



2025 Levy Fact Book

Presented to
the Franklin County Board of Commissioners
and the Human Services Levy Review Committee

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A. EXECUTIVE SUMMARY

1. Type of Levy Request

The Alcohol, Drug and Mental Health Board of Franklin County (ADAMH) recommends that the Franklin County Board of Commissioners place a 10-year property tax levy consisting of a 2.85 mill renewal with a 0.75 mill increase on the November 2025 general election ballot. The new millage will generate \$38 million annual new revenue. These additional resources will address critical needs in Franklin County, ensuring access to mental health and addiction services are available to all residents.

2. Goals of the Levy

This levy scenario will sustain behavioral health service levels across the community, fully implement critical services at the Franklin County Crisis Care Center and make additional strategic investments to meet the urgent and emerging community needs.

33
Contract
Service
Providers
(2024)

17
Specialty
Contract
Service
Providers
(2024)

95,771
Clients
Served
(2023)

3. Justification

Demand for Services, Prevalence and Inflation

Since its inception in 1967, ADAMH has served Franklin County residents of all ages, races, genders, cultures and faiths by providing funding to agencies with the goal of reducing the occurrence of mental health issues and eliminating the misuse of alcohol and other drugs in the county.

ADAMH facilitates availability of this critical assistance through 33 contract providers and 17 specialty service contract providers that provide services and care in six categories: treatment, crisis, housing, prevention, recovery supports and family supports.

Table 1: Number of Clients Served by Category in 2023*

Service Category	Client Count
Treatment	9,552
Crisis	6,383
Housing	1,866
Prevention	75,406
Recovery Supports	5,650
Family Supports	905

**Client counts and demographics are calculated from records of members enrolled in ADAMH health care coverage, where applicable, or reported in aggregate by service providers. While ADAMH tries to account for the majority of services in the network, client count reporting is not contractually required for every investment. Counts are unduplicated to the extent possible; however, it is not feasible in all circumstances to collect personally identifiable information that would be necessary for a true unduplicated count.*

ADAMH is maximizing available resources to meet high and increasing demand for services. Almost everyone either knows someone who has experienced a mental health or addiction-related challenge or has experienced these themselves. The prevalence of mental illness and substance use disorders increased before the pandemic, and evidence supports that the pandemic has accelerated this trend. ADAMH anticipates that the demand for provider services also will increase. The estimated percentage of Franklin County adults with unmet mental

health care needs in the past year was 11.9%, which is approximately 160,000 individuals. An increase in millage is required for ADAMH to meet the increasing demand for mental health and substance use disorder services in Franklin County.

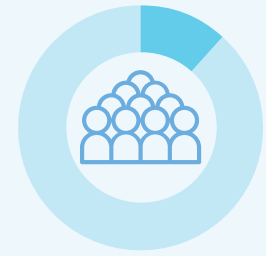
Both the National Survey on Drug Use and Health and Ohio Medicaid Assessment Survey indicate an increasing prevalence of mental illness among adults starting in 2019. According to ADAMH analysis and projections using these representative datasets, the prevalence of mental illness among Franklin County adults is estimated at one in four (25%). This includes approximately one in 15 adults with serious mental illness. Additionally, in 2023, the age-adjusted mortality rate for deaths by suicide was 13.7 per 100,000 in Franklin County, which was an increase from 10.8 in 2020, according to the Ohio Department of Health mortality dataset.

Franklin County residents continue to be challenged by the opioid epidemic and substance use disorders. The age-adjusted mortality rate for unintentional overdoses was 51.6 per 100,000 residents in 2023, compared to Ohio's rate of 39.6 deaths, according to the Ohio Department of Health mortality dataset. The mortality rate for alcohol attributable causes was 14.7 per 100,000 in 2024, which is an increase from 12.9 in 2022 and 9.1 in 2019, according to the CDC provisional mortality dataset.

ADAMH has responded to the opioid epidemic through a number of new and expanded collaborations and programs mentioned throughout this document, such as the creation of the Maryhaven Addiction Stabilizing Center, the development support of Rapid Response Emergency Addiction Crisis Teams (RREACT) with Southeast Healthcare and Columbus Fire Department and the expansion of the number of medication-assisted treatment programs across the county.

Population Growth: Franklin County's population grew by approximately 8% between 2014 and 2023. The Franklin County population is expected to reach 1.447 million by 2030 and 1.520 million by 2035, a total increase of approximately 15% compared to 2020. The influx of new residents is unique to Franklin County as the only urban center in Ohio with projected population growth. Franklin County also is experiencing considerable in-migration from global populations. The growth in population indicates a likely increase in the number of clients to serve (many with specific needs). Under the new millage request, population growth makes up 1% of the total planned levy investments for 2027.

Franklin County Crisis Care Center: ADAMH initiated the development, in collaboration with its partners and stakeholders, of an innovative crisis care center, which is a new mental health and addiction facility opening in 2025. This center will offer a no-wrong-door approach to ensure any adult in Franklin County can receive crisis services. The Franklin County Crisis Care Center will encompass three levels of care (behavioral health urgent care, crisis stabilization and inpatient care) and integrates key innovations, including physical health services, community-based service coordination, family supports and a discharge pharmacy to provide an enhanced care experience in a community-based setting.



Approximately
11.9%,
of Franklin County
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160,000
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Support for an ADAMH levy is a foundational investment in the community's social safety net.

When fully operational, the facility will have the capacity to serve up to 80 individuals at any point in time and has a projected peak annual service volume of more than 34,000 encounters. Currently, there are approximately 30,000 annual encounters of adults presenting at various medical facilities in Franklin County who are experiencing a crisis. The vast majority of these episodes are addressed in hospital emergency departments instead of a clinically appropriate community-based crisis center.

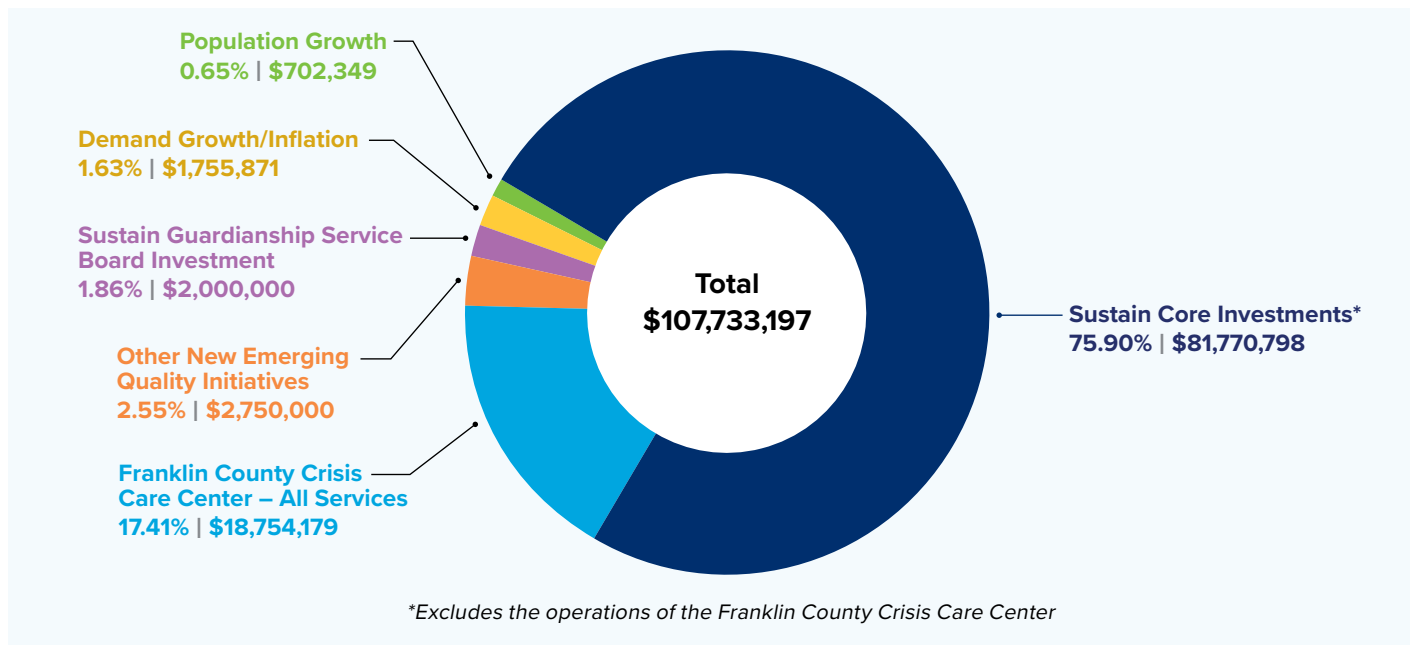
The Franklin County Crisis Care Center was a priority of the Human Services Levy Review Committee in 2020 and has been a priority of the broader community as evidenced by the amount of financial support through donations for the capital project. The recommended levy option fully funds all planned services at the Franklin County Crisis Care Center.

Guardianship Service Board: With the passage of the proposed levy, ADAMH will continue to allocate \$2 million in revenues annually to support the Franklin County Guardianship Service Board. These resources will be used to help serve approximately 500 clients each year by the Guardianship Service Board. The allocation funds 20 social workers, as well as some additional support staff. Of the Guardianship Service Board's current client population, 82% have a mental health diagnosis, many of whom are linked with an ADAMH-supported provider (43%).

Expenditures in Excess of Revenue: ADAMH is projecting that expenditures will exceed revenue in 2026 by nearly \$6 million at the end of the current levy cycle. This generally aligns to the approved Human Services Levy Review Committee plan adopted in 2020 and can mostly be attributed to the opening of the Franklin County Crisis Care Center, which will offer critically needed services to the community.

If the levy scenario is supported, approximately 76% of all operating funds in 2027 will be used to maintain core investments across Franklin County.

Figure 1: Total Levy Revenue Investments (2027)



Seventy seven percent of the ADAMH system’s resources come from a single 2.85 mill property tax levy (2024). ADAMH received an increase in 2022, but less than the amount estimated to be needed to fully operate the Franklin County Crisis Care Center and maintain core investments. However, the emergence of the COVID-19 pandemic produced significant uncertainty about economic forecasts and therefore a reduced request was recommended in 2020. As ADAMH continues to plan for the decade ahead – and beyond – the agency recommends a 10-year property tax levy consisting of a 2.85 mill renewal with a 0.75 mill increase to be placed on the ballot for the November 2025 election. The passage of this levy is critical to sustaining ADAMH’s current level of service, expanding patient access by fully implementing services at the Franklin County Crisis Care Center and making other strategic investments to address urgent and emerging community needs.

While an alternative renewal-only levy option is provided in this document, a renewal levy without additional millage will not sustain the services that ADAMH supports beyond 2026 without very significant reductions to current community investments. The passage of a renewal-only levy would require ADAMH to reduce annual expenditures by \$6.5 million (or 7% of the levy fund budget) while only partially providing needed services at the crisis care center at a time when residents most need support. A renewal with an additional 0.75 mills would enable ADAMH to responsibly sustain community investments to keep pace with forecasted population and demand growth over the next 10 years.

Support for an ADAMH levy is a foundational investment in the community’s social safety net. It provides value to public safety, hospital and social service partners by ensuring that individuals with behavioral health challenges receive the most appropriate care for their needs, are stabilized in the community and ultimately live more productive and healthier lives.

ADAMH has prepared this 2025 Levy Fact Book for the consideration of Franklin County Commissioners, Franklin County Human Services Levy Review Committee and Franklin County community leaders. It offers insight into ADAMH efforts to provide funding to agencies and providers that support the organization’s enduring mission of helping people get well and stay well, and of nurturing and advancing the work of mental health and substance use prevention, treatment and recovery programs.

Thank you for your consideration of this timely request.

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B. AGENCY OVERVIEW

1. Agency Overview

ADAMH updated its mission and vision in 2021.

Mission

The ADAMH Board of Franklin County leads the planning, funding and evaluation of community-based, recovery-oriented mental health and addiction prevention, treatment and support services for residents of Franklin County.

Vision

All individuals and families in Franklin County can achieve optimal mental health and wellness, free from stigma, with equitable access to quality, community-based services and supports.

Accountability is a fundamental pillar of ADAMH, embedded in both the board's core values as well as daily practices.

ADAMH is guided by an 18-member board of trustees that is responsible for ensuring ADAMH fulfills its statutory obligations. Trustees provide leadership and direction in forming policies and allocating funds and must have interest in improving the work of mental health or substance use disorder programs. Twelve members are appointed by the Franklin County Board of Commissioners and six by the Ohio Department of Mental Health and Addiction Services.

2. Organizational Accountability

Accountability is a fundamental pillar of ADAMH, embedded in both the board's core values as well as daily practices. Along with thorough provider performance monitoring, which is discussed in Section E1, ADAMH extends its accountability and dedication to being good stewards of taxpayer dollars to other areas of the organization.

Three areas are focused on the quality of ADAMH's financial reporting and internal controls: the governing board; the CEO and finance team; and independent auditors. To enhance accountability and efficiency, ADAMH transitioned in 2023 from an internal auditor to leveraging third-party vendors and county resources for auditing, ensuring objective and comprehensive reviews of operations. Additionally, auditing responsibilities are embedded across all leadership roles, fostering a culture of continuous oversight, compliance and proactive risk management throughout the organization.

Highlights related to audits and overall organizational accountability from the past five years include:

2020

- The annual independent audit was completed by the Ohio Auditor of State for fiscal year 2019. A finding for recovery associated with the travel reimbursement of a non-ADAMH employee led to the revision of ADAMH's travel reimbursement policy.
- The board of trustees separated its audit/finance committee into two committees after its triennial review of its bylaws.

2021

- The annual independent audit was completed by the Ohio Auditor of State for fiscal year 2020. No findings for recovery were noted.

2022

- The annual independent audit was completed by the Ohio Auditor of State for fiscal year 2021. No findings for recovery were noted.
- The board of trustees and the CEO requested a comprehensive financial review to complement the annual independent audit being completed by the Ohio Auditor of State. A request for proposals was released to select auditing firms to focus on operational functions: cyber security; grants administration; HIPAA privacy; HIPAA security; human resources; information systems and technology; payroll; property, equipment and inventories; and purchasing, contracting and leasing.

2023

- The annual independent audit was completed by the Ohio Auditor of State for fiscal year 2022. No findings for recovery were noted for ADAMH. Unlike in past years, ADAMH opted not to produce its own annual financial statements that were audited by the Ohio Auditor of State separate from the overall Franklin County financial statements. This new process was more administratively efficient and is being followed in subsequent years.
- The special auditors presented their recommendations to the ADAMH board and staff; staff then developed and began to implement plans to address the recommendations.
- Staff started to collect the evidence that is required to obtain the “Culture of Quality” certification by the Ohio Association of County Behavioral Health Authorities (OACBHA). The designation is voluntary but has been encouraged by the Ohio Department of Mental Health and Addiction Services.

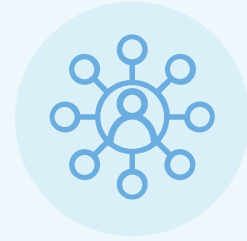
2024

- The annual independent audit was completed by the Ohio Auditor of State for fiscal year 2023. No findings for recovery were noted for ADAMH.
- ADAMH staff continued to address recommendations from the 2023 special audits.
- The ADAMH board received a three-year “Culture of Quality” certification from OACBHA.

3. Services Provided by ADAMH

ADAMH funds vital mental health and substance use services for residents of Franklin County. The agency does not provide direct services but instead contracts with more than 30 nonprofit service providers located in neighborhoods across Franklin County, supporting those with mental illness and helping people live addiction-free lives.

ADAMH-funded service provider agencies are offering more than 320 distinct programs to Franklin County residents in 2025 across six different categories listed on page 10.



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service provider
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320
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residents in 2025.



ADAMH provides resources for those who are uninsured and those in need of services not covered by Medicaid, such as housing, transportation, crisis services and more.

- **Treatment**
Services to help people with mental health or substance use disorders manage symptoms and pursue recovery
- **Prevention**
Programs and services focused on promoting mental health and preventing or delaying the onset of mental health or substance use disorders
- **Crisis**
Services designed to reduce the need for care in the most restrictive setting for individuals who are unable to care for themselves effectively or who are at risk of hurting themselves or others
- **Recovery Supports**
Supports that help people with mental health or substance use disorders manage their conditions successfully, improve health and wellness, live self-directed lives and strive to reach their full potential
- **Housing**
Programs providing a safe, decent and affordable place to live for individuals at various stages of treatment and recovery
- **Family Supports**
Community-based services that assist and support family members and loved ones in their role as caregiver

Services are provided on a sliding fee scale, meaning that any Franklin County resident can receive needed services and are charged based on income and circumstance. Specifically, ADAMH provides resources for those who are uninsured and those in need of services not covered by Medicaid, such as housing, transportation, prevention services and more. Also, ADAMH provides services that benefit the entire community such as crisis, early intervention and prevention services.

Examples of people served in the ADAMH System of Care include:

- An older adult dealing with depression who reaches out to the 988 Suicide and Crisis Lifeline.
- An adult with a persistent mental illness who works part time receives job training.
- A college student who is diagnosed with schizophrenia and doesn't have insurance finds an affordable treatment option.
- A suburban high school student struggling with an addiction to painkillers who is linked to services through school-based initiatives.
- An elementary school student who learns about making good choices and the risk of drugs in a summer camp program.
- A New American who is balancing the culture change of living in a new country with the trauma experienced while living in a refugee camp.
- A loved one caring for a family member with severe mental illness who needs time to engage in activities that will address the needs of the full-time caregiver.

4. Collaborations, Including Other County Agencies

ADAMH Providers

ADAMH has an established network of more than 30 nonprofit behavioral health organizations located throughout Franklin County. Other service providers are funded on a limited basis through contracts to support additional community needs. ADAMH staff members are deeply engaged in community planning bodies and collaborations to inform work related to both needs and other resources available to meet those needs.

The network represents a diverse array of providers and services offered throughout Franklin County to meet the needs of all residents. Network providers are required to participate in performance monitoring to ensure appropriate use of funds and quality services and to maintain accreditation from a national accrediting body when applicable. Additionally, providers must have certification from the Ohio Department of Mental Health and Addiction Services for all services funded by ADAMH. ADAMH hosts quarterly clinical director meetings and clients rights officer meetings, as well as several learning collaboratives to enhance communication within the network.

ADAMH has an established network of more than **30** nonprofit behavioral health organizations located throughout Franklin County.

Table 2: 2025 ADAMH Providers

2025 ADAMH Providers		
Alvis Inc.	Ethiopian Tewahedo Social Services	North Central Mental Health Services
Africentric Personal Development Shop	House of Hope for Recovery	North Community Counseling Centers
Buckeye Ranch	Huckleberry House	Ohio State University Wexner Medical Center
Central Ohio Behavioral Healthcare Community Support Network	Lori Schottenstein Chabad Center	OhioGuidestone
Columbus Public Health	LSS CHOICES for Victims of Domestic Violence	The P.E.E.R. Center
Columbus Urban League	Maryhaven	PrimaryOne Health
Community for New Direction	Mental Health America of Ohio	Recovery Innovations International
Community Housing Network	NAMI Franklin County	Southeast Healthcare
CompDrug	National Church Residences	St. Vincent Family Services
Concord Counseling Services	Nationwide Children’s Hospital	Syntero
Directions for Youth and Families	Netcare Access	Urban Minority Alcoholism Drug Abuse Outreach Program of Franklin County

ADAMH Specialty Contracts

ADAMH supports other community-based services through specialty contracts designed to meet a specific community need at a lower level of funding with fewer contractual requirements. The ability to enter into specialty contracts with available funding ensures unique or emerging community needs can be responded to with services supplemental to the network.

Table 3: 2025 ADAMH Specialty Contract Providers

2025 ADAMH Specialty Contract Providers		
Central Ohio Area Agency on Aging	Eastway Behavioral Healthcare	Lutheran Social Services 211
City of Hilliard Recovery Court	Franklin County Common Pleas TIES Court	Ohio State Wexner Medical Center
City of Reynoldsburg Mayor’s Court	Franklin County Probate Court	Riverside Hospital
Columbus Springs Hospital	Heartland High School	RiverVista Hospital
Community Shelter Board	Legal Aid of Southeast and Central Ohio	SUN Behavioral Hospital
Dublin Springs Hospital	LOSS Community Services	

The ability to partner with other county agencies to meet the needs of Franklin County residents is critical to the work of ADAMH.

