that the full Board approve the following Culture of Quality Policy:

- 06-02-25 Board Self-Assessment Policy

The motion was seconded by Ms. Kalb and the Motion Passed Unanimously. (26-039)

Ms. Kalb motioned that the full Board approve the FY26 Health Officers as recommended by the Director of Quality and Clinical Operations. The motion was seconded by Mr. Sabo and the Motion Passed Unanimously. (26-040)

Mr. Taylor motioned that the full Board approve the following changes to Nami Lake County's FY2026 non-Medicaid contract:

- Discontinue Basics grant type contract as of December 31, 2025; decrease grant contract by \$6,126
- Discontinue Peer to Peer grant type contract as of December 31, 2025; decrease grant contract by \$8,168
- Discontinue Return to Hope grant type contract as if January 31, 2026; decrease grant contract by \$11,730.60
- Reallocate \$3,795.16 to Survivors of Suicide Program
- Reallocate \$3,357.96 to Family Support Group Program
- Reallocate \$3,357.27 to Ending the Silence Program
- Reallocate \$3,357.18 to NAMI Connections Program

Ms. Fraser reviewed the NAMI Lake County – Lake ADAMHS Investments document in packets, highlighting the following: ADAMHS staff began discussions with NAMI Lake County regarding underproduction of three programs in January 2025; NAMI was asked to consider reductions/eliminations of underproducing programs for FY26 but made no changes in their FY26 proposals; Lake ADAMHS made reductions in the three programs

at the beginning of FY26 with plans to monitor the programs closely; based on the current extremely low productivity staff recommends discontinuing the programs at the end of December (2) and January (1). Ms. Fraser stated that NAMI is aware of these recommendations and has been given the opportunity to request line item adjustments to move funding to other more productive programs; the request was made to reallocate \$13,867.57, which staff is recommending.

Dr. Webb asked why the projections were so high for the programs. Ms. Fraser stated the projections were reasonable, the actual outcomes were just extremely low. Ms. Fraser stated at times programs are developed but clients simply do not choose to participate, and in those cases the responsible thing to do is discontinue the programs and move the funding into more productive services. Ms. Zeroske stated that this change with NAMI appears to be the fiscally responsible thing to do for the Board.

The motion was seconded by Ms. Kalb and the Motion Passed Unanimously. (26-041)

Ms. Kalb motioned that the full Board approve the following line item adjustments to the SFY2026 Signature Health non-Medicaid contract: increase MH Psychiatric Diagnostic Evaluation w/o Medicaid \$13,424.26; increase MH Evaluation and Management \$25,334.15; decrease MH Group/Partial Hospitalization Program \$6,744.34; increase MH Psychotherapy \$58,304.68; decrease SUD Assessment \$440.76; increase SUD Individual Counseling \$10,000; increase SUD Group Counseling \$3,252.61; increase SUD Case Management \$7,185.10; increase Urine Drug Screen \$1,654.50; increase Group Counseling IOP Level \$24, 524.19 for a total contract increase of \$136,696.39. The motion was seconded by Mr. Dondorfer and the Motion Passed Unanimously. (26-041)

EVALUATION/QUALITY IMPROVEMENT COMMITTEE REPORT:

Quality Improvement Review of WomenSafe

Ms. Brant shared WomenSafe's mission which is to provide emergency shelter and comprehensive support services to survivors of domestic violence across Northeast Ohio. Founded in 1979, the organization established its first shelter in 1980 and expanded to include supportive services in 1991. WomenSafe initially achieved Medicaid certification in 1992 and CARF certification in 2006, with its most recent CARF renewal and Medicaid certification completed in 2024. Ms. Brant and Ms. Herris emphasized the organization's long-standing commitment to accessible, trauma-informed care for survivors and their families.

Ms. Herris shared that all WomenSafe services are provided free of charge, and interpreter services are available as needed. The organization operates a 24-hour crisis line, provides emergency shelter, counseling, and community psychiatric support treatment (CPST), and offers education, prevention, and outreach programs. Staff are available around the clock to assist residents, and the shelter is equipped with 32 beds—including toddler and crib accommodations—and a comprehensive security system. Residents have access to transportation, food, clothing, toiletries, and items necessary for reestablishing safe, independent living upon departure.