ADAMH Community Partners

The ability to partner with other county agencies to meet the needs of Franklin County residents is critical to the work of ADAMH. The board’s staff members are engaged in multiple community planning groups as well as involved in specific initiatives with other county agencies. An in-depth description of the collaboration with the Franklin County Sheriff’s Office, specifically as it relates to jail services, can be found in Section D2. In addition, beginning in 2024, ADAMH funded an embedded clinician program with the sheriff’s office to be implemented in 2025. This program pairs clinicians with law enforcement for responding to behavioral health emergencies. Franklin County Public Health was selected to provide the clinicians for the initiative, combining the strengths of the three agencies to implement the program.

A few examples of the collaborations ADAMH staff participate in with other county agencies include multiple fatality reviews with the Franklin County Coroner’s Office; Franklin County Family and Children First Council; Franklin County Juvenile Court Advisory Board; Franklin County Public Health’s Equity Advisory Committee; quarterly meetings with Franklin County Probate Court and the Franklin County Guardianship Service Board; and membership on the Guardianship Service Board’s governing board.

Two examples of collaborative initiatives include the Addiction Treatment Program and Landlord Incentive Program. ADAMH supports staff in the Franklin County court system who are part of the Addiction Treatment Program. These funds support personnel who provide services directly to individuals on specialty court dockets, addressing addiction issues that often lead to criminal justice involvement. In addition to supporting staff positions, ADAMH monitors the effectiveness of the program and facilitates regular meetings to share information and best practices. The Landlord Incentive Program is a collaboration between ADAMH and the Franklin County Office of Justice Policy and Programs. This program offers financial incentives to landlords to rent to people who are justice-involved and living with

behavioral health challenges. With the current shortage of affordable housing in Franklin County, incentives to landlords to rent to this high-risk population and additional support for renters will lead to increased stability for recovery and reduced recidivism.

Additional information about collaborations with other Franklin County agencies can be found in Section D2.

5. Federal and State Mandates

ADAMH is governed by Ohio Revised Code Chapter 340.03 to plan, fund and evaluate mental health and addiction services. This means that ADAMH:

- Prioritizes services and programs using local data based on the needs of the community.
- Funds mental health and substance use prevention, treatment and recovery support services for Franklin County residents.
- Evaluates the quality and effectiveness of the services delivered within the ADAMH network of providers.

6. Overview of Organization

Over the past five years, ADAMH underwent a comprehensive organizational realignment of staffing, operations and priorities with strategic goals. Guided by the 2020 organizational assessment and the 2021-2026 strategic plan, ADAMH implemented an intentional approach to workplace planning and redesign, focusing on improving accountability, increasing internal efficiency and responding to community needs.

The 2020 organizational assessment identified opportunities to enhance capacity, refine roles and align staffing structures to meet the evolving demands of the organization. The recommendations set the foundation for a strategic overhaul, supported by a systematic review of 30 positions through a position analysis questionnaire. This process ensured that job roles were accurately defined and strategically positioned to support ADAMH's goals. This resulted in a number of positive outcomes, such as:

- Reorganization and realignment allowed ADAMH to respond proactively to community challenges and opportunities.
- The integration of revised or new roles and centralization of functions improved internal workflows and decision-making processes.
- By prioritizing training, development, engagement and equitable processes and procedures, ADAMH strengthened its ability to attract, retain and empower a diverse workforce.

Staffing levels over this period consistently hovered around 50 employees, fluctuating to align with organizational priorities and strategic goals. Specific adjustments were made to streamline internal operations, enhance financial oversight, strengthen administrative functions and address emerging needs, such as a formal training and development program and comprehensive facilities management.

A full organizational chart can be found in Appendix 2.



7. Five-Year History of Staffing and Current Staffing Levels

Table 4: 2020-2025 ADAMH Staffing Changes

2020-2025 ADAMH Staffing Changes		
Year	# of Employees	Comments
2020	43	Completed organizational assessment, identifying opportunities to align staffing plan and structure with the organization’s mission and strategic goals.
2021	49	<p>Advocacy and Engagement Department: Established to expand legislative advocacy and community engagement.</p> <p>Clinical Services and Provider Relations: Reorganized leadership and team roles to enhance clinical oversight and provider performance management.</p>
2022	49	<p>Chief Operating Officer Role and Operations: Reclassified and centralized internal operations to improve interdepartmental decision-making and performance management.</p> <p>Claims and Enrollments: Transitioned and revised positions to Planning and Evaluation, ensuring the integrity of ADAMH’s largest data source, strengthened shared services supports and inserted an additional layer of checks and balances in ADAMH business practices.</p> <p>Training and Development: Introduced role to coordinate and develop skills and knowledge enhancement programs to strengthen employee engagement, develop emerging leaders and support a culturally competent workforce.</p>
2023	52	Administrative Services Manager: Introduced role to streamline board operations, compliance and administrative support.
2024	53	Finance Department: Transitioned Internal Auditor role to Grants Manager to strengthen financial oversight and grant compliance and leverage third-party vendors and county resources for auditing, ensuring an objective and comprehensive review of agency operations.
2025	53	Building Director: Established position to oversee facilities management, safety and compliance, addressing critical needs tied to new construction projects (e.g. Franklin County Crisis Care Center) and ongoing building operations.

8. Demographic Information of Contractors Currently Assisting in Agency Operations

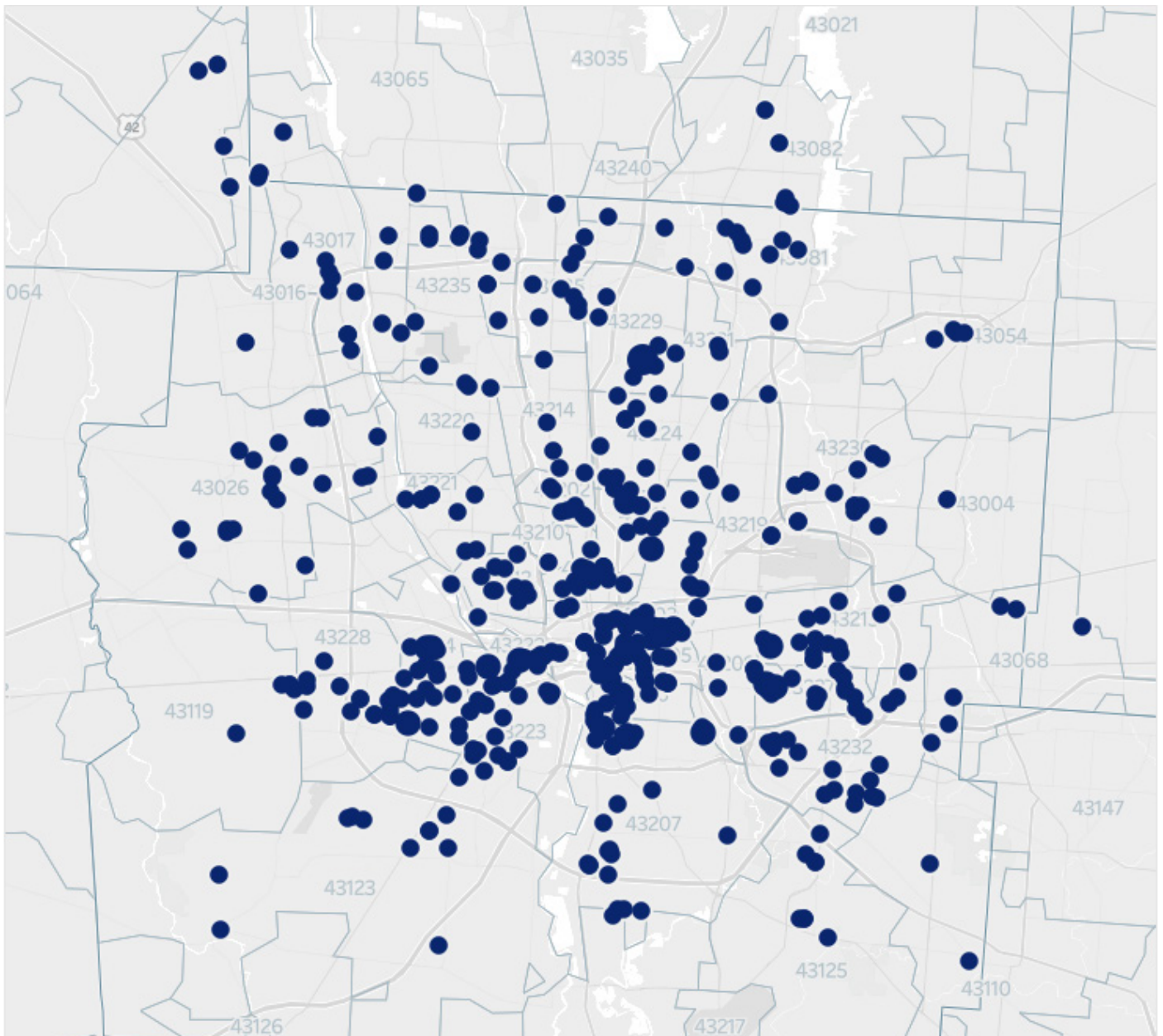
ADAMH does not collect demographic information regarding staff at provider agencies. ADAMH supports a diverse network of community-based agencies, providing vital mental health and addiction-related services in neighborhoods throughout Franklin County. This map illustrates ADAMH-funded service locations that ensure there is equitable access to care across the county.

ADAMH-funded service locations ensure there is equitable access to care across the county.

Figure 2: ADAMH Network Provider Service Sites In and Around Franklin County

Showing 476 locations

Locations outside of Franklin County are shown if they are within a 20-mile radius of the center of the county.

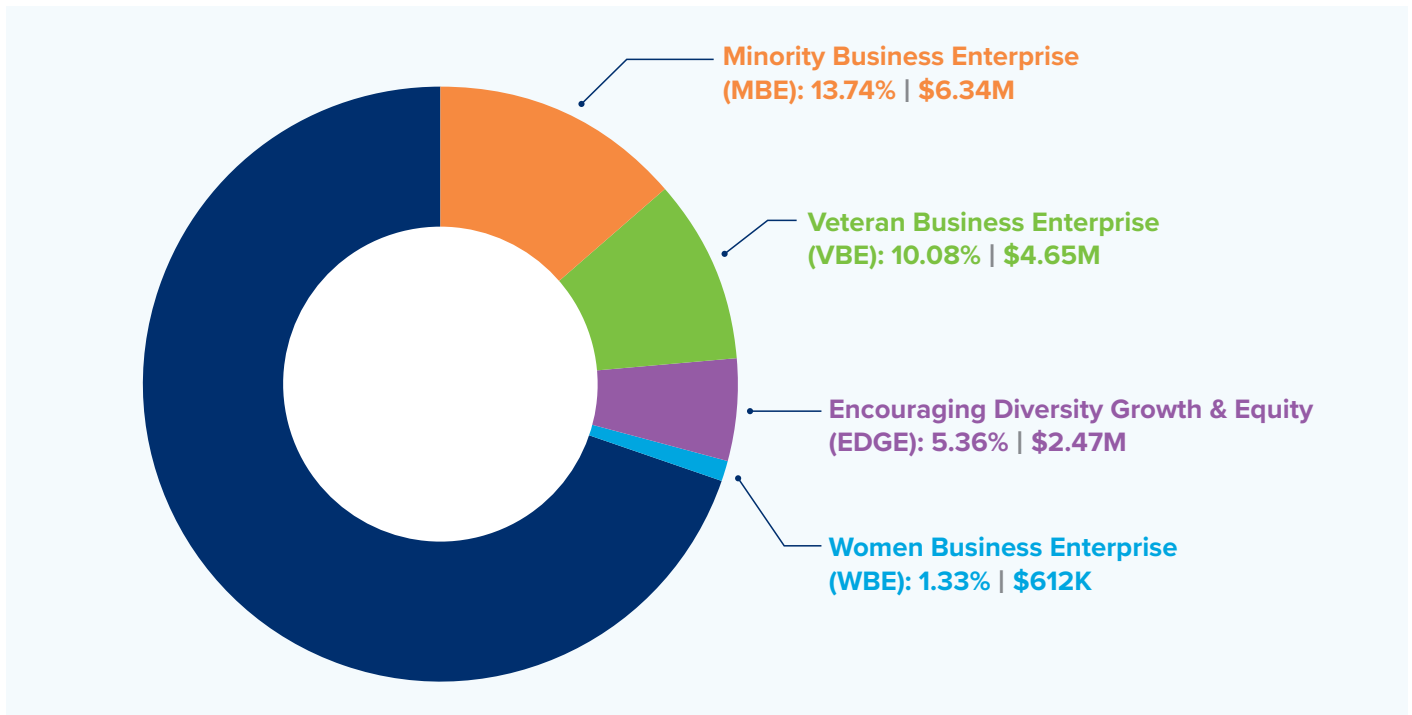


Sources: Sites and claims: SmartCare data warehouse. Sites geocoded using Geocod.io

9. Contracts with Small and Emerging Businesses

The Franklin County Crisis Care Center construction project exceeded its supplier diversity goal of 18% with more than 30% of all construction contracts, totaling \$14 million, awarded to small and emerging businesses (SEBEs).

Figure 3: Franklin County Crisis Care Center SEBE Subcontracts



Additionally, ADAMH strives to increase business with SEBE vendors for materials and services needed to sustain the board’s day-to-day operations. Below are metrics regarding funds paid to SEBE vendors from ADAMH’s administrative budget in 2023 and 2024.

Table 5: 2023-2024 ADAMH Administrative Payments by SEBE Category

2023-2024 ADAMH Administrative Payments by SEBE Category								
	2023				2024			
Category	Minority Business Enterprise	Women Business Enterprise	Misc. Small and Emerging Business Enterprises*	Total SEBE	Minority Business Enterprise	Women Business Enterprise	Misc. Small and Emerging Business Enterprises*	Total SEBE
Admin Budget	\$95,861	\$7,019	\$11,299	\$114,179	\$88,207	\$31,509	\$4,525	\$124,241
% of Admin Budget	5.4%	0.4%	0.6%	6.4%	4.3%	1.6%	0.2%	6.1%

* This is comprised of other Small and Emerging Business Enterprises; Local Economically Disadvantaged Enterprise; Disadvantaged Business Enterprise; Encouraging Diversity Growth & Equity

10. Diversity, Equity, Inclusion and Belonging Principles

ADAMH has the statutory responsibility for planning, funding and evaluating mental health and addiction services, providing a full continuum of care to all citizens representing diverse race, age, ethnicity, gender identity, mental and physical ability, sexual orientation and other differences.

In 2020, the ADAMH board of trustees passed a resolution declaring racism a public health crisis. Passage of this resolution advanced an intentional plan of action in alignment with ADAMH strategic priorities.

At the same time, ADAMH's Community Needs Assessment conducted in late 2020 showed that Black respondents were more likely to say that they (or an immediate family member) did not receive needed services compared to white respondents.

As ADAMH worked to respond to the many community and provider challenges, the agency recognized the opportunity to instill a more culturally responsible approach as both a funder of a network of behavioral health agencies and as an employer serving a diverse population.

Actions included creating an internal diversity, equity, inclusion and belonging committee, implementing a community needs assessment capable of identifying disparities and evaluating contracts and purchases within multiple categories of under-resourced businesses.

Addressing Health Care Disparities

- Focused on reducing stigma, removing care barriers and ensuring culturally competent care.
- Advanced efforts to recruit, retain and promote underrepresented populations within the provider network staff.
- Developed and monitored comprehensive data collection models and reporting to inform funding and policy decisions.
- Submitted ADAMH's health equity and cultural competency plan to the Ohio Department of Mental Health and Addiction Services, which was recognized as a model for other boards across the state.

Workforce Development

- Focused on creating a diverse, motivated and competent workforce to support community-based providers.
- Launched a workforce development council with membership consisting of representation from community-based service providers, hospital systems, licensing boards, professional associations, K-12 schools, colleges and universities and residents across Franklin County.
- Initiatives include recruitment and retention professional pathways cohort, leadership development for middle managers cohort and establishing an advocacy coalition to strengthen career pathways, secure funding for workforce development initiatives and promote impactful policy changes.
- Partnered with the Ohio State University College of Social Work to provide a cultural responsiveness training series to behavioral health professionals.





Cultural Competency and Diversity, Equity, Inclusion and Belonging (DEIB)

- Established an internal belonging committee to align internal operations with equitable practices.
- Expanded the Community Needs Assessment to include racial disparities and inform service planning.
- Created the Equity Scorecard to monitor and inform equity-focused initiatives.
- Renewed emphasis on culturally and linguistically appropriate services across ADAMH and its provider network through adherence to National CLAS Standards, a set of 15 steps intended to advance health equity, improve quality and help eliminate health care disparities.
- CEO Erika Clark Jones served on the Ohio Association of County Behavioral Health Authorities' Health Equity, Diversity and Inclusion Council – working to help ADAMH boards and communities across the state to address racism and develop strategies to improve health equity and inclusion.
- Working on integrating equity-focused guidelines into purchasing and funding decisions to support underrepresented businesses in compliance with Ohio Revised Code 340.13.

Investing in Community-Focused Initiatives

- **Mini-Grants and Sponsorships:** Allows ADAMH to make smaller investments across the community to support diverse organizations beyond its provider network.
 - The ADAMH Mini-Grant Program provides small grants up to \$5,000 to nonprofit organizations to support programs, events or campaigns with a broad community impact, many of which are focused on minority populations. ADAMH awarded 137 mini grants, totaling more than \$286,000, from 2020 to 2024.
 - Major sponsorships that ADAMH makes on an annual basis include the African American Male Wellness Walk, the Stonewall Columbus PRIDE March, the Asian Festival and Festival Latino.
 - ADAMH is a sponsor of Real Men, Real Talk, a community conversation series providing safe spaces for Black men to discuss mental health and substance use and misuse.
 - ADAMH also sponsors the Uplift Her annual initiative geared to providing free mental and physical health services for women of color.
- **Community Connector Initiative:** Recruits community health workers from underrepresented neighborhoods to connect residents to opiate-specific treatments and resources.
- **Black Community Ambassadors Program:** Supports Black professionals in advocating for and addressing community barriers. Expanded to include support groups for activists and young adults not accessing traditional services.

- **Black Girls Rising Think Tank:** Research-based program that creates safe spaces for Black girls to discuss quality-of-life issues.
- **Directions for Youth and Families Youth Pride:** An intervention designed to assist LGBTQ+ youth and their families in managing discrimination and other issues they may face.
- **Programs for New Americans:**
 - Added Ethiopian Tewahedo Social Services (ETSS) to the provider network to increase stability of services for refugees and immigrants.
 - Translated 988 materials (electronic and hard copy) into 10 languages for distribution throughout the community by five culturally specific service providers.
 - Partnerships with ETSS and North Community Counseling Centers to provide culturally tailored services for immigrant and refugee populations.

Collaboration and Advocacy

- Established an Advocacy and Engagement department to develop and expand legislative awareness, advocacy efforts and community engagement. Team members reach out to traditionally underserved populations. They work to deepen ADAMH ties with the faith community, enhance prevention efforts in 16 Franklin County public school districts and advocate for policy and legislation supporting equitable, accessible behavioral health services.
- Launched a new area of outreach focused on supporting military and veteran residents and their families. Created the position of Military and Veterans Engagement Coordinator to serve as point person and subject matter expert.

Board Appointments

- Trustees are recruited to reflect the composition of the population of Franklin County as to race and sex (per Ohio Revised Code 340.02 | Organization of board of alcohol, drug addiction and mental health services).

Achievements

- Launched an equity scorecard with 80% of initiatives currently underway.
- Created a DEIB-focused resource area and hosted monthly themed educational and team building activities to celebrate DEIB observances and engage staff.
- Hosted professional development opportunities to promote equity and inclusion among staff and providers.



ADAMH Translated
988 materials into
10
languages for
distribution
throughout the
community by five
culturally specific
service providers.

Mental health and substance use disorder crisis system capacity must be addressed to meet growing unmet need and demand for services.

11. Franklin County Rise Together Blueprint on Poverty Alignment

ADAMH invests in crisis and acute behavioral health care to support individuals in a clinically appropriate, cost-effective and timely manner, delivered in the least restrictive environment to avoid hospitalization or involvement with the criminal justice system. This aligns with the Rise Together: A Blueprint for Reducing Poverty in Franklin County Goal #9: “Reducing the overall incidence and racial disparities in occurrences of preventable diseases and trauma, and improving the health of those living with chronic, mental, physical and behavioral health conditions among those struggling financially.”

Mental health and substance use disorder crisis system capacity must be addressed to meet growing unmet need and demand for services. Currently, ADAMH has the following goals that impact the crisis care continuum in Franklin County:

- 1) Increase access to mental health and addiction crisis care to meet the needs of all Franklin County residents, including at-risk and socially disadvantaged populations.
- 2) Improve quality of crisis care by offering a spectrum of mental health and addiction services and direct links to community-based services.
- 3) Construct a facility that meets current and future demand.
- 4) Provide a facility that offers a no-wrong-door approach to ensure any adult arriving at the crisis center receives services.



C. NEEDS AND SERVICE LEVELS

1. Overview of the Needs of the Population

Prevalence refers to the percent of a population that is affected by a condition in a given period of time. Prevalence of behavioral health conditions is typically estimated based on surveys of representative samples of the population. To estimate prevalence and needs of the population, the following data sources were used:

- The [National Survey on Drug Use and Health](#) is ADAMH’s primary source of prevalence information for Franklin County. It is a representative survey administered annually by the Substance Abuse and Mental Health Services Administration. The survey uses official diagnostic criteria to estimate the prevalence of mental illness, serious mental illness and substance use disorder at the national, state and sub-state levels. Estimates for sub-state geographies (including Franklin County) are typically released every two years.
- The [Ohio Medicaid Assessment Survey](#) provides important information and data about Franklin County’s population health outcomes. The survey, which provides representative information about the entire population, regardless of Medicaid eligibility, releases a variety of data points every two years about the health of Franklin County. The ability to provide county-specific data about Franklin County residents that can be analyzed by both age and income is a major strength of this data source.
- The [2024 Community Needs Assessment](#) is a report generated by ADAMH and a research partner that included a robust and mixed-methods approach to assessing the community. The assessment featured four different survey types, interviews with multiple populations and a collection of secondary data indicators. This document provides Franklin County with the most up-to-date data on need, unmet need and community health as it relates to mental health and substance use.

A Note About Federal Poverty Level

The poverty rate for Franklin County – at 15% – has seen only limited improvement and those living in poverty are more likely to experience mental illness and/or substance use disorders. They are also more likely to need financial support from ADAMH to pay for services. Many indicators discussed below reference a difference in prevalence for individuals who earn less.

For context, ADAMH-funded services are provided on a sliding fee scale, meaning that any Franklin County resident can receive needed services and are charged based on income and circumstance. ADAMH client criteria includes income restrictions for all Systems of Care except crisis and prevention. Services for residents earning 250% of the federal poverty level are covered at 100%. For those between 250% and 400% of the federal poverty level, a sliding fee scale is used to determine eligibility for services.

Table 6: Federal Poverty Level in 2023

Federal Poverty Level in 2023			
Household Size	100% FPL	250% FPL	400% FPL
1	\$14,580	\$36,450	\$58,320
4	\$30,000	\$75,000	\$120,000

Source: U.S. Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services

For clients with data available in ADAMH’s SmartCare system, 85.5% were below the federal poverty level in 2023.

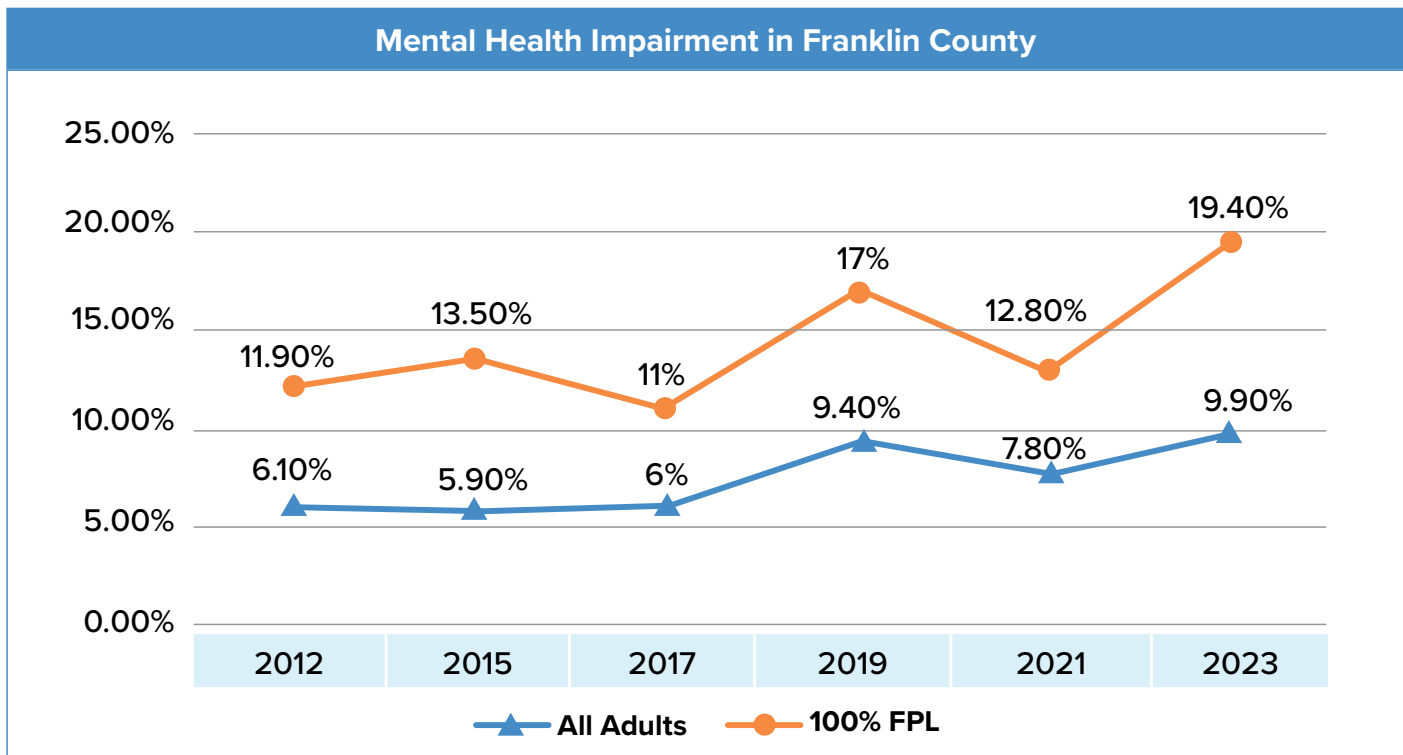
9.9%
of Franklin County
adults had a
mental health
impairment in the
past month.
(2023)

Mental Health-Related Indicators

The prevalence of mental illness and substance use disorder was increasing before the pandemic, and evidence supports that the pandemic accelerated this trend. The prevalence of overall mental illness in Franklin County is estimated to have grown from one in five adults in 2013 to one in four adults in 2023, according to ADAMH research based on projections from the National Survey on Drug Use and Health.

The prevalence of mental health impairment, which is defined as having 14 or more days in the past 30 that mental or emotional health prevented work or other usual activities, has been increasing in recent years. In 2023, 9.9% of Franklin County adults had a mental health impairment in the past month as compared to 7.5% of Ohioans. This is an increase from 7.8% in 2021. In Franklin County in 2023, 19.4% of adults with a household income of 100% or less of the federal poverty level reported having a mental health impairment.

Table 7: Mental Health Impairment in Franklin County



Source: Ohio Medicaid Assessment Survey

Additionally, in 2023, 17.5% of Franklin County adults reported having poor or fair mental health. This proportion increases when examining the information by income, with 30.3% of adults at or below the federal poverty level reporting poor or fair mental health.

In 2023, the United States Surgeon General issued an advisory that declared loneliness an emerging public health crisis, noting that loneliness and a lack of social connectedness leads to negative economic and health outcomes. In 2023, an estimated 26.6% of Franklin County adults reported being lonely, according to the Ohio Medicaid Assessment Survey Series Dashboard. This percentage increases to 38.9% for those at or below the federal poverty level.

According to the ADAMH 2024 Community Needs Assessment, 54.6% of respondents reported feeling lonely or moderately lonely.

According to the ADAMH 2024 Community Needs Assessment, 41.2% of respondents reported having been diagnosed with anxiety and/or depression. Also, 43% of respondents reported that depression is the biggest mental health issue in Franklin County, followed by 36% reporting that anxiety is the biggest issue.

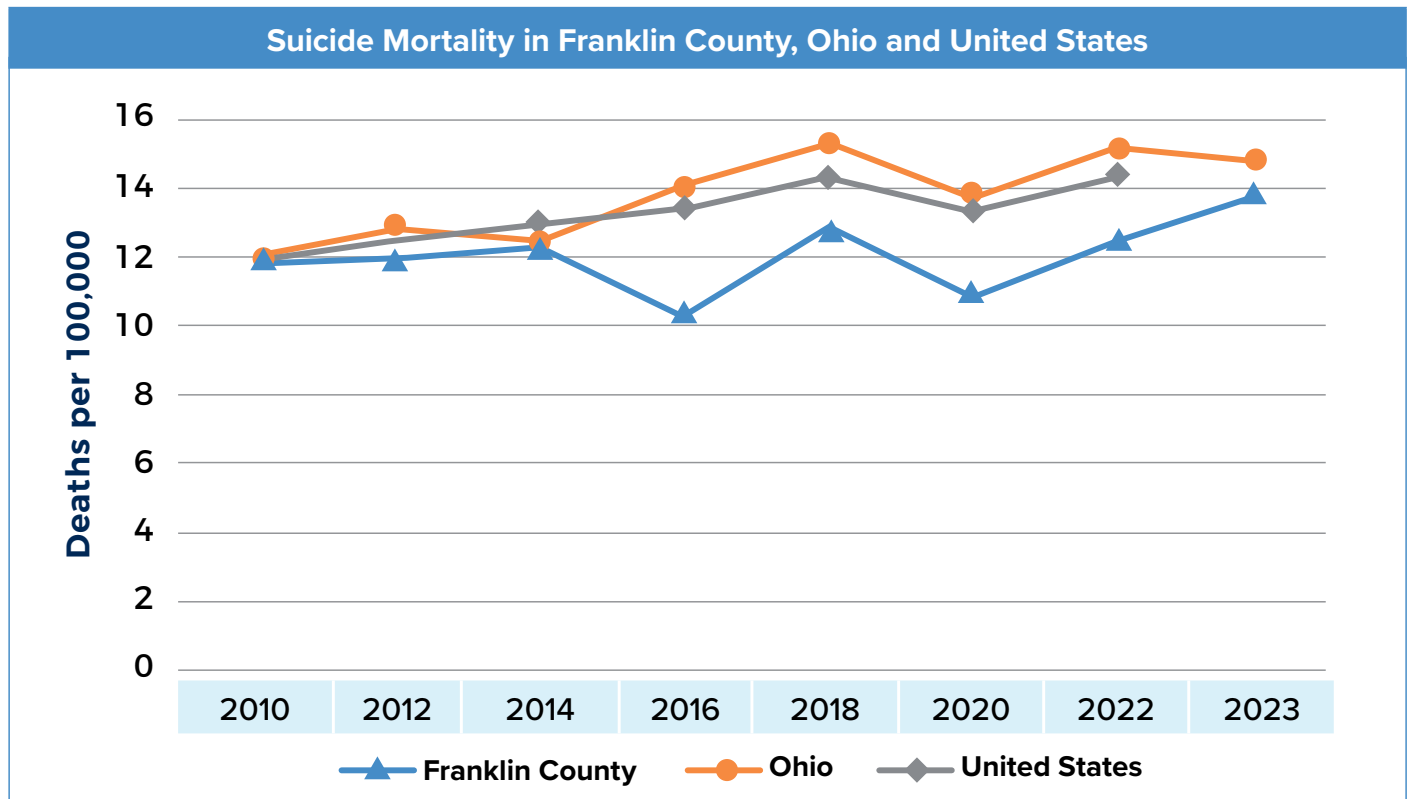
According to the Ohio Medicaid Assessment Survey, an estimated 14.9% of Franklin County children have lived with someone experiencing mental health issues, including being suicidal or severely depressed, in 2023. This percentage increased to 16.8% when looking at households at or below the federal poverty level.

The number of residents experiencing serious mental illness is also increasing. Based on analysis by the ADAMH Data Team, serious mental illness has increased from 6% in 2018 to up to 6.75% in 2024. Suicide rates can be an indicator of the overall mental health status of a community. In 2023, the mortality rate for deaths by suicide was 13.8 per 100,000 in Franklin County, which was an increase from 10.8 in 2020. Additionally, the hospitalization rate for self-harm was 7.6 per 100,000, which is an increase from 6.8 in 2022 and 4.9 in 2019.

Of individuals who died by suicide in Franklin County 2021-2024, an estimated 85% had depression, 53% had anxiety and 48% had a substance use disorder, according to the Franklin County Coroner's office, which examines medical records and conducts interviews with loved ones.

In 2023, the mortality rate for deaths by suicide was **13.8** per 100,000 in Franklin County, which was an increase from **10.8** in 2020.

Table 8: Suicide Mortality in Franklin County, Ohio and United States



Source: ADAMH Data Dashboard, county and state rates from Ohio Department of Health, mortality dataset, national rates from CDC, fatal injury reports

An estimated **21%** of Franklin County residents had a substance use disorder in 2023, according to ADAMH research based on projections from the National Survey on Drug Use and Health.

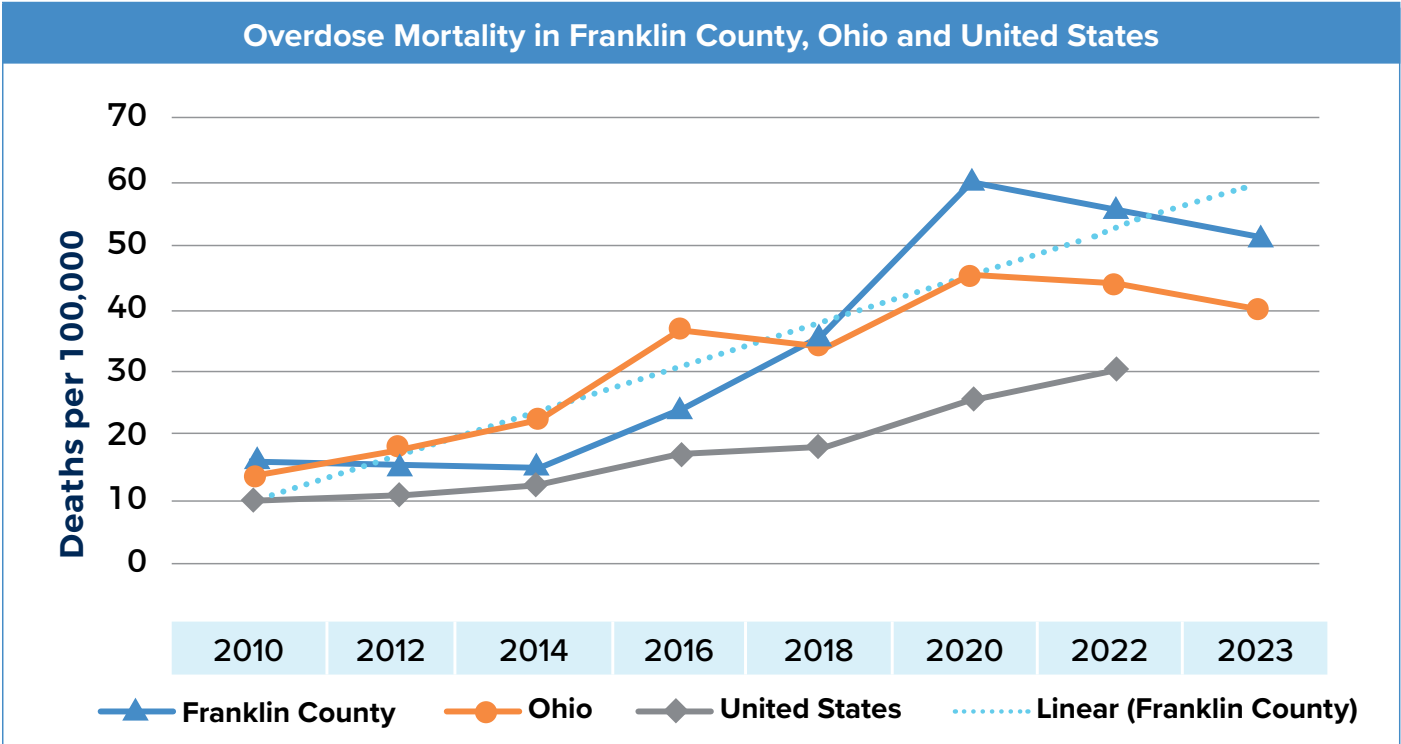
In Franklin County, 30,000 adult mental health crisis episodes are treated annually. One of the resources in the Franklin County continuum of crisis care services is crisis lines for people to call if they are experiencing a crisis. These lines include 988, legacy adult and youth crisis lines and suicide prevention hotlines. Between 2020 and 2023, total crisis calls increased from 74,652 to 78,097.

Substance Use-Related Indicators

An estimated 21% of Franklin County residents had a substance use disorder in 2023, according to ADAMH research based on projections from the National Survey on Drug Use and Health. The Ohio Medicaid Assessment Survey estimated that the percentage of Franklin County adults who had ever used a prescription pain reliever in any way not directed by a doctor in 2019 was 9.4%. The estimated percentage of Franklin County adults who reported binge drinking alcohol in the past month was 26.2% in 2023. Of work-age adults (those 19-64 years old), 30.4% reported binge drinking.

In the 2024 ADAMH Community Needs Assessment, 32.3% of residents reported they or someone they live with experience substance misuse, with alcohol (18.1%) and marijuana (11.7%) being the most frequently used substances. Forty five percent of residents reported that alcohol is the biggest substance misuse issue in Franklin County. The mortality rate for alcohol attributable causes was 14.7 per 100,000 in 2024, which is an increase from 12.9 in 2022 and 9.1 in 2019. The age-adjusted mortality rate for unintentional overdoses was 51.6 per 100,000 residents in 2023, compared to Ohio’s rate of 39.6 deaths, according to the Ohio Department of Health mortality dataset.

Table 9: Overdose Mortality in Franklin County, Ohio and United States



Source: ADAMH Data Dashboard, county and state rates from Ohio Department of Health, mortality dataset, national rates from CDC, fatal injury reports

The 2024 ADAMH Community Needs Assessment reported that 11.2% of children in Franklin County ever experienced living with anyone who had a problem with alcohol or drugs. Also, the assessment reported that 7% of the 1,019 children in Franklin County removed from their homes by Franklin County Children Services in 2023 were due to parental drug use.

2. Client Descriptions

A majority of ADAMH service types are delivered to individuals enrolled in the SmartCare claims and enrollments system in which demographic and background data are collected for clients. ADAMH funds a broad continuum of services across the six Systems of Care. Each of these services has its own complexities and unique considerations for counting clients and identifying demographic characteristics around those served. Along with making available regular targeted communications and technical assistance, ADAMH is intentional in its approach to meeting these demands by implementing a range of data collection requirements, protocols and strategies. These include traditional health care service claiming, aggregate reports from contract agencies and structured roster submissions. ADAMH also provides regular targeted communications and technical assistance to support these efforts. The data collection processes may change as needed and are influenced by the completeness and quality of reporting by providers and partners. An additional important note is that ADAMH de-duplicates the counts to the extent possible; however, it's not feasible in all circumstances to collect the level of personally identifying information necessary for a fully un-duplicated count.

Prevention services are delivered to county residents without the requirement to enroll them in SmartCare and one of the benefit plans. Client data for prevention services is collected mostly through aggregate reporting from providers. Additionally, recipients of prevention services throughout the community and in schools have somewhat distinct average demographic profiles (e.g., prevention clients skew younger compared to other Systems of Care). For these reasons, prevention client characteristics are discussed separately.