Ms. Herris reported some highlights for FY25 which introduced a new Care Coordinator role, and an Aftercare/EPP Coordinator was hired to expand post-shelter support. The organization shifted away from 10-hour shifts to reduce staff burnout and turnover, while increasing staff recognition and team-building efforts. Employees were encouraged to pursue off-site professional development opportunities. Capital projects were completed this year, including upgrades to client bathrooms—modernized with walk-in showers, double sinks, and improved lighting—as well as replacement of the HVAC furnace system with a more efficient model. The playground area was enhanced with a new basketball court. Additionally, a new client survey and electronic

intake system were launched on July 1 to improve data collection and reporting, with the assistance of an external contractor.

In FY25, WomenSafe served clients from Lake, Geauga, Cuyahoga, and other surrounding counties. Specifically, 47 clients came from Lake County, 25 from Geauga, 34 from Cuyahoga, and 34 from other regions. For FY26, as of the first quarter, 13 clients have been served from Lake County, 12 from Geauga, 18 from Cuyahoga, and 18 from other areas. Shelter night totals for FY25 were as follows: 2,083 nights for Lake County residents, 999 for Geauga, 1,114 for Cuyahoga, and 978 for other counties.

WomenSafe set a goal for 90% or more of clients to report improvements in their understanding the impact of domestic violence, ability to function, and personal safety planning. FY25 data show that the organization continues to meet or exceed these targets. Ms. Brant shared the outcomes for child counseling for FY2025 which indicate that 95% of children in counseling reported coping better, 93% reported having a safety plan, and 100% understood that the violence was not their fault. The Community Psychiatric Support Treatment (CPST) program continues to support high levels of client progress toward self-sufficiency, community resource connection, and safety planning, maintaining the organization's 90% satisfaction and success benchmark.

In FY25, WomenSafe reached 891 individuals in Lake County through Healthy Relationships programming, the Domestic Violence Task Force, and professional education sessions. Additionally, 1,537 individuals received outreach information and resources. The organization also hosted its fifth annual Virtual Conference through the Northeast Ohio Domestic Violence Task Force. Healthy Relationships programs were implemented in seven Lake County middle and high schools, covering topics such as the five types of abuse, recognizing warning signs, helping friends in need, and promoting healthy communication among teens.

Ms. Brant and Ms. Herris concluded by expressing gratitude to the Lake ADAMHS Board for their ongoing partnership and support. WomenSafe remains committed to providing high-quality, trauma-informed services and to advancing its mission to help survivors of domestic violence achieve safety, stability, and independence.

Ms. Brant and Ms. Herris answered some questions from the group.

Mr. Rowles has reviewed the agency's QI plan. It is in compliance with their certification through OhioDBH and it is his recommendation that we approve their plan.

Mr. Taylor motioned that the full Board accept WomenSafe's Quality Improvement Plan. Seconded by Ms. Zeroske, the Motion Passed Unanimously. (26-042)

Quality Improvement Review of Northcoast Behavioral Healthcare

Mr. Cummings began by sharing Northcoast Behavioral Healthcare's mission and vision – Making Recovery Reality; Providing quality care and professional services dedicated to making a positive impact in our community.

Northcoast Behavioral Healthcare (NBH) is a state entity under the auspices of the Ohio Department of Mental Health and Addiction Services. Its services have been in place for over six decades as an inpatient psychiatric hospital. They have a long history of providing community-based services and began contracting with community mental health boards immediately upon implementation of the Mental Health Act of 1988. The Community Support Network (CSN) of NBH currently provides a variety of community based mental health services, serving over 200 clients and employing 76 employees in three counties.

CSN maintains agency certification with Ohio Department of Mental Health and Addiction Services and has been Joint Commission accredited since 1999.