In 2023, ADAMH contract agencies provided clinical and supportive services to 20,365 people. Adults ages 25-64 were the primary recipients of such services (59.9%). The largest share of clients was white, non-Hispanic (39.1%) followed by Black/African American, non-Hispanic (33.7%), Hispanic/Latin American (5.4%) and multiracial (4.8%). The population skewed toward men and boys by a ratio of 1.3 for every one woman or girl. Top ZIP codes of residence were located along the I-70/I-71 corridor where poverty rates are the most concentrated (Rise Together Blueprint, p. 7, Figure E), including areas such as Hilltop, South Side, Far East Columbus, Northland, Westland, Downtown, Linden and Whitehall.

Prevention services reached approximately 75,400 people in 2023. Youth under 18 were the primary beneficiaries of prevention services (65% of prevention clients with a reported age). Where participants' racial/ethnic background was known, more than half identified as Black/African American (55.3%), and slightly more than one-quarter identified as white (27.4%). Hispanic/Latin American and multiracial were 7.2% and



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Youth under 18
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6%, respectively. By gender, participants were close to evenly split (49% boys/men and 51% girls/women). Prevention services occur throughout the county as network providers partner with all 16 public school districts. Four of the top five ZIP codes for prevention services are in central, south and west Columbus, where about one in four prevention participants are engaged (24.4%).

Table 10: Demographic Distribution of Clients Receiving Clinical and Supportive Services (2023)

Demographic Distribution of Clients Receiving Clinical and Supportive Services (2023)	
TOTAL CLIENTS	20,365
By Age Group	
Under 10 years old	3.4%
10-13 years old	3.6%
14-17 years old	8.9%
18-24 years old	7.9%
25-34 years old	20.6%
35-44 years old	17.3%
45-54 years old	11.5%
55-64 years old	10.5%
65-74 years old	4.1%
75 years and older	0.6%
Age not reported	11.6%
By Race, Ethnicity	
American Indian or Alaskan Native	0.3%
Asian	1.1%
Black, African or African American	33.7%
Hispanic or Latin American	5.4%
Middle Eastern or North African	0.1%
Multiracial	4.8%
Native Hawaiian or other Pacific Islander	0.2%
White	39.1%
Self-described/write-in	1.1%
Race, Ethnicity not reported	14.2%
By Gender	
Boy or Man	33.8%
Girl or Woman	25.5%
Nonbinary or self-described/write-in	0.3%
Gender not reported	40.4%
By ZIP Code (Top 10)	
43204 (Hilltop, Westgate)	14.6%

Demographic Distribution of Clients Receiving Clinical and Supportive Services (2023)	
43207 (South Side, Far South Columbus)	4.7%
43223 (Hilltop, Southwest Columbus)	4.0%
43215 (Downtown)	2.6%
43232 (Mid-East, Far East Columbus)	2.6%
43228 (Westland, Far West Columbus)	2.5%
43229 (Northland, Forest Park)	2.5%
43224 (North Linden, Northeast Columbus)	2.4%
43211 (North/South/East Linden)	2.4%
43213 (Whitehall, Far East Columbus)	2.2%

Table 11: Demographic Distribution of Clients Receiving Prevention Services (2023)

Demographic Distribution of Clients Receiving Prevention Services (2023)	
TOTAL CLIENTS	75,406
By Age Group	
Under 10 years old	13.3%
10-13 years old	8.1%
14-17 years old	12.8%
18-24 years old	3.8%
25-34 years old	4.2%
35-44 years old	5.0%
45-54 years old	3.1%
55-64 years old	1.0%
65-74 years old	1.2%
75 years and older	0.0%
Age not reported	47.5%
By Race, Ethnicity	
American Indian or Alaskan Native	0.1%
Asian	0.9%
Black, African or African American	23.5%
Hispanic or Latin American	3.0%
Middle Eastern or North African	0.3%
Multiracial	2.6%
Native Hawaiian or other Pacific Islander	0.3%
White	11.7%
Self-described/write-in	0.2%
Race, Ethnicity not reported	57.5%





Demographic Distribution of Clients Receiving Prevention Services (2023)	
By Gender	
Boy or Man	21.4%
Girl or Woman	22.7%
Nonbinary or self-described/write-in	0.1%
Gender not reported	55.8%
By ZIP Code (Top 10)	
43215 (Downtown)	8.2%
43207 (South Side, Far South Columbus)	7.5%
43054 (New Albany)	5.0%
43204 (Hilltop, Westgate)	4.8%
43222 (Franklinton)	3.9%
43223 (Hilltop, Southwest Columbus)	3.8%
43229 (Northland, Forest Park)	2.6%
43081 (Westerville)	2.2%
43213 (Whitehall, Far East Columbus)	2.0%
43230 (Gahanna)	1.9%

3. Client Referrals

Since July 2022, the 988 Suicide and Crisis Lifeline has provided a national telephone response to people seeking assistance during a behavioral health crisis. It is not uncommon for 988 to also be called for referral to services. ADAMH is fully invested in supporting the growth of this crisis line and the development of a care delivery coordination system to allow people calling 988 to schedule an appointment with a community-based service provider during the call. Foundational work has begun to develop this system with plans for full implementation to take place during the next levy cycle.

When a community member is seeking referral or linkage to any service across systems in ADAMH’s network of care, they can contact the ADAMH-sponsored Get Connected Program at Mental Health America of Ohio. The agency offers a telephone line to respond to all callers seeking care in Franklin County. The agency provides linkage to programs within the ADAMH network to ensure quality services are being offered. Mental Health America of Ohio understands the processes for receiving services and is able to walk the community member through it.

Working closely with Mental Health America of Ohio, the ADAMH Clients Rights Officer responds to telephone, web-based and walk-in requests for services. The Clients Rights Officer, following the same process as Mental Health America of Ohio, can remain in contact with the community member until the link with the service provider is established. In addition, a full list of ADAMH-funded service providers is available to the public. The ADAMH website includes a searchable

database of all funded providers and services at adamhfranklin.org/providers. Printed copies of the directory are available at the ADAMH office, located in Columbus at 447 E. Broad St., or by calling 614.224.1057.

If someone is seeking a referral or linkage to mental health treatment services, Netcare Access serves as a central point of service by conducting a behavioral health assessment and linking to any network-certified provider. Netcare is able to accommodate both walk-in and scheduled appointments. Youth and parents can contact Nationwide Children’s Hospital for similar services for youth under 18. Most often, people will contact a provider directly to seek mental health and substance use disorder treatment.

4. Service Levels and Wait Lists (Historical)

Out of the 33 network providers that ADAMH contracted with in 2023, 23 provided treatment services, 19 provided prevention services, 16 provided recovery supports, 13 provided crisis services, six provided housing services and five provided family supports.

ADAMH’s main source of data regarding the numbers of residents served by ADAMH-funded providers is the SmartCare claims and enrollments system. With available data on approved claims, ADAMH is able to produce counts of Franklin County residents served and determine the paid services by category. Starting in 2022, ADAMH implemented aggregate client count reporting to help quantify the reach of low-intensity services (such as prevention) where enrolling individuals in coverage may be infeasible or excessively burdensome. The table below of 2023 client counts represents ADAMH’s most accurate accounting available of the number of individuals served most recently in each category.

Table 12: Consumers Served In 2023

Consumers Served In 2023	
Service Category	Client Count
Any*	95,771
Treatment	9,552
Crisis	6,383
Housing	1,866
Prevention	75,406
Recovery Supports	5,650
Family Supports	905

*Unduplicated count of individuals served from any category. Individuals may receive services from multiple categories (e.g., concurrent treatment and recovery supports). Because of this de-duplication, the sum of the other categories will exceed this figure.

Out of the 33 network providers that ADAMH contracted with in 2023,

23 provided treatment services

19 provided prevention services

16 provided recovery supports

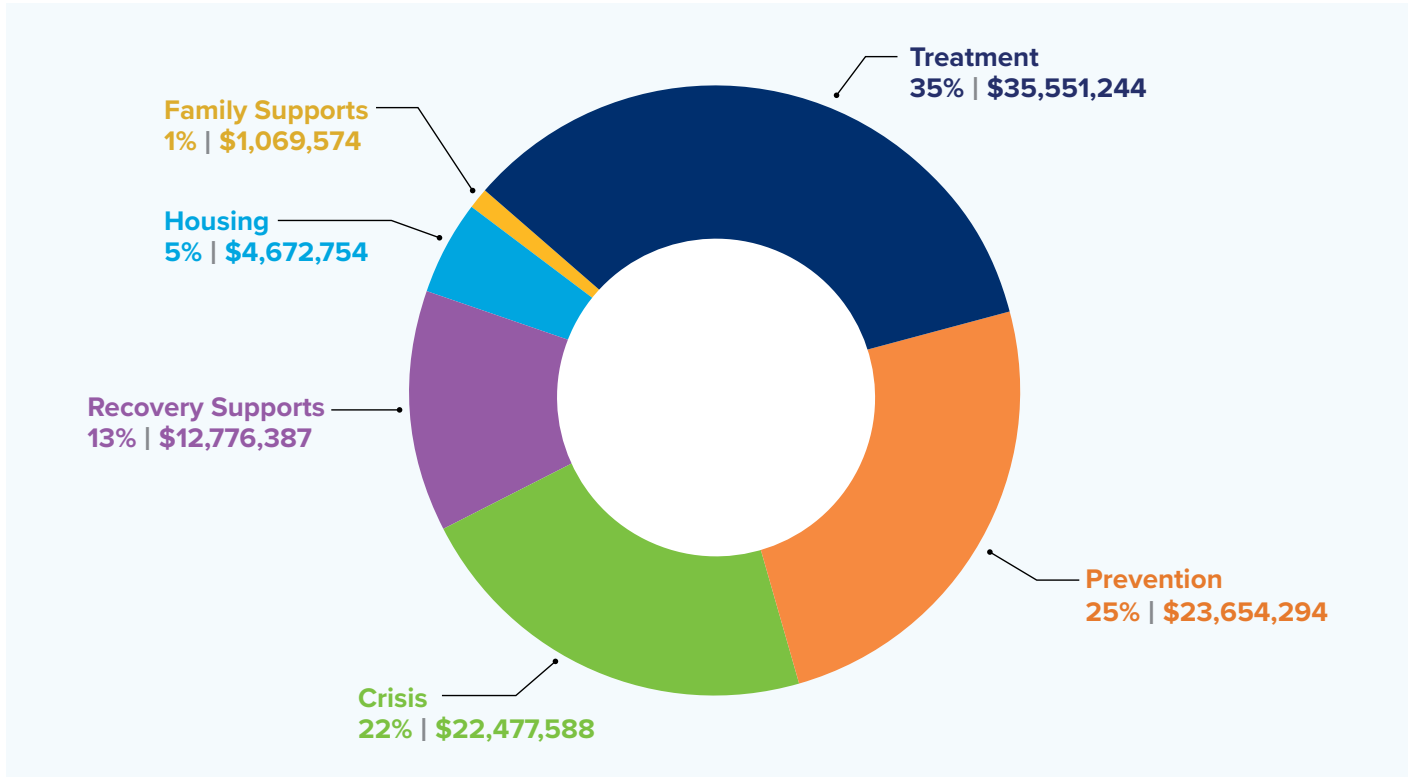
13 provided crisis services

6 provided housing services

5 provided family supports

5. Levels of Service

Figure 4: System of Care Investments for 2023



Note: Descriptions of System of Care categories included below are consistent with Substance Abuse and Mental Health Services Administration (SAMHSA) definitions.

Treatment: Behavioral health treatment focuses on interventions aimed at eliminating, reducing or managing symptoms for individuals with mental health conditions or substance use disorders. For example, counseling and more specialized psychotherapies seek to change behaviors, thoughts, emotions and how people see and understand situations. Medications for mental health and substance use disorders provide significant relief of symptoms for many people and help manage symptoms to the point where people can use other strategies to pursue recovery. For many, the most effective behavioral health approach involves a combination of counseling and medication. Early intervention treatment is best. A trained professional should conduct a comprehensive psychosocial evaluation to render a diagnosis. No single treatment works best. However, evidence-based treatments have proven effective in providing care. Treatments must address each person's needs and symptoms. For most people seeking mental health treatment, outpatient counseling, possibly with medication, is effective in reducing symptoms and supporting recovery. For individuals experiencing serious and persistent mental illness, higher levels of care with increased intensity may be needed. Assertive community treatment (ACT) teams are one of the enhanced levels of care that an individual may benefit from. ACT teams provide community-based care, engaging with the individual multiple times each week. ADAMH works closely with its provider network and adult-serving hospitals to ensure placement on these teams is appropriate for the individual and meets guidelines for fidelity to the model.

Crisis Care: Crisis care services operate on a continuum, all with the goal of providing services to individuals to avoid hospitalization or involvement with the criminal justice system. Crisis services are commonly described as a continuum starting with someone to call, as in 988; someone to come, including community mobile teams; somewhere to go, exemplified by the building of the Franklin County Crisis Care Center; and somewhere to thrive, which focuses on post-crisis support through community-based behavioral health providers. Each step includes a collection of services and interventions designed to reduce the need for the individual to move to the next step on the continuum. Every part of the continuum is vital, as the movement across the continuum indicates an increased severity of symptoms.

Housing: Safe, decent and affordable housing is a basic necessity and a key to recovery for people living with a mental illness or addiction. ADAMH supports and invests in housing initiatives on behalf of people with mental health and substance use disorders so they can lead healthy and productive lives in the community. ADAMH funds housing programs that include varying levels of treatment support along with a safe place to live.

- **Residential Care Facilities Class 1** – Designed to provide six to 12 months of residential care following discharge from an inpatient psychiatric facility for those in need of additional support to stabilize their mental health symptoms. Residential care facilities offer mental health treatment services on site.
- **Transitional Housing** – Time-limited residential program with an expected length of occupancy of approximately 120 days and goals to transition to permanent housing.
- **Permanent Supportive Housing** – Rent-subsidized housing, on-site treatment and supportive services available 24 hours per day. Permanent supportive housing is for people who are experiencing a behavioral health-related disability.
- **Service Enriched Housing** – Rent-subsidized housing with an on-site resident manager who provides an additional level of security and support. Behavioral health services are provided by community-based providers. Service enriched housing is for people who are experiencing a behavioral health-related disability.
- **Recovery Housing** – Drug and alcohol-free housing where people in recovery from a substance use disorder can continue on their recovery journey and receive ongoing support.
- **Independent Housing** – Rent-subsidized housing for individuals who are stable in their recovery and are receiving outpatient services.

Prevention Services: Prevention and early intervention strategies can reduce the impact of mental health and substance use disorders. Prevention approaches focus on helping people develop the knowledge, attitudes, skills and behaviors they need to make good choices or change harmful behaviors. Substance use and mental health disorders can make daily activities difficult and impair a person's ability to work, interact with family and fulfill other major life functions. Mental illness and substance use disorders are among the top conditions

Mental illness and substance use disorders are among the top conditions that cause disability in the United States.



ADAMH supports prevention services in **16** public school districts in Franklin County through the provider network.

that cause disability in the United States. In addition, drug and alcohol use can lead to other chronic diseases such as diabetes and heart disease. Preventing mental health or substance use disorders and related problems is critical to individuals' behavioral and physical health. The Substance Abuse and Mental Health Services Administration's prevention and early intervention efforts promote informed decision-making and healthy behaviors. ADAMH supports prevention services in 16 public school districts in Franklin County through the provider network. Service providers work with the district to learn the needs of each school and implement evidence-based interventions aimed at preventing behavioral health issues. In addition, network providers host prevention activities for the general population at community events such as health and resource fairs.

Recovery Supports: Recovery-oriented care and recovery support systems help people with mental health and substance use disorders manage their conditions successfully.

Recovery is a process of change through which people improve their health and wellness, live self-directed lives and strive to reach their full potential. There are five major dimensions that support recovery:

- **Health** – Overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being.
- **Home** – Having a stable and safe place to live.
- **Purpose** – Conducting meaningful daily activities and having the independence, income and resources to participate in society.
- **Community** – Having relationships and social networks that provide support, friendship, love and hope.
- **Hope** – The belief that these challenges and conditions can be overcome is the foundation of recovery. The process of recovery is highly personal and occurs via many pathways. Recovery is characterized by continual growth and improvement in one's health and wellness that may involve setbacks. Because setbacks are a natural part of life, resilience becomes a key component of recovery.

Recovery supports are often self-directed, allowing individuals to select and incorporate the options that best meet their needs into their lives.

Family Supports: Family support services are community-based services that assist and support family members and loved ones in their role as caregivers. The services include education, advocacy, mentoring and respite, all with the goal to enhance skills and solve problems to achieve relational harmony.

Consumer Self-Sufficiency

Allowing individuals to direct their services based on their identified needs and goals leads to more independence and self-sufficiency. This is done through a variety of supports available in our community.

When it comes to managing health, evidence-based programs like Wellness Recovery Action Planning and Whole Health Action

Management take a holistic approach. These programs address mental and emotional well-being while also incorporating physical and spiritual health. They help individuals plan for crises, coordinate care with multiple medical providers and create actionable steps toward achieving self-identified wellness goals.

Another growing resource for our community is the use of peer recovery support. This evidence-based best practice allows someone to work directly with a staff member who also is living in recovery with a mental health diagnosis or a substance use disorder. Working with a mentor who can share their lived experience provides hope and guidance to an individual. Peers assist with goal planning, accessing resources, facilitating recovery groups and developing pro-social activities that foster personal interests, friendships and improved quality of life.

Assistance for individuals with social isolation is provided by The P.E.E.R. Center (Peers Enriching Each Other's Recovery), with two locations offering support 365 days a year. Substance-free group recreational activities are offered for individuals living in recovery and hosted by certified peer recovery support staff. A similar program is available at the Pathway Clubhouse, operated by Concord Counseling Services. This accredited best practice is a social setting with a focus on employment. Members of the Pathway Clubhouse work together on a variety of tasks such as the lending library, kitchen/hospitality and the Treasures on Broad resale shop. The funds raised allow participants to offset the cost of an annual educational/recreational travel opportunity. Pathway Clubhouse also hosts an annual member art show where all proceeds from the sales are given to the artist and numerous other social gatherings.

While the Pathway Clubhouse prepares individuals to look for work, it also offers transitional and independent employment supports. Several providers in the community offer direct vocational services through a job club model, a readiness course that prepares someone for an interview with an updated resume and social media support, or the evidence-based model of supported employment. Other providers are able to link to workforce programs in the community to assist an individual to further their education, obtain a vocational certificate or find meaningful employment.

For individuals who need information or advocacy with treatment, recovery supports or other community resources, the ombudsman services through the Get Connected Program at Mental Health America of Ohio help to meet those needs. The staff are able to provide information or clarification for an individual to become their own best advocate. The agency will also offer information about partners and programs in the community an individual may access to meet their needs or utilize toward a goal of independence and self-sufficiency.



Working with a mentor who can share their lived experience provides hope and guidance to an individual.



Most individuals
receive ADAMH-
funded treatment
services for
6
weeks
or less

6. Average Length of Time Clients Participate in Services

ADAMH defines an episode of care differently across the six categories of care. It is important to understand that ADAMH is often not the only payor of services for qualified individuals and, therefore, the episodes calculated may not directly align to the admission and discharge details providers document for consumers.

- **Treatment:** Most individuals receive ADAMH-funded treatment services for six weeks or less (median: 44 days). In about 25% of cases, the episode is between six weeks and six months. Less than 15% of individuals are engaged in treatment services for longer than one year.
- **Crisis:** Crisis services are brief in duration and, as mentioned above, intended to reduce an individual's need for care in a more restrictive setting. Most episodes are one day or less and take place in a specialty crisis facility. Inpatient and short-term residential stays are a little longer, with a median length of stay of four days. In rare cases, a client may stay for two-to-three weeks.
- **Housing:** Housing can be time-limited/transitional or a more permanent placement within either supportive or independent housing units. Consumers remain in permanent housing units for an average of two and a half years.
- **Prevention:** As with most other service types, prevention services can vary greatly in the duration of programming. Programs in this category may consist of single occurrences, six- to 12-week sessions (such as summer camps) or longer year-round programs.
- **Recovery Supports:** Support services during the process of recovery are offered in many different settings and for different needs. They follow a similar distribution as treatment services: most use ADAMH-funded services for six weeks or less (median: 41 days), about 25% use services between six weeks and six months and less than 15% use services for longer than one year.
- **Family Supports:** Similar to prevention services, family supports vary in duration depending on the program model. Some clients' needs are met within days, such as with advocacy, linkage and referral. Family education programs are typically structured as time-limited series spanning six to eight weekly sessions. Support groups for family members are offered between one-to-four times per month and attended on a drop-in basis. Respite services are the longest duration, with families typically engaged for about 18 months.

7. Population Growth

According to estimates from the U.S. Census Bureau, Franklin County's population grew 7.7% between 2014 and 2023, equivalent to an increase of about 95,000 residents. In 2018 alone, Franklin County gained 82 new residents a day, according to the [Mid-Ohio Regional Planning Commission](#). The [Mid-Ohio Regional Planning Commission](#) forecasts significant population growth in the county and surrounding areas through 2050, with Franklin County projected to absorb half of the total population growth.

If growth trends increase, the Franklin County population is expected to reach 1.447 million by 2030 and 1.520 million by 2035, a total increase of 14.8% (196,000 residents) compared to 2020, according to the [Mid-Ohio Regional Planning Commission Central Ohio Population Resource Hub](#). Of that population growth, almost 60,000 more individuals are forecasted to be added to the county from 2025 to 2030. A [recent report](#) from the Columbus Foundation has also noted the significant growth of the Columbus and central Ohio population. Compared to other peer metropolitan areas in Ohio, Columbus experienced the highest percent population growth from 2019 to 2022. The report also revealed that between 2018 and 2022, the proportion of the population identifying as a race or ethnicity other than white grew by approximately three percentage points, reaching approximately 30% in 2022.

The median age of the Columbus population is lower than Cincinnati and Cleveland (36, 38 and 41 years, respectively). However, the share of the population age 65 and older has increased from around 12.5% to almost 14% (ending with an estimated population of almost 300,000 people) during that same time.

Franklin County has experienced considerable in-migration from populations around the globe. According to estimates from the U.S. Census Bureau, the foreign-born population in Franklin County increased 43.8% from 2014 to 2023 and accounts for over half of the total population growth over the time period. The distinct character of population growth in central Ohio and Franklin County specifically presents ADAMH with an opportunity to serve unique populations with varied backgrounds and cultural perspectives.

8. Need for Services

ADAMH anticipates an increasing demand for provider services. According to the 2024 Community Needs Assessment, 42.9% of Franklin County residents reported that they or someone they live with did not receive needed mental health or substance use services or treatment. As previously noted, the projected population in 2030 will be 1.447 million in 2030 and 1.520 million in 2035, resulting in 130,000 more residents in the 10 years between 2025 and 2035. The following table shows projected unmet need based on increasing population, with the assumption of the current level of unmet need staying at 42.9%.

Table 13: Projected Number of Franklin County Residents with Unmet Need

Projected Number of Franklin County Residents with Unmet Need		
Year	Number of people with unmet need	Estimated increase over 2025
2025	596,310	
2030	620,763 (projected)	+4.1%
2035	652,080 (projected)	+9.35%

Compared to other peer metropolitan areas in Ohio, Columbus experienced the highest percent population growth from 2019 to 2022.

42.9%
of Franklin County residents reported that they or someone they live with did not receive needed mental health or substance use services or treatment, according to the 2024 Community Needs Assessment.



47%

of residents reported that the cost of care is the biggest barrier to receiving mental health services.

35%

of residents reported the same for substance use services,

according to the ADAMH 2024 Community Needs Assessment.

As Franklin County’s population grows and increases its diversity, it is important to understand the prevalence of mental health and substance use disorders (see additional information about prevalence in above section). As ADAMH continues to support Franklin County through investments to address the needs of residents, the organization has seen the number of individuals served grow throughout the current levy cycle.

According to the ADAMH 2024 Community Needs Assessment, 47% of residents reported that the cost of care is the biggest barrier to receiving mental health services and 34% of residents reported the same for substance use services.

With the requested levy resources, ADAMH will continue to work with community partners to plan, fund and evaluate current, expanded and new investments based on community needs. ADAMH’s most recent community needs assessment shed light on specific needs of Franklin County residents. Of those residents who reported needing care, the percent of need unmet per service category was:

Table 14: Unmet Need by Service Category (2024)

Unmet Need by Service Category (2024)	
Family Supports	72%
Prevention (youth)	57%
Housing	52%
Recovery Supports	45%
Crisis (adult)	32%
Treatment (adult)	12%
Treatment (youth)	5%
Crisis (youth)	0%

Source: ADAMH 2024 Community Needs Assessment

According to the ADAMH 2024 Community Needs Assessment, the following service needs exist in the ADAMH System of Care:

Expansion of Crisis Services: ADAMH invests in crisis and acute behavioral health care to support individuals in a clinically appropriate, cost-effective and timely manner, delivered in the least restrictive environment to avoid hospitalization or involvement with the criminal justice system. This aligns with the Rise Together: A Blueprint for Reducing Poverty in Franklin County Goal #9: “Reducing the overall incidence and racial disparities in occurrences of preventable diseases and trauma, and improving the health of those living with chronic, mental, physical and behavioral health conditions among those struggling financially.”

Mental health and substance use disorder crisis system capacity must be addressed to meet growing unmet need and demand for services. Currently, ADAMH has the following goals that impact the crisis care continuum in Franklin County:

- 1) Increase access to mental health and addiction crisis care to meet the needs of all Franklin County residents, including at-risk and socially disadvantaged populations.
- 2) Improve quality of crisis care by offering a spectrum of mental health and addiction services and direct links to community-based services.
- 3) Construct a facility that meets current and future demand.
- 4) Provide a facility that offers a no-wrong-door approach to ensure any adult arriving at the crisis center receives services.

ADAMH is working with community partners to build a new mental health and addiction facility to serve as the central, preferred destination in Franklin County for behavioral health crisis needs. With a planned opening in 2025, the center will provide a complete crisis care continuum for adults. Though the Franklin County Crisis Care Center will fill a gap in the current crisis continuum, there is still need. The crisis care center, when fully operational, will serve Franklin County as a state-of-the-art facility that provides a no-wrong-door approach to those seeking help for mental health and substance use disorders by offering emergency care, walk-in care, observation units and other supportive services. Even given the immense benefit the center will provide Franklin County, including having a projected 26,000 encounters in its first year of operation alone, it is only one piece of the continuum of crisis care.

The Community Needs Assessment shows that, despite having increased services, there is a need for additional 24/7 mobile crisis responders. Mobile crisis response offers a crucial service to the community by reducing barriers to care and providing support directly to residents in need. This approach combines a clinician and a peer supporter to address complex mental health or substance use-related calls. It ensures a professional, compassionate and dedicated response to individuals in crisis, their families and partner agencies. Mobile crisis response works through de-escalating situations and linking residents to needed resources, including transportation to care, if needed. Expansion of this service would lead to more teams and more complete coverage throughout the day.

Expansion of Housing Services: ADAMH's housing program invests in safe, decent and affordable housing through a network of contract providers, which are located throughout Franklin County. The purpose of the housing System of Care is to plan, fund and evaluate housing initiatives on behalf of people with mental health and substance use disorders so they can lead a healthy and productive life in the community. ADAMH invests directly in housing as well as support to keep people stably housed. ADAMH's ultimate goal is to fund a continuum of housing services that includes community residence; independent housing retention; level III recovery residence; short-term bridge subsidies; housing support services – skills training; and transitional housing. The Community Needs Assessment and other reports indicate that insufficient housing is a major issue in the community, and residents need greater access to quality housing. Lack of safe, affordable housing often undermines an individual's recovery journey. Given the pressures on the current system, ADAMH currently is working to create efficiencies to better use existing housing resources and seeks to partner in furthering county housing initiatives.

Mobile crisis response offers a crucial service to the community by reducing barriers to care and providing support directly to residents in need.

The 2024 Community Needs Assessment underscores the increasing need for better access to services by family members of those impacted by mental health and substance use disorders.

Expansion of Family Supports: ADAMH's family supports System of Care invests in providers with the aim to plan, fund and evaluate services that assist and support family members and loved ones of people living with mental health and substance use disorders in their roles as advocates and caregivers. Services delivered by the ADAMH network providers include respite care; parenting and family education/skills training; outreach and engagement family supports; family training and counseling. The 2024 Community Needs Assessment underscores the increasing need for better access to services by family members of those impacted by mental health and substance use disorders. Research from the Ohio Department of Mental Health and Addiction Services suggests 9.2% of children in Franklin County have lived with someone who has had a problem with drugs or alcohol, and 14.9% of children have lived with someone who was mentally ill, suicidal or severely depressed. Research by the [American Association for Marriage and Family Therapy](#) shows that parental substance use and parental mental health issues are often reasons that a grandparent would have responsibility for their grandchild.

Given the historic growth in mental health and substance use issues in the community, increased family supports would be an appropriate response to the opioid epidemic and the suicide rate, according to the American Association for Marriage and Family Therapy.

Enhance System Navigation: Providing easy and timely access to the care people need is integral to positive outcomes when interacting with the ADAMH system. To that end, ADAMH has continued to support and upgrade communication enhancements that result in the ability for people to dial one number and get directly connected with services. Currently, the 911 system has little ability to interact with the 988 system, and neither system has the ability to connect callers with non-urgent services. Work is currently underway to establish interoperability between 911 and 988 to allow the systems to interact with one another and connect callers to the appropriate services. This would result in the ultimate goal of better monitoring of provider availability and allow real-time access to appointments and inpatient care.

9. Planned Numbers to be Served

Approving the recommended levy request will allow ADAMH to continue to support services at the same level as this levy cycle but with a modest expansion of services tied to anticipated population growth. The annual population rate used to adjust provider service investments for the next levy cycle is a 1% increase per year.

Approval of the recommended levy request will also allow ADAMH to fully offer all planned services at the Franklin County Crisis Care Center. Services would be phased in starting in 2025, with expansion to all services (e.g., behavioral health urgent care, crisis stabilization and inpatient) in 2027. The new center will integrate key innovations, including physical health services, community-based service coordination, family supports and a discharge pharmacy to provide an enhanced care experience in a community-based setting. Once fully implemented in 2027, the facility will have the capacity to serve up to

80 individuals at any point in time and has a projected peak annual service volume of more than 34,000 encounters.

Finally, the requested levy amount will allow ADAMH to fund additional strategic initiatives. These may include:

- Care delivery coordination system.
- Funding for existing providers to expand capacity or offer new programming.
- Funding recommendations of the current coordination of benefits project, which is researching potential gaps in ADAMH's rate structure and other initiatives that would financially strengthen the county's network of providers (e.g., fund translation/interpretation services).
- Expanding mobile crisis efforts.
- Funding additional IT and/or capital needs associated with the Franklin County Crisis Care Center.
- Expanding housing initiatives to stably house more individuals living with serious and persistent mental illness.
- Implementing workforce development initiatives for the network of providers.
- Covering local funding match requirements for potential state and funding grant opportunities.

Approval of the recommended levy request will also allow ADAMH to fully offer all planned services at the Franklin County Crisis Care Center.

D. CURRENT LEVY CYCLE

1. Progress Report

ADAMH has launched or enhanced a number of innovative programs and partnerships to meet emerging community needs. Highlights of some of the most notable accomplishments are included below followed by a table of other investments that have been made during the current levy cycle.

In January 2023, ADAMH funded Netcare Access to launch a countywide pilot community mobile response program.

In 2023, ADAMH helped train
181
first responders.

Of the
21,400
mental health calls for service that Columbus Division of Police received in 2023

74%
were responded to by a CIT-trained officer.

988: The 988 Suicide and Crisis Lifeline was implemented nationally in July 2022. The lifeline consolidates a variety of separate crisis lines, including the suicide prevention hotline, into an easy-to-remember central point of contact for any mental health or substance use related crisis. In Franklin County, 988 calls are responded to by two ADAMH provider agencies: North Central Mental Health Services and Netcare Access. Calls to 988 have steadily increased over the lifeline's first two-plus years.

ADAMH worked closely with the two local call centers on the lifeline's implementation and continuously looks for ways to increase awareness locally. In 2023, ADAMH added 988 as a secondary call-to-action on its paid marketing campaign, and the board also worked collaboratively with the call centers to get media coverage, most recently for the lifeline's two-year anniversary. Additionally, ADAMH continues to work closely with Franklin County's Public Safety Answering Points and other partners to improve 911/988 interoperability.

Mobile Crisis Response: Sometimes an individual in crisis is in need of in-person intervention. Community-based mobile response teams are a best practice that is now available in Franklin County. In January 2023, ADAMH funded Netcare Access to launch a countywide pilot community mobile response program. Dispatched through 988, these teams are each comprised of a clinician and a peer, who not only respond to the crisis but also follow up to ensure individuals are connected to ongoing services.

Nationwide Children's Hospital has its own youth-focused mobile response team, which ADAMH helped stand up. Additionally, ADAMH is a funder of Southeast Healthcare's Rapid Response Emergency Addiction and Crisis Team (RREACT), which focuses on providing immediate outreach response to opioid overdose and opioid use crisis situations. RREACT meets with patients at the hospital or in the community for engagement and to develop a plan of care.

Crisis Intervention Trainings: ADAMH has an ongoing partnership with the Columbus Division of Police and municipalities to provide crisis intervention team (CIT) trainings. CIT is a national best practice for law enforcement officers, as well as other first responders, that teaches the signs and symptoms of mental illness and substance misuse. The training provides first responders with the skills they need to assist someone in a mental health crisis, de-escalate the situation and assist with obtaining additional care if needed. ADAMH has been collaborating on this effort for several years, working to increase training offerings across jurisdictions in Franklin County. In 2023, ADAMH helped train 181 first responders. Of the 21,400 mental health calls for service that Columbus Division of Police received in 2023, 74% were responded to

by a CIT-trained officer. This number is up from 57% in 2020. By working together to increase the number of first responders trained in CIT, ADAMH is helping to improve outcomes for those in the community who find themselves experiencing a mental health crisis.

NaloxBoxes (Opioid Rescue Kits): ADAMH’s NaloxBox project increases access to naloxone in public spaces across Franklin County. The program began in late 2021 in response to rising fentanyl overdose deaths. To date, more than 200 NaloxBox rescue kits have been installed across the community. These kits are placed at partner locations, such as libraries, COTA stops and more. Each kit contains two doses of the overdose reversal medication, naloxone, in an easy-to-use nasal spray and instructions on its use. There have been at least 30 reported uses of ADAMH NaloxBoxes since the program’s inception. In some of these instances, lives were saved due to naloxone being administered.

Workforce Council: ADAMH has done several things to help support and expand central Ohio’s behavioral health care workforce, including creating a council that has developed a plan to address the behavioral health workforce shortage in Franklin County. The council’s plan focused on four key priorities: (1) recruitment and retention, (2) leadership development, (3) funding and (4) advocacy for licensure changes. The ADAMH workforce council recently received grant funding in partnership with Aspyr. With this funding, ADAMH and Mental Health America of Ohio have created a leadership academy that will develop middle managers in the ADAMH network.



To date, more than
200
NaloxBox rescue
kits have been
installed across the
community.

Table 15: Timeline of ADAMH Accomplishments during Current Levy Cycle

Timeline of ADAMH Accomplishments during Current Levy Cycle		
Year	Initiative	Description
2021 – 2025	Responded to COVID-19 pandemic	ADAMH sustained and supported the behavioral health system at a critical time of need for Franklin County residents. ADAMH also distributed personal protective equipment and COVID-19 test kits to network providers, as well as funded limited supplies to ensure client and staff safety.
2022	Launched Help, Healing, Health and Hope marketing campaign	ADAMH launched a marketing campaign aimed at reinforcing the value of community-based mental health and addiction services accessible countywide through the ADAMH network of provider agencies. The campaign worked to reduce stigma around seeking and utilizing care.
2022	Expanded cultural responsiveness training	ADAMH partnered with the Ohio State University College of Social Work to create a cultural responsiveness training series that prepares individuals to better serve the community by understanding cultural differences and recognizing inequities.

Timeline of ADAMH Accomplishments during Current Levy Cycle

2022	Maintained community-based crisis services	ADAMH convened a team representing providers, emergency departments and first responders to ensure that 24/7 walk-in crisis services remained available following the announced phase out of Netcare’s clinic at 199 S. Central Ave.
2022	Implemented population-specific gambling prevention	ADAMH partnered with Maryhaven to provide gambling prevention services and educational outreach to the Asian community to connect individuals to treatment and ongoing support.
2022	Expanded treatment for adults with alcohol use disorders	ADAMH secured grant funding to support the expansion of services to adults struggling with alcohol use as a marked increase was indicated during the pandemic.
2022	Provided financial assistance to adults served in behavioral health and one additional system	ADAMH focused limited financial support to those adults with the most barriers to stability including involvement with another system of care.
2022	Launched mobile crisis services to youth	ADAMH partnered with Nationwide Children’s Hospital and other youth-serving providers to launch mobile response and stabilization services.
2022	Initiated long-term residential treatment program	ADAMH supported the opening of a new, long-term residential treatment program for adults recovering from substance use disorder with high needs related to social determinants of health.
2023	Enhanced services to veterans who are involved in criminal justice system	ADAMH supported and coordinated the addition of the Franklin County Military and Veterans Services Drug Court to the addiction treatment program.
2023	Increased sober housing options	ADAMH funded the first Oxford House sober living home, an evidence-based model, in Franklin County.
2023	Expanded services for families	ADAMH supported the building and operations of Directions for Youth and Families’ Crittenton Community Center, bringing 20 service providers under one roof.
2023	Established partial hospitalization program for substance use disorder	ADAMH supported the expansion of CompDrug services to include partial hospitalization for adults in substance use disorder treatment.

Timeline of ADAMH Accomplishments during Current Levy Cycle

2023	Relocated treatment services on the near east side	ADAMH assisted Community for New Direction in relocating from a building owned and planned to be sold by the City of Columbus.
2023	Expanded behavioral health workforce	ADAMH convened semi-annual conferences to develop peer supporters working in the behavioral health field.
2024	Initiated jail population reviews	ADAMH partnered with Franklin County Office of Justice Policy and Programs and Franklin County Sheriff's Office to review cases of high utilizers of the jail to create enhanced release plans.
2024	Developed pilot to support Franklin County jail inmates	ADAMH piloted a program that provides funding for basic needs to inmates with behavioral health issues at release.
2024	Implemented incentive program for housing for people who are justice-involved	ADAMH partnered with Franklin County Office of Justice Policy and Programs to implement the landlord incentive program that creates incentives for landlords to rent to people who are justice-involved and living with behavioral health needs.
2024	Expanded access to crisis services	ADAMH translated written and electronic materials about 988 into 10 languages and worked with culturally specific service providers to distribute throughout the community.
2024	Participated in pilot for hotline interoperability	ADAMH participated in a Peg's Foundation pilot program to develop standard operating procedures for 911/988 interoperability.
2024	Expanded access to higher level treatment services	ADAMH partnered with Riverside and OSU Wexner Medical Center to create a pathway for individuals to access assertive community treatment level of care.
2025	Notified network providers of inpatient hospitalizations	ADAMH collaborated with the Central Ohio Hospital Council to create an automated process to notify providers when a client presents at an ED or is admitted to an inpatient psychiatric hospital in real time.
2025	Expedited hospital discharge	ADAMH collaborated with the Central Ohio Hospital Council to develop a systemic process for discharge from inpatient care to the next lower level of care.



2. Human Services Levy Review Committee (HSLRC) Recommendations

The board has worked diligently to advance recommendations provided in the November 2020 Human Services Levy Review Committee Report, which have been embedded in ADAMH's strategic priorities and annual business plan.

Integrate Care and Financing

Integration of the delivery of care and payment models for health care payers comes in the form of value-based contracting (VBC). ADAMH's overall approach to these innovative payment models has been influenced by national standards and experiences from larger payers nationally. The current VBC initiatives were implemented in the 2022 provider contract and expanded from pilot programs to cover a majority of the service portfolio in the ADAMH network. The overarching goal was to expand the reach of VBC opportunities to more providers and to cover all six Systems of Care. This was achieved from the implementation of two payment methodologies from the [Health Care Payment Learning & Action Network framework](#): foundational payments for infrastructure and operations; and incentives for outcomes data submissions. For 2022 and 2023 combined, 31 of 32 eligible providers have earned a total of \$1.16 million.