Mr. Cummings reported that NBH has 2 residential care facilities in Lake County. Their Class 1 Residential Care facilities (Madison Place and Willoughby Place) provide safe, supportive, transitional housing along with needed residential support services for up to 8 mental health clients at each residential site. The Lake residential sites utilize a residential support model and serves adults who have a diagnosis of SMI with cooccurring disorders. All staff are trained in the Boston University Direct Skills Teaching (DST) model which is an evidenced based practice grounded in the recovery process model. The model is rooted in the psychiatric approach and focuses on developing the skills and supports clients need to successfully function in the environment of their choice. All clinical and community support activities are provided by and coordinated with the community mental health agencies providing care. NBH's referral criteria include Lake County residents that are 18 or older, severely mentally ill (SMI) with cooccurring disorders living in the community, and those at risk of psychiatric hospitalization or those psychiatrically hospitalized and/or incarcerated and needing transition back into the community. Their residential services are available 24 hours a day, 7 days a week. They provide monitoring and reinforcement of skills and interventions through one-on-ones and groups, crisis intervention, and active engagement in personal services. This can include things such as bathing, oral hygiene, grooming, dressing, toileting, meal preparation, household skills (chores, laundry), medication monitoring, care of minor illness, care for medical condition (i.e., diabetes, arthritis) and socialization/leisure skills.

Mr. Cummings shared some photos of NBH's Willoughby House and moved on to the agency's FY2025 measurable goals. All four resident goals for FY'25 have been successful. The first goal was to have 75% of their residents' transition to a more independent or supported environment within 18 months, the outcome being that 100% of residents transitioned to a more independent environment within 7.41 months. Their second goal was to measure bed day usage with a targeted occupancy of 85% or higher, ending with bed utilization being at 95%. Their third goal was to assist the residents in attaining skills necessary to live in a less restrictive environment measured through Skill Scale Scores upon admission and discharge - Resident's baseline Skill Scale Scores will increase by at least 4 points for those moving into independent settings. The outcome for their third goal was the average baseline/intake score of discharged residents at admission was 33.3. The average score for clients at discharge was 39 which represents an average increase of 5.7 points for those that moved into a more independent living situation. Their last FY2025 measurable goal was for fewer residents who are discharged to be referred-back or readmitted within 30 days, the outcome being that of the 6 discharged residents, 100% were not re-referred or readmitted within 30 days.

Mr. Cummings shared the agency's SWOT analysis. The strengths of NBH include being a licensed and accredited program, having strong leadership and oversight, having a trained and credentialed staff, their collaborative system relationships, their successful transition to Electronic Health Records (EHR), and their evidence-based and recovery-focused programming. Weaknesses of NBH include the limited step-down/transitional housing, their wait time, stigma, and staffing stability. The opportunities for NBH are technology-based interventions and quality improvement expansion. Threats for NBH include increased cost of operations, resident acuity and safety risks, and length of stay.

Mr. Cummings and Ms. Torbert answered some questions from the group.

Mr. Rowles has reviewed the agency's QI plan. It is in compliance with their certification through OhioDBH and it is his recommendation that we approve their plan.

Mr. Taylor motioned that the full Board accept Northcoast Behavioral Healthcare's Quality Improvement Plan. Seconded by Mr. Sabo, the Motion Passed Unanimously. (26-043)

As there was no further business, the meeting was adjourned at 6:30 p.m.

Next EQI Meeting Date was Monday, December 8, 2025. The meeting took place at Extended Housing.

Quality Improvement Review of Extended Housing

Ms. McLeod opened the meeting with an overview of Extended Housing and its core purpose within Lake County. She explained that the organization's mission is to prevent and end homelessness for individuals living with serious mental illness, and its vision is a community where these individuals can live as independently as possible in safe, affordable, supportive housing. She then outlined the range of services EHI provides with support from the Lake ADAMHS Board. These services include Projects for Assistance in Transition from Homelessness (PATH), housing support workers, rental assistance, Emergency Housing Vouchers, Continuum of Care, and property management and development.

Ms. McLeod reviewed the Projects for Assistance in Transition from Homelessness (PATH) program, highlighting both services and outcomes for fiscal years 2024 and 2025. She explained that PATH staff conduct community-based outreach and help clients connect to mental health and substance-use services, case management, while also offering essential needs such as bus tickets, food vouchers, and hygiene items. She noted that outreach increased from 125 individuals in FY24 to 135 in FY25, with significant growth in engagement among BIPOC individuals. Enrollment rates also improved, rising from 60% in FY24 to 64% in FY25. Additionally, the percentage of PATH participants who engaged in mental health services reached 88% in FY25, compared to 67% the previous year.