ADAMH plans to continuously improve existing VBC within the provider contracts and further enhance the quality of payment models already in place. While ADAMH is a partial, specialty payer and exists as a minority funder for more than three-quarters of the network providers, VBC models built on a fee-for-service foundation are still considered viable.

ADAMH is investigating approaches that are reliant upon what can be called "key indicator scorecards" that diversify the metrics that are in scope of value-based payments. These scorecards will require continuing work with the provider network to determine which services and indicators are best suited and most likely to achieve both provider and board agreement. Ultimately, this will lead to process and outcomes improvements. Advancing VBC alternative payment models has both policy and total cost of care implications (that is, paying for value often comes with greater cost, at least initially); however, the increased quality makes the value proposition more favorable. Any additional advances in contracting and payments for value must be approached while having access to sufficient information and after establishing agreement between the payer and the providers. ADAMH continues to monitor the functioning of its current VBC framework and is planning for its next phase by researching innovative alternative payment methodologies and networking with other payers, many with larger panels of providers and broader client populations.

Franklin County Crisis Care Center

ADAMH has collaborated with community partners and key stakeholders throughout the planning, capital fundraising and construction of the Franklin County Crisis Care Center. This innovative, person-centered facility is designed to advance national best practices in Franklin County for addressing addiction and mental health crises and supporting patient care, visitors, staff and the community as a whole. The Franklin County Crisis Care Center encompasses three levels of care (behavioral health urgent care, crisis stabilization and inpatient) and integrates key innovations, including physical health services, community-based service coordination, family supports and a discharge pharmacy to provide an enhanced care experience in a community-based setting. Once fully implemented, the facility will have the capacity to serve up to 80 individuals at any point in time and has a projected peak annual service volume of more than 34,000 encounters.

The community need for the new Franklin County Crisis Care Center is rooted in the overall prevalence ADAMH sees in the growing needs and the currently limited capacity and capabilities found across the community-based continuum of care. Currently, there are approximately 30,000 encounters of adults presenting at a medical facility who are experiencing a crisis primarily related to mental health or substance use disorders. While the new facility will not prioritize mental health over substance use as a criteria for admission, it is anticipated individuals presenting for services will likely reflect the current mix presenting at community-based providers and hospital emergency departments (55% with a mental health diagnosis, 20% with a substance use diagnosis and 25% with both mental health and substance use diagnoses).

Scheduled to open by summer 2025, the first phase of the Franklin County Crisis Care Center will include both public and first responder entries, triage and the capacity to serve up to 40 individuals in 23-hour crisis observation. Capacity to serve an additional 20 individuals (bringing the total to 60) in 23-hour crisis observation will open once demand warrants. The second phase of the Franklin County Crisis Care Center, planned for 2026, will introduce a family resource center and behavioral health urgent care for lower acuity encounters. The third and final planned phase will be bringing the inpatient psychiatric unit online in 2027. This facility expands community-based 24/7 crisis care capacity by 69 units since the last levy request in 2020.

Expand Service Delivery in County Jail

ADAMH is an active member in several community planning groups related to jail services and the criminal justice system. These groups include ADAMH CEO Erika Clark Jones on the Franklin County Criminal Justice and Community Corrections Planning Board, currently chaired by Sheriff Dallas Baldwin. Additionally, other ADAMH team members participate on the Franklin County Re-entry Board, Jail Services Partnership and Community Alternative Sentencing Center workgroup.



Currently, there are approximately
30,000
encounters of adults presenting at a medical facility who are experiencing a crisis primarily related to mental health or substance use disorders.

ADAMH supports those incarcerated individuals who are uninsured and transitioning to inpatient psychiatric hospitalization through the administration of funds to pay for their care.

Four initiatives are underway to enhance opportunities for assisting people meeting their behavioral health needs while incarcerated. Southeast Healthcare provides jail in-reach, in collaboration with the jail's in-house behavioral health provider, Armour. Southeast staff meet with inmates to connect them with community-based services and address basic needs before release, expediting access to treatment and supporting a recovery-friendly living environment. ADAMH supports those incarcerated individuals who are uninsured and transitioning to inpatient psychiatric hospitalization through the administration of funds to pay for their care. These individuals may also receive additional support in jail from a mental health navigator. This new position, designed in collaboration with the Ohio Department of Mental Health and Addiction Services, ADAMH and the sheriff's office, can begin providing some hospital-based services such as competency restoration during the period of incarceration to decrease the length of inpatient care. Lastly, the ADAMH Vice President of Clinical Services or Clinical Director participates in the newly formed Jail Population Review Committee. This interdisciplinary group reviews cases of frequent jail utilizers while they are incarcerated to develop plans for enhanced support upon discharge. The goal of this committee is to plan and implement activities that will provide additional treatment and support for the individual in an effort to decrease recidivism.

Coordinate with Other Levy Agencies

Franklin County Family and Children First, Franklin County Children's Services and Franklin County Board of Developmental Disabilities: ADAMH partners with the Franklin County Family and Children First Council in many ways. ADAMH, the Educational Service Center on behalf of Franklin County Family and Children First Council and Franklin County Children Services provide financial support for multisystemic therapy and functional family therapy. These therapies serve multi-system youth at risk for out-of-home placement.

ADAMH, Franklin County Children Services, Franklin County Board of Developmental Disabilities and the Franklin County Family and Children First Council partnered to provide financial support for residential services for up to four Franklin County youth, age 16-21, who cannot be served in their natural home and who require specialized services supported by multiple public systems.

Additionally, the Educational Service Center on behalf of the Franklin County Family and Children First Council provides technical supports to ADAMH summer camps and after-school providers.

Guardianship Service Board: ADAMH appoints one member of the Guardianship Service Board's three-person board of trustees to provide oversight to the organization. The ADAMH Clinical Director or Vice President of Clinical Services attends all Guardianship Service Board meetings as well as meets quarterly with the Guardianship Service Board and Probate Court staff.

These meetings are designed to monitor and coordinate processes to ensure access to services. ADAMH network providers can refer individuals for guardianship by completing required documentation and submitting it to the ADAMH Clinical Director for approval. Following approval, documents are sent to the Guardianship Service Board and Probate Court for a hearing to be scheduled.

Franklin County Office of Management and Budget: As part of ADAMH's yearly strategic business plan submission to the county Office of Management and Budget, ADAMH identifies how its performance spotlight aligns to Rise Together: A Blueprint for Reducing Poverty in Franklin County. ADAMH's spotlight is on the development of the Franklin County Crisis Care Center, which impacts Goal #9 from the blueprint: "Reducing the overall incidence and racial disparities in occurrences of preventable diseases and trauma, and improving the health of those living with chronic, mental, physical and behavioral health conditions among those struggling financially." The crisis care center will increase access to care for all county residents and improve the quality of crisis care available.

Franklin County Sheriff's Office: In addition to the ongoing work to ensure behavioral health treatment services in the jail and appropriate community linkage at release, ADAMH and the Franklin County Sheriff's Office (FCSO) are collaborating to ensure crisis care services are available throughout the county. ADAMH and the FCSO Public Safety Answering Point, or 911 call center, participate in a workgroup to develop protocols for transferring crisis calls between 911 and 988, ensuring the caller receives the right level of care. ADAMH also provided the FCSO with written materials about 988 that officers can leave with community members following a behavioral health incident. In July 2024, ADAMH began funding embedded clinicians in the FCSO's Community Intervention and Diversion program. This program partners law enforcement with clinicians to address behavioral health emergencies in the county.

Columbus and Franklin County Addiction Plan: ADAMH is an active participant in the Columbus and Franklin County Addiction Plan (CFCAP). In addition to having representation in the group of principle partners, ADAMH has employees who serve as co-chairs of the data committee and the treatment and recovery supports committee. ADAMH staff also participate in various subcommittees and workgroups. Additionally, ADAMH partners with CFCAP on its Walk-in for Wellness series by assisting with planning and providing resources. In 2023, these events served over 800 people in our community.

The crisis care center will increase access to care for all county residents and improve the quality of crisis care available.

E. PERFORMANCE MEASURES AND DATA ANALYTICS

1. Determining Success

ADAMH utilizes a variety of methods to measure its success, lending to the complexity of the agency's work and commitment to continuous quality improvement. Through examining the organization's provider performance, community and client outcomes, ADAMH strategic growth, and ADAMH county investment monitoring, the agency is able to track and respond to the needs of the community, as well as how services are mitigating those needs.



Performance Monitoring and Focused Monitoring with Quality Improvement Plans

The purpose of the performance monitoring platform is to support focused monitoring and drill-down analyses related to provider performance at selected levels of analysis in regard to key performance indicators. The collection, analysis and reporting on these data are provided to ADAMH staff, provider agencies and key stakeholders to ensure the quality operation of programs, and to best assure that ADAMH-funded services are purchased in the most efficient and effective manner to meet the needs of Franklin County residents with mental health illnesses and substance use disorders.

Evaluation Framework

The evaluation framework, finalized in 2021, serves as the guiding document for the collection, analysis, monitoring and reporting of community and client data. Grounded in Results-Based Accountability, the framework identifies community indicators of the health and well-being of Franklin County residents that are highly relevant to the board's vision, such as prevalence of mental health and substance-related disorders and mortality related to suicide and accidental overdose. It also identifies performance measures that provide insight into the scope, quality and impact of investments ADAMH makes in the community. Performance measures include dollars invested, number of clients served, client satisfaction ratings and a set of 12 client outcomes (two for each service category). The framework emphasizes the importance of applying an equity lens throughout the evaluation process. In 2022, value-based contracting incentives were aligned to the data collections needed for the outcomes portion of the framework. The document is intended to stay consistent over time, while retaining flexibility to modify as business requires.

Project Management and Cross-functional Work

The project management platform is designed to provide oversight and support to ADAMH staff by offering a structured and standardized approach to managing projects. It streamlines project-related processes, tools and techniques for cross-functional initiatives.

Additionally, the platform equips senior staff with tools to authorize and monitor team commitments, ensuring that appropriate resources are available for project completion. It also facilitates collaboration with project teams throughout the project lifecycle, including initiation, planning, execution, monitoring, control and closure.

Throughout each planning cycle, priority projects identified for active monitoring and success criteria are established and evaluated and subsequently reported to the ADAMH board of trustees in a manner similar to ADAMH's other accountability platforms.

County Strategic Business Plan

The purpose of the County Strategic Business Plan is to show accountability for the investments provided by Franklin County. ADAMH provides the Franklin County Commissioners with annual budgets, staffing needs, goals, strategies and metrics. Most performance measures tracked are rooted in the ADAMH System of Care service categories and aligned directly with the components of the evaluation framework related to clients served and positive outcomes. This process tracks how ADAMH utilizes the levy investments it currently gets in the six service categories and provides outcome measures for each to highlight the benefit ADAMH provides to Franklin County.

Community Assessment and Plan

The purpose of the Community Assessment and Plan is to provide the Ohio Department of Mental Health and Addiction Services with information on the service gaps and challenges in Franklin County and provide a plan on how to mitigate those challenges. The plan includes nine priority areas and associated strategies and how ADAMH will address the needs in those areas through its investments in the community. The Community Assessment and Plan is repeated every three years, but annual progress reports in the priority areas to the Ohio Department of Mental Health and Addiction Services are required and reviewed.

2. Impact of ADAMH Services on the Target Population

Treatment Outcomes

ADAMH incentivizes the use of the Outcomes Questionnaire instruments for treatment outcome monitoring. Outcomes Questionnaire instruments are assessments of mental health vital signs with versions for adults and youth. Analysis of Outcomes Questionnaire results for ADAMH-funded clients indicates that in nine out of 10 cases (89%), clients assessed as having clinically significant distress were stable or improved six months later.

Crisis Outcomes

For clients presenting in crisis, the goal is stabilization in the least restrictive setting possible. At the end of their stay, the client can go home and receive community-based services going forward, not needing to return for additional acute care. For the period 2021-2023, the 30-day readmission rate for ADAMH-funded crisis episodes was 9.6%. Most of these readmissions occur in 23-hour observation or crisis stabilization units. The readmission rate is much lower for inpatient hospitalization (<1%). While it is not unusual for lower acuity levels of care to transfer clients to a hospital setting (35% of discharges), the majority of episodes end with a discharge to home/community-based care (59%).

Analysis of Outcomes Questionnaire results for ADAMH-funded clients indicates that **9 out of 10 (89%)** clients assessed as having clinically significant distress were stable or improved six months later.

ADAMH’s goal is for youth to come away with high resilience and a solid understanding of the risks of substance use.



93%
of clients
responding to the
ADAMH family
supports survey
(2021-2023)
reported
strong social
connectedness.

Housing Outcomes

Housing stability is the objective for clients who receive permanent subsidized housing. ADAMH data indicates that retention in permanent housing for 12 months or more was 93.3% at the end of 2022 and 96.3% at the end of 2023. Of the 297 individuals residing in ADAMH-funded permanent housing in January 2021, more than half (55%) remained in that housing 36 months later (December 2023).

Prevention Outcomes

School-age youth are the primary recipients of prevention services. At the conclusion of services, ADAMH’s goal is for youth to come away with high resilience and a solid understanding of the risks of substance use. Beginning in 2022, ADAMH began incentivizing implementation of the Risk and Resilience Questionnaire, a developmentally tailored self-report questionnaire which includes items from the Child & Youth Resilience Measure-Revised and items related to risk factors for alcohol and other drug use. Analysis of the responses received reveals the following:

- In 2022, participants in ADAMH-funded prevention programs were more likely to perceive a great risk of harm from alcohol, cigarettes, vaping, marijuana and prescription drug misuse than youth who responded to the Ohio Healthy Youth Environments Survey the same year.
- For the years 2022-2023, two-thirds (66.6%) of youth had moderate or better resilience after involvement in a prevention program. Forty percent had scores indicating high or very high resilience.

Family Support Outcomes

A key component of many family support services is to help family members reduce social isolation possibly driven by stigma and shame, or from the demands of caregiving. Ninety-three percent of clients responding to the ADAMH family supports survey (2021-2023) reported strong social connectedness – this includes having people in their lives who are understanding, make them feel comfortable to talk about difficult issues and can offer support in a crisis.

Client Satisfaction

The client satisfaction survey was introduced in its current form in 2019. The survey consists of eight questionnaires which were adapted from the Mental Health Statistics Improvement Program adult and family/youth surveys and supplemental surveys used by the Ohio Department of Mental Health and Addiction Services. Each questionnaire includes one or more domains designed to measure different aspects of clients’ perceptions of services received. Responses are gathered from clients of all six service categories. ADAMH’s target is for at least 85% of respondents to give a positive rating. ADAMH has observed the following trends from 2019 to 2023:

- General satisfaction, cultural sensitivity and social connectedness have been consistently **above** the 85% threshold (range: 89-94% positive).

- Housing satisfaction has been consistently **below** the 85% threshold (range: 70-74% positive).
- Access was **at** its highest satisfaction in 2023, right at the 85% threshold (range: 82-85% positive).

3. Current Performance Measures

ADAMH is currently operating under the 2022-2026 Strategic Plan. The plan, which included input from providers, staff and the community, set forth five overarching strategic priorities and associated goals. Each goal has an associated set of strategies, that if accomplished, will lead to successful achievement of the key performance indicator. Each indicator is a measure of success based on the most pressing needs of Franklin County.

The five priority areas of the ADAMH Strategic Plan are:

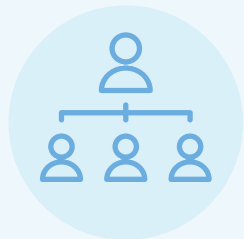
Service Delivery System

- **Goal:** Lead an equitable mental health and addiction services system that prioritizes access, innovation, collaboration and culturally responsive care to meet the needs of all individuals and families in Franklin County.
- **Key Performance Indicator:** Increased number of clients served from underserved communities. Between 2021 and 2023, the percentage of clients from underserved communities increased from 89.1% to 91.3%.
- **Strategies:** There are four strategies that were developed to increase the number of clients from underserved communities. ADAMH developed tactics to identify those who need care most, provide quality services to those people, assure people can access the services they need and make sure ADAMH has the providers in its network to deliver the needed services.
- **Outcomes:** Through this work, ADAMH has designed and released the publicly available data dashboard that provides community partners with dynamic data about the community, created a tool to allow ADAMH staff to engage in real-time information collection about emerging needs in the communities the agency serves and increased the number of evidence-based programs ADAMH's network of providers administers throughout Franklin County.

Measurement of Impact

- **Goal:** Coordinate comprehensive data collection, analysis and reporting that supports quality service delivery and greater understanding of the impact of ADAMH's investments on individuals and families in Franklin County.
- **Key Performance Indicator:** Increased percentage of provider payments made under value-based contracting standards. Between 2020 and 2023, this went from 0.02% to 0.71%, with \$569,735 in value-based contracting payments going toward outcomes submission incentives.
- **Strategies:** Four strategies were developed to expand value-





In 2020, there was one mental health provider per **308** people in Franklin County.

In 2022, that had improved to one mental health provider per **256** people.

based contracting payments and enhance ADAMH’s overall data governance. ADAMH developed tactics to implement an evaluation framework, enhance its access and usage of community indicators to make change, utilize demographic and background data to evaluate services and implement enhanced value-based contracting.

- **Outcomes:** Through this work, ADAMH has created an evaluation framework to measure the value of its investments, improved its data sharing of key community data indicators with community partners, improved the agency’s value-based contracting system and created a policy for how ADAMH should respond to identified inequities.

System Workforce

- **Goal:** Create a diverse, motivated and competent network of mental health and addiction service professionals to support the workforce needs of community-based providers serving individuals and families in Franklin County.
- **Key Performance Indicator:** Increased system workforce retention rates. ADAMH has been tracking mental health provider ratios to monitor the workforce. In 2020, there was one mental health provider per 308 people in Franklin County. In 2022, that had improved to one mental health provider per 256 people.
- **Strategies:** Three strategies were developed to increase system workforce retention rates. ADAMH developed tactics to collaborate with community partners to respond to workforce issues, improve workforce diversity and develop better pathways across the behavioral health system.
- **Outcomes:** Through this work, ADAMH convened a diverse group of community partners from a variety of organizations throughout Franklin County to charter the ADAMH Workforce Council, which has goals around recruitment and retention, funding and advocacy and leadership. The council, with ADAMH serving as the backbone organization, has spearheaded initiatives to improve the Franklin County community behavioral health workforce and better serve the community.

Communication and Engagement

- **Goal:** Leverage ADAMH’s local authority to reduce stigma, remove barriers to receiving care and promote mental health and wellness for all individuals and families in Franklin County.
- **Key Performance Indicator:** Increased awareness of key mental health and addiction issues, services, supports and resources. In 2020, 56% of people who responded to ADAMH’s Community Needs Assessment survey reported that they did not know what services were available as

a barrier to care. In 2024, 24% of Community Needs Assessment respondents reported that they had a lack of knowledge about mental health services available.

- **Strategies:** Three strategies were developed to increase awareness of issues, services, supports and resources. ADAMH develops tactics to enhance collaborations, expand legislative advocacy efforts and improve strategic communication.
- **Outcomes:** Through this work, ADAMH has increased its strategic engagements and collaborations to expand its reach as a community partner in Franklin County; created and implemented an agency policy agenda to give the agency a more effective presence at various decision-making levels; and developed a multimedia marketing campaign to make people aware of ADAMH network services and resources to improve the overall wellness of Franklin County and to encourage 988 use.

Organizational Alignment

- **Goal:** Strengthen the accountability of ADAMH and staff through the alignment of ADAMH's organizational structure, culture and resources to respond to the mental health and addiction service needs of Franklin County efficiently and effectively.
- **Key Performance Indicator:** Increased percentage of ADAMH staff reporting high levels of engagement. In 2022, ADAMH created a dedicated employee engagement survey to gauge employee satisfaction and engagement with the organization. According to survey results, from 2022 to 2024, employee engagement increased from 70.5% to 78%.
- **Strategies:** Four strategies were developed to increase staff engagement. Tactics were developed to assure organizational accountability, structure and culture. In addition, resources are in place to achieve the agency's strategic goals.
- **Outcomes:** Through this work, ADAMH achieved certification as an agency of quality through the Ohio Association of County Behavioral Health Authorities, indicating the board's commitment to high standards and service. The board also established a training and development strategy to enhance professional development and educational opportunities for staff.