Ms. McLeod discussed EHI's Housing Subsidy programs, which in FY25 served 40 households and caps participant rent contributions at 40% of household income. In FY25, 83% of participants paid their required rent share. She also reviewed financial outcomes, noting that 87% of participants in FY25 increased or gained income, an improvement over an already strong 85% in FY24. While the program aims to provide 15 no-interest loans annually, EHI exceeded this goal in FY24 with 22 loans and delivered 16 loans in FY25.

Ms. McLeod then summarized the Emergency Housing Voucher program, which served 16 households in FY25. She reported that 63% of these households paid their portion of rent, and emphasized strong program outcomes, including 100% of FY25 participants exiting or remaining in the program with at least one form of non-cash benefits or health insurance. Housing stability also improved, with 94% of FY25 participants remaining in or exiting to permanent housing.

She continued with an update on the Continuum of Care (CoC) programs. In FY25, CoC served 65 households, with a majority fulfilling their rent obligations. She explained the difference between Sponsored-Based vouchers, which require residency in an EHI property, and Tenant-Based vouchers that allow participants to rent through external landlords. She reviewed outcomes noting that while the income-increase metric decreased to 46% in FY25, the program achieved 100% coverage of non-cash benefits or health insurance among participants and maintained a strong 89% housing stability rate.

Ms. McLeod also provided an overview of EHI's extensive property portfolio. The organization owns and operates a range of housing options, including condominiums, apartments, single-family homes, and group homes across several Lake County communities. She noted that ongoing development work continues at 225 Mentor Avenue, where EHI plans to establish six new one-bedroom units. Additionally, she highlighted the organization's collaborative Wellness Center, which houses multiple community partners including Meals on Wheels, LGBTQ+ Allies, BRIDGES MHCE, Frontline Services, the Fine Arts Association, and EHI itself.

She concluded her presentation with an organizational SWOT analysis. Among EHI's strengths, she emphasized dedicated staff and engaged leadership, ongoing community outreach, and long-term housing stability among Permanent Supportive Housing (PSH) tenants. Weaknesses include the organization's reliance on fluctuating grant funding, limited broader brand awareness, and rising staffing costs. Opportunities exist in forming new public and private partnerships and expanding digital engagement. She also noted several external threats, such as competition for charitable funds, increasing criminalization of homelessness, and challenges related to public perception of mental health.

Ms. McLeod closed by thanking the Board for its continued support and encouraged members to reach out for additional information or partnership opportunities

Mr. Rowles has reviewed the agency's QI plan. It is in compliance with their certification through OhioDBH and it is his recommendation that we approve their plan.

Mr. Taylor motioned that the full Board accept Extended Housing's Quality Improvement Plan. Seconded by Mr. Sabo, the Motion Passed Unanimously. (26-044)

As there was no further business, the meeting was adjourned at 6:07 p.m.

Next EQI Meeting Date is Monday, January 12, 2026. The location of the meeting is TBD.

OPERATIONS COMMITTEE REPORT:

Mr. Hatton called the meeting to order at 5:30 p.m.

New Programs Update Ms. Fraser introduced Ms. Portman from Family Pride to give a brief presentation on the new Intensive Home Based Treatment Program. Ms. Portman stated the program is currently assisting 8 to 12 families at a time with the main focus on avoiding out of home placement. The program is a 6-month long process that assists the entire family by facilitating touchpoints with them 3-5 times per week wherever is most convenient for the family. Ms. Fraser reiterated the importance of having this program within the ADAMHS Board's system of care.

Mr. Sabo asked who the primary referrals are for the program? Ms. Portman stated CMEs but they are working on educating other community partners about the program.

Ms. Zeroske asked the ages of the children being served in the program? Ms. Portman stated the age range is from 3 to 21.

Ms. Fraser stated the Lake County ADAMHS Board Crisis Team has been in place since the 90's and the importance of the program. She introduced Ms. Jackson and her team from Signature Health who shared information and updates on Signature Health's Crisis Services. The program was transitioned to Signature Health in June. The program offers a 24-hour crisis hotline that offers someone to talk to, someone to respond, and a place to go during a crisis situation. Each call includes an evidence-based screening for each client. As of now, they have received 648 calls and have stabilized 92% of the callers. Signature's Mobile Crisis teams are made up of a case manager and a clinician which have responded to calls within 60 minutes 91% of the time. Ms. Yezzi touched on some success stories. Mr. Sabo and Ms. Kramer both praised the program based on their interactions with it.

Property Tax Update Ms. Fraser shared that the commissioners have voted to approve the Permissive Homestead Exemption and Permissive Owner Occupancy Credit which are both real estate tax reductions. These reductions will amount to a loss of levy funding for the Lake ADAMHS Board of up to \$246,500 for 2026 tax collections. There are currently 10 bills in the House or Senate impacting property taxes which may impact further ADAMHS Board tax collections.

Government Shutdown Update Ms. Fraser informed the group that there are approximately 17,141 individuals in Lake County who rely on SNAP benefits; 6,200 of them are children and 2,510 are seniors. As of November 4, 2025, the current presidential administration agreed to fund a portion of SNAP benefits for November. Per the USDA, the benefit level will be at 50% of the normal issuances for the month and no benefits will be issued for new SNAP applicants that were certified in November. Ohio is attempting to assist SNAP beneficiaries by way of the Reprogramming Ohio Benefits which would provide partial benefit issuance but could take over a week to get going.

Quarterly Contract Agency Meetings Ms. Fraser shared that the Board Management Staff is currently performing Quarterly Operations Meetings with each Lake ADAMHS contracted agency for the first quarter. The meetings include discussion around strategic planning over 4 areas: sustainability, succession planning, financial diversification, and mission/vision adherence. Ms. Fraser informed the group that Board Management Staff will be also be meeting with Strategy Design Partners regarding strategic planning for the entire Lake ADAMHS system, service prioritization, and to formalize a competitive procurement process to contract agencies. They plan to begin this process in January 2026 and it is projected to be a 6-9-month process. This process will be happening during the time when the Board typically issues an RFP. There is no plan for a FY2027 RFP, rather a utilization of ORC 340.036(D) involving 60-day notices to continue or discontinue current contracts.

Legislative Updates Ms. Fraser reported on several bills that are currently in committee. HB515 relates to ADAMHS Board composition, proposing the Boards mirror the political agenda and view-point of the county in which it resides. HB58 proposes the removal of the certificate of need and ADAMHS investigation oversight for recovery housing while adding DBH certification. SB295 regards competency restoration and increases the maximum amount of time from 1 year to 5 years.

Applied Health Research – Lake County Data Pilot Ms. Fraser shared that the Lake County ADAMHS Board was invited to be 1 of 5 Ohio counties to pilot a Behavioral Health Demographic Analysis by Applied Health Research. The analysis was for FY2024 and shows data for information such as number and total cost of clients by age, gender, race, ethnicity, and diagnostic categories. Though this information is helpful, without the inclusion of Medicaid data there are 10,600 Lake Countians we do not have information on. Board staff plans to continue to work with Applied Health Research. Ms. Fraser is going to reach out to one of our providers to compare Medicaid data in hopes ODM will share Medicaid data with all Boards in order to find gaps in services. Board staff shared additional information regarding excessive “Z-code” diagnoses identified through the data analysis process, and plans to delve deeper into the data in order to identify potential errors in coding/opportunities for improvement at the agency level. Further reporting will be provided at a subsequent meeting.

As there was no further business the meeting adjourned at 6:30 p.m.

Next Operations Committee Meeting Date: Tuesday, January 13th at the Lake County ADAMHS Board.

*As the **LONG-RANGE PLANNING COMMITTEE** did not meet since the last full Board meeting,*

the Board moved on to the next agenda item

OLD BUSINESS:

There was no old business to bring before the Board.

NEW BUSINESS:

Payment of Bills Ms. Kalb moved that the Board approve the December bills totaling \$2,554,255.58 be paid as presented. The motion was seconded by Mr. Philips and the Motion Passed Unanimously. (26-045)

GOOD OF THE GROUP:

“Happy Holidays” and seasonal well-wishes were exclaimed by many to the group.

As there was no further business, Ms. Zeroske made a motion to adjourn at 6:15 p.m. The motion was seconded by Mr. Sabo. (26-046)

Respectfully submitted,

Pam Kurt
Chair

Mike Hatton
Treasurer