In 2024,
24%
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respondents
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Through the work of the Crisis Care Community Advisory Council, ADAMH, along with its community partners, review and respond to the volume, resolutions and dispositions and timeliness of crisis encounters.

4. New Performance Measures

ADAMH monitors progress as explained previously in its various accountability platforms. To reiterate, these include strategic planning, project management, data reviews, provider performance monitoring and, of course, the structured and standardized evaluation framework. These systems contain many performance measures and many of these will continue into the next levy period. While continuity in metrics of success is important for tracking progress over larger spans of time, ADAMH regularly reviews the applicability and utility of these measures and, when necessary, updates, removes or adds measures.

With the focus on a high quality and responsive system of crisis services now and into the future, ADAMH has added a significant amount of data and analyses on crisis calls, mobile response dispatches and presentations for center-based services. Through the work of the Crisis Care Community Advisory Council, ADAMH, along with its community partners, review and respond to the volume, resolutions and dispositions and timeliness of crisis encounters. The reports developed are a dashboard used to track the functioning of each level of service as well as the interconnections among them, especially as major milestones are achieved and new initiatives are implemented. A recent data status table for the dashboard can be found in Appendix 4. The additional focus on crisis system metrics goes beyond this specific project as well. With the opening of the Franklin County Crisis Care Center, ADAMH will place a considerable amount of attention to the functioning of the center and the quality of client care. In conjunction with the operator of the center, ADAMH plans to monitor important program metrics such as readmission rates, referral sources, wait times and discharge dispositions.

5. Additional Performance Reports, Strategic Plans and Community Needs Assessments

Hyperlinks for each of these documents can be found in the electronic version of the levy fact book.

ADAMH Developed Plans and Documents

The [2022-2026 ADAMH Strategic Plan](#) provides a roadmap for how ADAMH would like to achieve its mission and realize its vision for an ideal future in Franklin County. Focusing on five different priority areas, the plan includes 18 strategies developed with key performance indicators in mind to strategically grow ADAMH.

The Ohio Department of Mental Health and Addiction Services required the [2023-2025 Community Assessment and Plan](#) provide ADAMH with a framework to identify the biggest gaps and challenges with the community behavioral health care system in Franklin County, and how the work of ADAMH addresses the needs of the community through its investments in mental health and substance misuse programming.

The [2023 ADAMH Housing Plan](#) provides an overview of ADAMH's current housing portfolio, unmet need identified by community partners and a strategy to guide related activities, direct investments and establish priorities in relation to the housing continuum in Franklin County.

ADAMH's comprehensive [2024 Community Needs Assessment](#) was conducted to inform ADAMH of the most pressing mental health and substance misuse related issues, including incidence, prevalence and needs of the community. In addition, it assessed how well the community behavioral health care system in Franklin County is addressing those needs.

Annually, ADAMH submits a plan to the Franklin County Commissioners that identifies how ADAMH is investing the levy funds it has and sets targets and performance metrics to align with the board's System of Care service categories. This information is found in the [2025 ADAMH Approved Franklin County Budget](#).

Community Partner Plans and Documents Developed in Partnership with ADAMH

[HealthMap 2022](#) is a comprehensive assessment of the health of Franklin County residents. Convened by the Central Ohio Hospital Council, HealthMap is a joint assessment process of public health and health care in Franklin County and calls on a variety of community partners to provide input throughout the process. It uses primary and secondary qualitative and quantitative data to provide information on health outcomes and quality of life. ADAMH participated in the steering committee for the HealthMap process.

Utilizing data and input from the HealthMap, [Columbus Public Health](#) and [Franklin County Public Health](#), ADAMH's local public health partners in Franklin County, developed a shared health improvement framework from which their Community Health Improvement Plans are based. ADAMH leads efforts in both plans, providing guidance to reduce alcohol-related deaths and increase support for those impacted by suicide.

The [Columbus and Franklin County Addiction Plan](#) is a community action plan designed to decrease overdoses, overdose deaths and infectious diseases. The plan was first developed in partnership with ADAMH in 2017 in response to increasing deaths from fentanyl in Franklin County and has evolved with the needs of the community. The plan now includes five priority areas of focus with leadership from ADAMH and Columbus Public Health.

ADAMH participates in the Franklin County Suicide Prevention Coalition, which aims to increase communication, coordination and collaboration efforts in Franklin County to prevent suicide and bring hope and support to those affected by suicide. The coalition releases an annual [Franklin County Suicide Report](#) that provides information on suicide incidence in Franklin County, as well as what resources exist for community members.

ADAMH is a community collaborator on the [Columbus Community Information Exchange](#), a data-sharing infrastructure that allows programs across the social services sector to coordinate and better connect residents with the services they need.



F. BUSINESS ENVIRONMENT

ADAMH is facing a variety of opportunities and challenges in the coordination and delivery of quality, timely and appropriate mental health and substance use treatment. Increasing prevalence and demand for services, population growth, persistent poverty, changing community demographics, access to care and uncertainty about the role of state government in meeting behavioral health care needs brings unprecedented challenges, as well as opportunities.

1. Challenges

A. Crisis Facility Rates

ADAMH has led the development, in collaboration with its partners and stakeholders, of a highly innovative crisis care center, a new mental health and addiction facility to serve as the central, preferred destination in Franklin County for behavioral health crisis needs, which will be opening in 2025. Once fully implemented, the facility will have the capacity to serve up to 80 individuals at any point in time and has a projected peak annual service volume of more than 34,000 encounters. Currently, there are approximately 30,000 encounters of adults presenting at various medical facilities who are experiencing a crisis primarily related to mental health or substance use disorders. The vast majority of these episodes are addressed in hospital emergency departments instead of a community-based, clinically appropriate crisis center.

There are two notable challenges in the continued funding of the center.

The need in the community for services is great. In collaboration with ADAMH partners/stakeholders, the planned size of the center was increased during development to meet both current and future demand. The operational costs for the facility have been revised from the estimated costs featured in the 2020 Levy Fact Book. Relatedly, inflation has increased significantly since the pre-COVID planning of the facility, increasing both the cost of constructing and operating the facility.

Additionally, a large source of financial uncertainty for ADAMH over the next levy cycle is surrounding the updating of crisis rates by the Ohio Department of Medicaid. Ohio's current regulatory environment lacks the appropriate definitions in the Ohio Revised Code and Ohio Administrative Code that support best practices in delivery of crisis care services. In addition, current Ohio Medicaid reimbursement rates and service codes do not reflect the actual costs associated with delivering facility-based crisis care. In order for facilities like the Franklin County Crisis Care Center to be financially sustainable for the long-term, it is critical that the state develop crisis service rules and regulations that define the different levels of crisis care services, as well as develop new reimbursement models to support such services. Until new rates are available, ADAMH will need to rely more heavily on levy funds to support local operations.



In collaboration with ADAMH partners/stakeholders, the planned size of the center was increased during development to meet both current and future demand.

B. Increasing Prevalence, Opioid Epidemic and Inflation

Demand for ADAMH services is high and increasing. The prevalence of mental illness and substance use disorders was increasing before the pandemic, and evidence supports that the global pandemic accelerated this trend. ADAMH anticipates that the demand for provider services will increase. The estimated percentage of Franklin County adults with unmet mental health care needs in the past year was 11.9%.

Mental health impairment is defined as having 14 or more days that mental or emotional health prevented work or other usual activities. In 2023, 9.9% of Franklin County adults had a mental health impairment in the past month as compared to 7.5% of Ohioans. This is also an increase from 7.8% in 2021.

In 2023, the mortality rate for deaths by suicide was 13.8 per 100,000 in Franklin County, which was an increase from 10.8 in 2020. Of individuals who died by suicide in Franklin County 2021-2024, an estimated 85% had depression, 53% had anxiety and 48% had a substance use disorder, according to the Franklin County Coroner's office, which examines medical records and conducts interviews with loved ones.

According to the ADAMH 2024 Community Needs Assessment, 41.2% of residents reported having been diagnosed with anxiety and/or depression, and 77% of residents reported they or someone they live with experiencing a mental health issue of some kind.

The opioid epidemic and substance use disorders continue to be a challenge in Franklin County. The age-adjusted mortality rate for unintentional overdoses was 51.6 per 100,000 residents in 2023, compared to Ohio's rate of 39.6 deaths, according to the Ohio Department of Health mortality dataset. The mortality rate for alcohol attributable causes was 14.7 per 100,000 in 2024, which is an increase from 12.9 in 2022 and 9.1 in 2019.

In terms of providing services, ADAMH and the service providers under contract have faced high levels of inflation in recent years during and after the global pandemic. The annual inflation rate used to adjust provider service investments moving forward is 2.5%.

ADAMH has responded to the opioid epidemic through a number of new and expanded programs and collaborations mentioned throughout this document, such as the creation of the Maryhaven Addiction Stabilization Center, the development of Rapid Response Emergency Addiction and Crisis Teams (RREACT) with Southeast Healthcare and Columbus Fire Department, and the expansion of medication-assisted treatment programs across the county.

C. Population Growth and Change

As previously mentioned, Franklin County's population grew 7.7% between 2014 and 2023, equivalent to an increase of about 95,000 residents. The Franklin County population is expected to reach 1.447 million by 2030 and 1.520 million by 2035, a total increase of 14.8% (196,000 residents) compared to 2020 (equivalent to a 0.93% increase/year).



ADAMH experienced a **0.7%** decline in levy revenue in 2024 compared to the year before due to underperformance in the commercial/industrial sector from a property tax valuation perspective.

This is the first decline in overall levy revenue ADAMH has experienced since at least before the Great Recession.

Franklin County has also experienced considerable in-migration from populations around the globe. According to estimates from the U.S. Census Bureau, the foreign-born population in Franklin County increased 43.8% from 2014 to 2023 and accounts for over half of the total population growth over the time period.

Immigrant populations face myriad of hardships in adjusting to their new environment. Further, lack of employment and absence of reliable social and educational services, such as housing, health care and schools, are some of the primary determinants that impede overall immigrant well-being. Additionally, unaddressed past traumatic experiences from many of their homelands are resulting in post-traumatic stress disorder.

Community members and service providers highlighted the rise in alcohol, substance and opioid misuse among foreign-born individuals, as well as the gaps in resources and capacity to address these challenges effectively.

ADAMH funded several initiatives to address the emergent needs of New Americans, including culturally responsive services. This has been well received, and additional services are needed for immigrant populations.

D. Property Tax Revenue

While Franklin County's population and economy are growing, this does not always translate into levy revenue growth. ADAMH experienced a 0.7% decline in levy revenue in 2024 compared to the year before due to underperformance in the commercial/industrial sector from a property tax valuation perspective. This is the first decline in overall levy revenue ADAMH has experienced since at least before the Great Recession. As the commercial property sector is experiencing change in the post-COVID pandemic environment, ADAMH faces uncertainty regarding future revenue trends. As a result, ADAMH is using more conservative levy revenue estimates compared to the 2020 Levy Fact Book, which assumed 0.8% annual growth from new housing/business starts.

E. Housing/Homelessness/Persistent Poverty

Like other major urban counties in Ohio, Franklin County faces challenges related to affordable housing, homelessness and persistent poverty. Lack of affordable housing is a well-documented and growing problem. The unhoused population is growing locally, following the national trend, and unhoused individuals face higher rates of mental illness and substance use disorder. While Franklin County has experienced economic growth in the post-COVID pandemic environment, the poverty rate has remained stubbornly high at 15% in 2023, according to the U.S. Census Bureau's American Community Survey. The result of these factors is increased demand for services and funding from ADAMH.

F. Access to Care

Locally, ADAMH is seeing increased financial stress with some network providers. This manifests most clearly in year-over-year

reductions in cash flow for many providers and other worsening financial indicators. ADAMH has observed a shift in funding requests, moving from proposals aimed at expanding services to those seeking additional support to sustain existing services. One factor in these trends is the end of pandemic financial support. If ADAMH's network providers experience closures or reductions in capacity, the availability of needed behavioral health care services is at risk, thereby increasing wait times for services.

G. Workforce Development

ADAMH network providers, like many other behavioral health providers nationally, are facing hiring challenges and are having a difficult time competing with private sector providers in attracting and retaining talent. There is an increased demand for behavioral health jobs generally. ADAMH has responded by creating a Workforce Development Council with diverse representation from community-based service providers, hospital systems, licensing boards, professional associations, K-12 schools, colleges and universities, and residents across Franklin County to investigate possible solutions. Initiatives include a recruitment and retention professional pathways cohort; leadership development for middle managers cohort; and the establishment of an advocacy coalition to strengthen career pathways, secure funding for workforce development initiatives and promote impactful policy changes. ADAMH has partnered with the Ohio State University College of Social Work to provide a cultural responsiveness training series to behavioral health professionals, emphasizing equity, power dynamics and disparities in care. These efforts help to recruit and retain aspiring and new professionals across the continuum of behavioral health disciplines to diversify and grow the workforce.

H. Aging Population

The share of the Franklin County population that is 65 years and older has steadily increased over the past decade, from 10% of the population in 2013 to 13% in 2023, according to the U.S. Census Bureau's American Community Survey. Adults over the age of 80 had the highest suicide rates for the period 2017-2021 at 18 per 100,000, up from 11.9 per 100,000 a decade prior (2007-2011), according to the Ohio Department of Health mortality dataset.

2. Policy and Funding Impact

A. State Policy Environment

Tighter State Budget: As Gov. Mike DeWine enters the last two years of his term and subsequently his last state budget, it is to be expected that the governor's budget proposals will have an emphasis around mental health and addiction. At the same time, the state is working under a more constricted budget due to a decline in tax revenues receipts and federal pandemic relief funding expiring.

Property Tax Reform: The state legislature expects to take on the issue of property tax reform in 2025, following the release of the

ADAMH has partnered with the Ohio State University College of Social Work to provide a cultural responsiveness training series to behavioral health professionals, emphasizing equity, power dynamics and disparities in care.



Joint Committee on Property Tax Review and Reform final report that issued 21 recommendations, including the elimination of replacement levies in Ohio.

B. State and Federal Funding

Federal and State Medicaid Cuts: President Trump’s administration has signaled that cuts to the Medicaid program are being considered as it looks for ways to reduce government spending and continuing to fund Trump-era tax cuts. Proposals include lowering the federal match rate for states, reducing the Affordable Care Act funding for Medicaid expansion populations, adding Medicaid work requirements and shifting to a block grant for states to fund their Medicaid programs.

Medicaid Administrative Claiming Funding: ADAMH is actively working with the Ohio Department of Medicaid and the Ohio Department of Mental Health and Addiction Services to determine if ADAMH would be able to generate funding for the Franklin County Crisis Care Center through an extension of a state Medicaid Administrative Claiming Program. This program currently exists at the Ohio Department of Health, allowing governmental entities to receive Medicaid funding revenue from the state for eligible, but non-reimbursable, Medicaid expenses. This claiming program does not exist in the Ohio Department of Mental Health and Addiction Services, so this additional funding stream is contingent on the department establishing the program.

C. Local Government Funding

Recreational Marijuana Tax Revenue: In 2024, Ohio began the sale of adult-use marijuana products, implementing a 10% excise tax on these sales. The tax revenue is allocated based on the original ballot language, with specific portions dedicated to various funds, including 25% to the Ohio Department of Mental Health and Addiction Services for a Substance Abuse and Addiction Fund. Currently, there is no indication on how the Ohio Department of Mental Health and Addiction Services will allocate or utilize these funds.

As a result of the current tax structure, municipalities and townships with adult-use dispensaries are expected to receive additional tax revenue. For example, the City of Columbus projects it will generate \$8 million annually from the excise tax. This money will be placed into a special fund, which will be used to support equity initiatives within the city.

The Ohio legislature currently is considering potential changes to the adult-use marijuana program, including increasing the sales tax rate and revising how the tax revenues are distributed.

Opiate Settlement Funding: The OneOhio memorandum of understanding outlines how Ohio’s opioid settlement funds will be distributed over the next 18 years. The structure of this distribution is as follows: 55% of the funds will be directed to the OneOhio Recovery Foundation, 30% will be allocated directly to local

governments—such as townships, villages, cities and counties across Ohio—and the remaining 15% will go to the State of Ohio.

The OneOhio Recovery Foundation Board already has allocated the first two years of settlement funds to be distributed among Ohio’s 19 regions. Franklin County, as a single-county region, is designated as Region 1. For the first grant cycle released in 2024, Region 1 was allocated \$5.81 million to distribute to grant applicants.

Several key factors make it challenging to predict the amount that will be available to distribute locally. The first two years of settlement funds were front-loaded, meaning it is unlikely Region 1 can anticipate receiving as much to distribute in subsequent years. In addition, the OneOhio Recovery Foundation Board allocated the percentage of settlement dollars received for regional grant cycles. Region 1 will receive 11.35% of the total money designated to the regions.

It is also important to note that the OneOhio Recovery Foundation funding cannot be used to replace, divert or supplant current funds for expenditures. It must be for new, expanded, enhanced or reinstated programs.

At the same time, local governments in Franklin County have received settlement payments directly. However, these distributions are difficult to predict, as local governments are uncertain about the timing and amount of future payments. While they have discretion in how to use their allocated funds, they must adhere to the guidelines outlined in the OneOhio Memorandum of Understanding.



G. OPERATIONAL NEEDS

If ADAMH's network providers experience closures or reductions in capacity, the availability of needed behavioral health care services will be impacted.

1. Operational Needs

The largest portion of ADAMH's budget (91% in 2024) is devoted to funding service providers, and this will continue in the next levy cycle. Sustainable funding for providers is the focus of ADAMH's levy request, and the request includes for inflation and population growth increases. Additionally, some providers are experiencing increasing financial challenges in recent years, which has worsened with the end of pandemic financial aid. If ADAMH's network providers experience closures or reductions in capacity, the availability of needed behavioral health care services will be impacted.

The anticipated staffing level for the new levy cycle remains flat at the current number of 58.7 full-time equivalent positions. ADAMH does not anticipate the need to add additional positions and will restructure existing positions as particular needs arise and/or leverage technology solutions to remain as efficient as possible.

The opening and implementation of the Franklin County Crisis Care Center as discussed in other sections of this document will be a key priority for the next levy cycle. The nonprofit, Recovery Innovations International, has been selected to operate the facility. ADAMH will own and maintain the facility. ADAMH anticipates over \$600,000 in annual expenditures related to maintaining the facility (this includes utilities, IT infrastructure and physical maintenance). Capital improvements will be limited at first, but the need will grow as the facility ages.

2. New Initiatives

The requested levy amount will allow ADAMH to fund additional strategic initiatives (\$2.75 million in 2027). These may include:

- Care delivery coordination system.
- Funding for existing providers to expand capacity or offer new programming.
- Funding recommendations of the current Coordination of Benefits project, which is researching potential gaps in ADAMH's rate structure and other initiatives that would financially strengthen the county's network of providers (e.g., fund translation/interpretation services).
- Expanding mobile crisis efforts.
- Funding additional IT and/or capital needs associated with the Franklin County Crisis Care Center.
- Expanding housing initiatives to stably house more individuals living with serious and persistent mental illness.
- Implementing workforce development initiatives for the network of providers.
- Covering local funding match requirements for potential state and funding grant opportunities.

3. Cost Efficient and Effective Initiatives and Operational Improvements

To illustrate ADAMH's focus on efficiency, administrative costs are projected to be 9.1% (less than 10%) of total expenditures in 2024. ADAMH is committed to examining all opportunities that may increase efficiency, including collaborating with local partners and leveraging technology solutions.

Currently, ADAMH is exploring the following in collaboration with other county agencies:

- Adoption of a timekeeping/human resources system;
- Adoption of a grants management system; and
- Obtaining insurance coverage through the Board of Commissioners' agencies (ADAMH has committed to using county property insurance for the Franklin County Crisis Care Center, which is estimated to be approximately \$40,000 per year less expensive than obtaining coverage independently).

Partnering on these projects could lead to more efficient processes for ADAMH and lower costs due to greater economies of scale.

From a technology perspective, the following work had been done during this levy cycle:

Claims and Enrollments System

ADAMH's transition away from the SHARES claims and enrollments system occurred in 2020 and was fully implemented by 2021. The adoption of Streamline's managed care and billing system, SmartCare, has achieved many goals related to process improvement and ease of use for provider agencies. For example, one intended feature of the new system was to mirror the claims file structure that providers utilize when submitting billing to Ohio Medicaid. Benefits of this include increased efficiencies for provider billing staff and reduced billing and revenue cycle management demands.

Online Survey and Questionnaire System

To achieve efficiencies in data collections and surveying, ADAMH adopted the online survey software tool Jotform. The product is utilized to structure ADAMH's collection of data and further ensure quality and completeness resulting in more accurate reporting and analytics for business decisions and assessments.

Dashboard Software

As part of the effort to increase public communication of ADAMH investments, activities and impact, the board now uses Tableau software to maintain a public information dashboard and to create reports for data reviews and provider performance monitoring activity. This software will also assist board staff and leadership by providing on-the-go analytics for decision making and stakeholder/partner engagement.

ADAMH is committed to examining all opportunities that may increase efficiency, including collaborating with local partners and leveraging technology solutions.

Data entry time for ADAMH’s annual client satisfaction survey has been reduced from a few months to a few weeks, freeing up significant staff resources.

Questionnaire Scanning Software

The board recently adopted the use of optical markup recognition software for data entry operations. To maintain accessibility for client surveys, ADAMH continues to make available paper versions of questionnaires. Prior to acquiring this inexpensive technology, entry of this data required a significant amount of ADAMH staff time. Data entry time for ADAMH’s annual client satisfaction survey has been reduced from a few months to a few weeks, freeing up significant staff resources.

From a provider perspective, ADAMH has pursued the more efficient allocation of resources through the **rightsizing of provider investments** (or allocations). This has been based on an informed estimate of need from both a financial and client perspective. This ensures that resources are focused on the greatest needs within the network. ADAMH also has implemented **value-based contracting strategies** to better assure effective stewardship of levy resources and improve network provider performance and outcomes (for example, youth awareness of the risks of alcohol and other drugs or less frequent readmissions into an episode of crisis care). Refer to Appendix 3 for the 2022-2025 Evaluation Framework.



H. REVENUE AND EXPENSES

1. Historical Revenue and Expenditures

Table 16: ADAMH Historical Revenue and Expenditures 2022-2026

ADAMH Historical Revenue and Expenditures 2022-2026					
	2022	2023	2024	2025	2026
	Actuals	Actuals	Actuals	Projection	Projection
Beginning Cash:	\$41,306,672	\$44,869,672	\$52,890,939	\$51,577,174	\$42,266,041
Revenue:					
Levy Funds					
2.85 Mill Levy - Expiring in 2026	\$87,288,195	\$88,681,996	\$88,054,440	\$88,054,440	\$88,054,440
Federal Funds	\$15,738,417	\$15,605,031	\$10,719,433	\$11,582,762	\$11,582,762
State Funds	\$7,497,183	\$9,754,247	\$13,523,622	\$10,457,999	\$10,457,999
Local Funds	\$537,113	\$5,719,817	\$248,606	\$624,440	\$624,440
Miscellaneous Funds	\$460,986	\$586,794	\$1,878,625	\$500,000	\$300,000
Total Revenue	\$111,521,894	\$120,347,885	\$114,424,725	\$111,219,641	\$111,019,641
Expenditures:					
Personal Services	\$4,695,368	\$4,636,013	\$5,153,315	\$5,537,774	\$5,784,321
Fringe Benefits	\$1,939,991	\$2,054,652	\$2,291,476	\$2,577,012	\$2,657,837
Materials & Services	\$1,579,011	\$1,782,529	\$2,028,492	\$3,127,372	\$3,258,545
County Fees	\$1,105,490	\$1,101,724	\$1,087,815	\$1,120,450	\$1,689,064
Capital Outlays	\$19,539	\$14,829	\$0	\$750,000	\$0
Interfund	\$7,652,000	\$2,535,031	\$0	\$0	\$0
Social Services	\$90,967,495	\$100,201,840	\$105,177,391	\$107,418,166	\$103,333,024
Total Expenditures	\$107,958,893	\$112,326,619	\$115,738,490	\$120,530,774	\$116,722,791
Ending Cash Balance:	\$44,869,672	\$52,890,939	\$51,577,174	\$42,266,041	\$36,562,892

2. Budget Narrative for Historical Revenue and Expenditures

In reviewing the ADAMH historical revenue and expenditures chart, a few significant items to note include:

Expenditures in Excess of Revenue

ADAMH is projecting that expenditures will exceed revenue in 2026 by \$5.7 million at the end of the current levy cycle. The difference is calculated by subtracting annual expenditures from annual revenue. This generally aligns to the approved Human Services Levy Review Committee plan adopted in 2020, which recommended expenditures

exceeding revenue by \$2 million in 2026. The main reason for expenditures expected to exceed revenue in the last two years of the levy cycle is the cost of opening and operating the Franklin County Crisis Care Center. The crisis care center, which will offer critically needed services to the community, is a priority of both ADAMH and the Human Services Levy Review Committee plan.

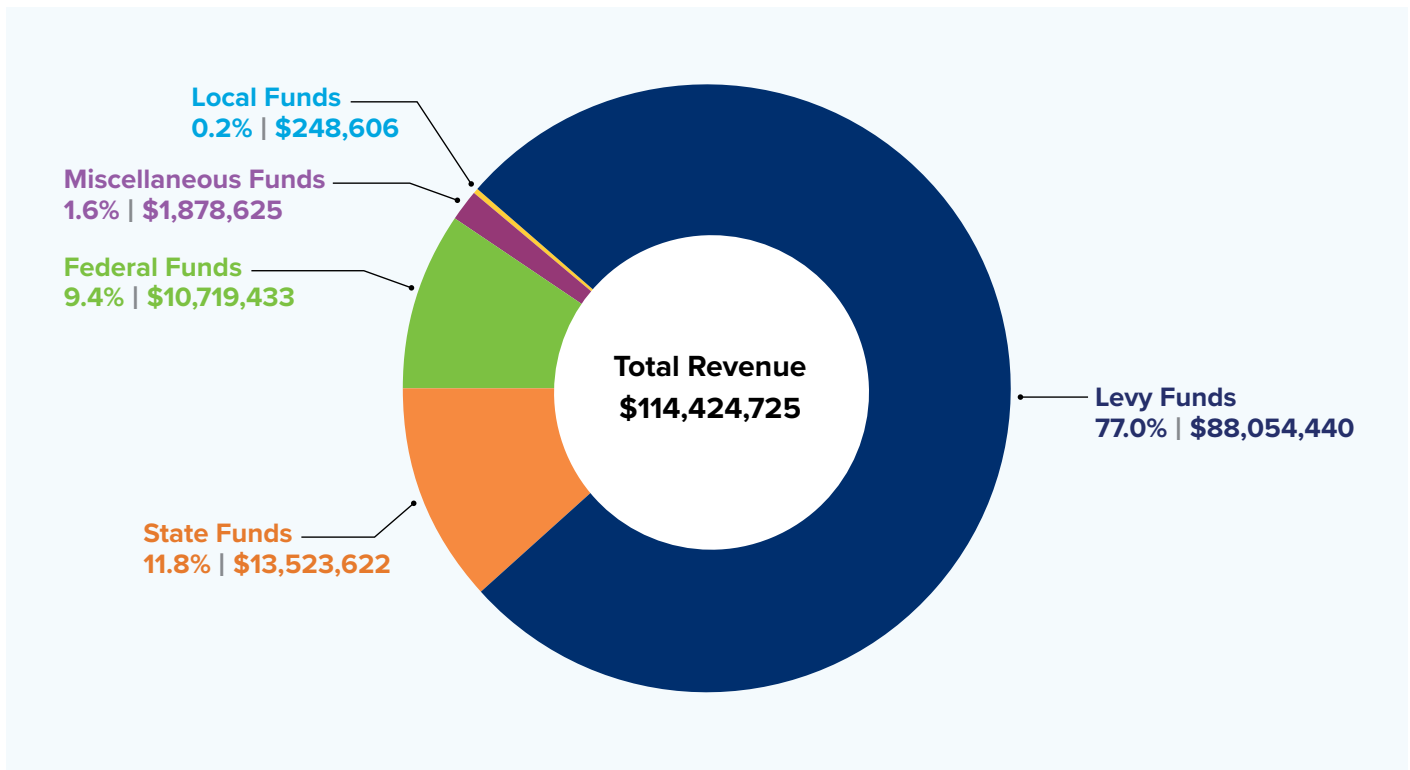
Cash Reserves

ADAMH's operating cash reserve policy is to maintain a minimum of 90 days of cash on hand. ADAMH is projecting its operating cash at the end of the current levy cycle in 2026 to be equivalent to 114 days of cash on hand. Cash on hand would decline to 24 days at the time of the next levy revenue transfer to ADAMH at the end of the first quarter of 2027. This is in alignment with the Human Services Levy Review Committee plan, which recommended having 22 days of cash on hand at that point in time. Additionally, expenditures are anticipated to not be even throughout the year. First quarter expenditures are generally greater than other quarters due to start-of-year payments to providers, which is one reason why cash should be greater than the Human Services Levy Review Committee recommended level. Another reason is that with the crisis care center, a \$60-million facility opening in 2025, it is wise to have more cash on hand in case there are unexpected expenses related to this facility and its operations.

Revenue Sources

ADAMH revenues currently are derived from four primary funding sources:

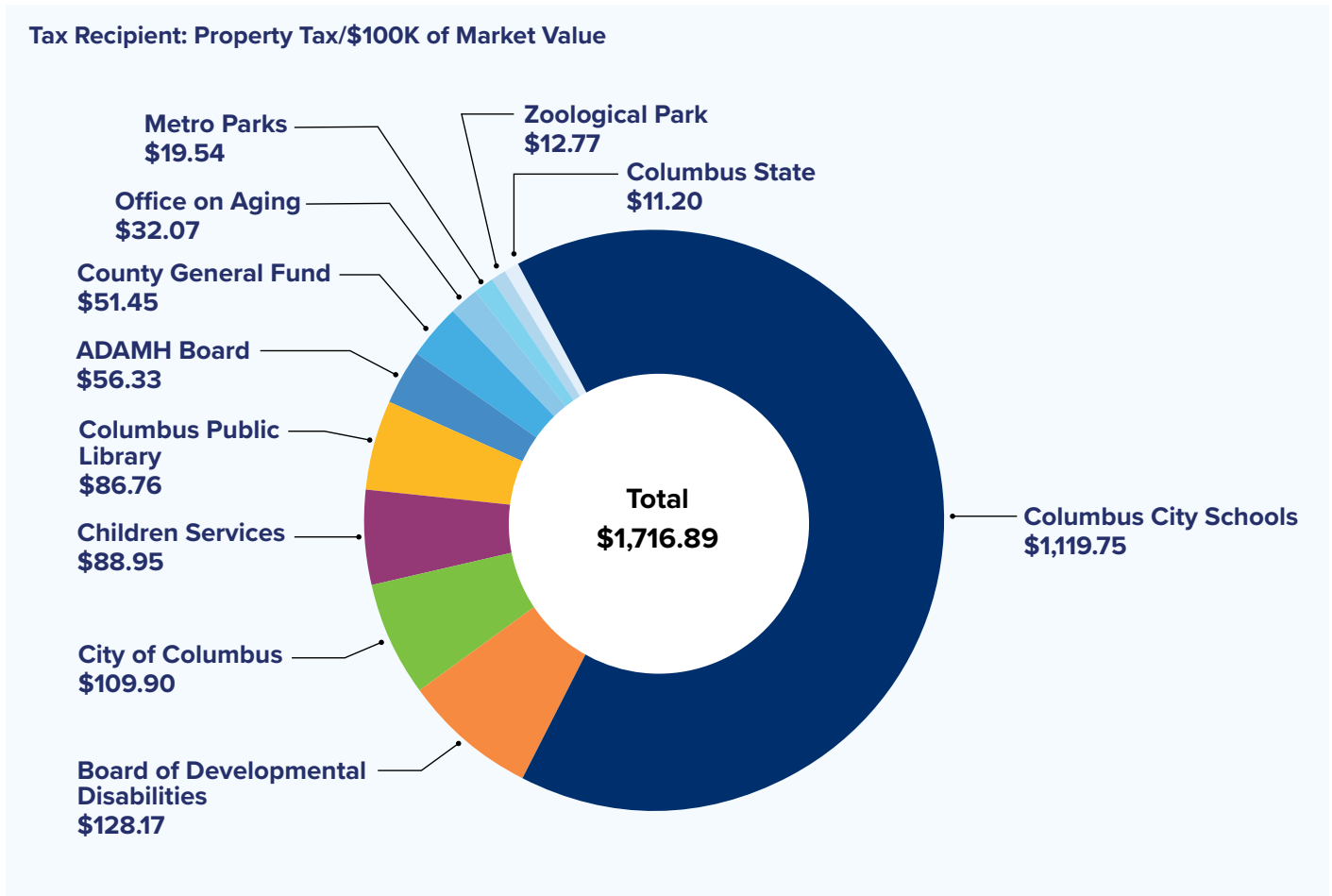
Figure 5: 2024 Actual Revenues



ADAMH Levy

Current levy revenue is generated through a five-year, 2.85 mill renewal property tax levy approved by voters in November 2020. The 2024 levy revenue was approximately \$88 million. Levy revenues are used to purchase social services (mental health and alcohol and other drug treatment and prevention services) and annual ADAMH administrative expenditures to plan, fund and evaluate the services purchased.

Figure 6: 2023 Homeowner Real Estate Tax Distribution for Levies (City of Columbus Example)



* Does not factor in the fall of 2024 voted increase for Children Services
Source: Franklin County Annual Comprehensive Financial Report (ACFR) for 2023

Federal Revenue

ADAMH receives the majority of federal revenues through the Ohio Department of Mental Health and Addiction Services (OhioMHAS). Essentially all federal revenues are used to purchase social services (mental health and alcohol and other drug treatment and prevention services). Federal revenues in 2024 were \$10.7 million.

State Revenue

ADAMH receives the majority of state revenues from OhioMHAS. All state revenues are used to purchase social services (mental health and alcohol and other drug treatment and prevention services). State revenues in 2024 were \$13.5 million.

Local Revenue

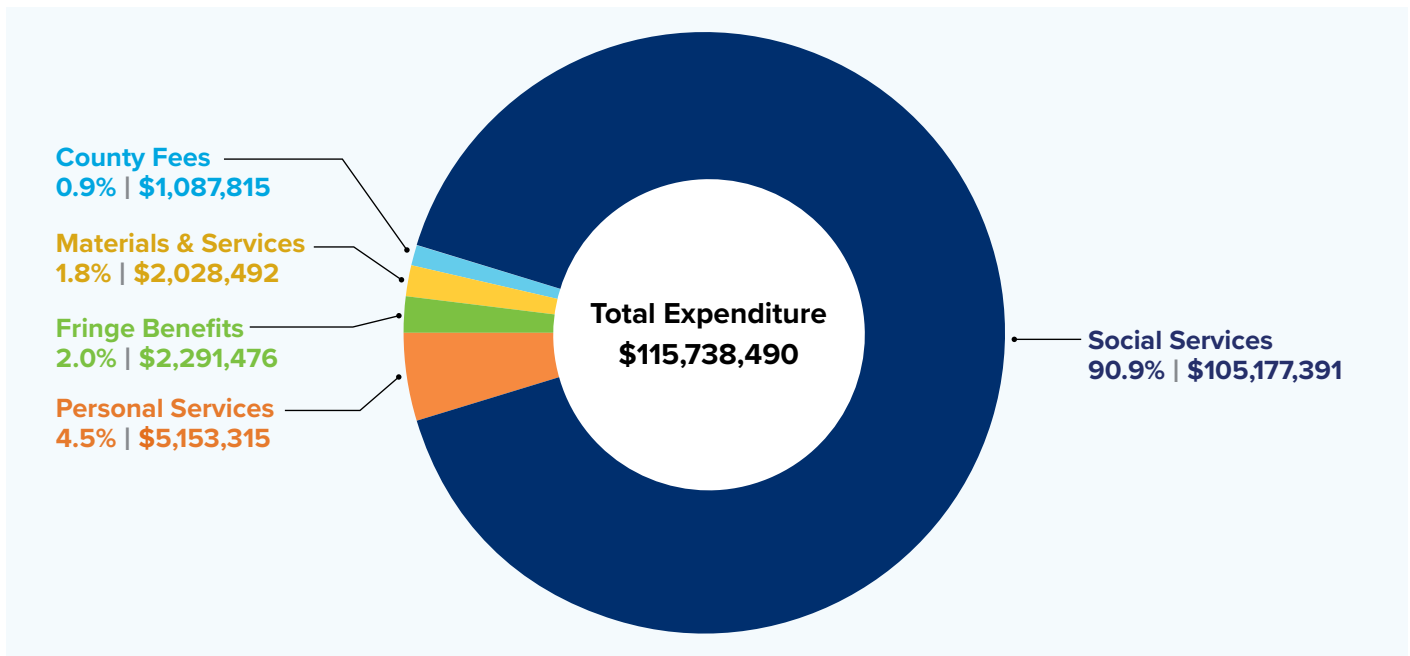
In addition to local levy funds, local revenues are received from the City of Columbus, the Columbus Foundation, Franklin County Children Services, Franklin County Board of Developmental Disabilities, Franklin County Board of Commissioners, Franklin County Family and Children First Council and various Franklin County courts. Local funds are typically used to address specific issues or fund specific activities. Revenue levels are contingent upon grant awards, which vary from year to year. Local revenues in 2024 were approximately \$250,000.

Expenditures

ADAMH expenditures can be summarized in five categories:



Figure 7: 2024 Actual Expenditures



In 2024, ADAMH invested more than **\$105M** in behavioral health services for residents of Franklin County.

Social Services Expenditures

In 2024, ADAMH invested more than \$105 million in behavioral health services for residents of Franklin County. Of this amount, \$75.5 million (72%) is supported by the ADAMH levy. Social service expenditures constitute 91% of the expense budget. In 2025, ADAMH is contracting with 33 organizations through its agency service plan and budget process to provide mental health and alcohol and other drug addiction treatment, prevention and recovery support services.

See Section B4 for a complete list of ADAMH providers.

ADAMH Operating Expenditures

ADAMH operating expenses include salaries, fringe benefits, materials and services, county fees and capital outlays. Operating expenses constituted 9% of total expenditures in 2024 and supported over 50 ADAMH staff members.

Levy fees are assessed by the Franklin County Auditor’s Office for collection and advertising expenses. Levy fees amounted to less than 1% of total expenses in 2024.

3. Projected Budget

Table 17: Projected Budget

Estimated Revenue and Expenditures, Calendar Years 2027-2036 Proposed Option 10 Year Renewal with Additional 0.75 Mill										
	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036
Beginning Cash:	\$36,562,892	\$57,723,645	\$74,971,818	\$88,136,957	\$97,588,959	\$103,162,127	\$104,468,682	\$102,153,105	\$95,818,117	\$85,274,516
Revenue:										
2.85 Mill Levy - Continuing through 2036	\$90,339,578	\$90,565,427	\$90,791,840	\$91,245,800	\$91,702,029	\$92,298,092	\$92,898,029	\$93,641,214	\$94,390,343	\$95,145,466
0.75 Mill Levy - Proposed Increase	\$38,054,373	\$38,149,509	\$38,244,882	\$38,436,107	\$38,628,287	\$38,879,371	\$39,132,087	\$39,445,144	\$39,760,705	\$40,078,791
Federal Funds	\$13,000,000	\$13,650,000	\$14,332,500	\$15,049,125	\$15,801,581	\$16,591,660	\$17,421,243	\$18,292,305	\$19,206,921	\$20,167,267
State Funds	\$12,500,000	\$13,125,000	\$13,781,250	\$14,470,313	\$15,193,828	\$15,953,520	\$16,751,196	\$17,588,755	\$18,468,193	\$19,391,603
Local Funds	\$1,000,000	\$1,010,000	\$1,020,100	\$1,030,301	\$1,040,604	\$1,051,010	\$1,061,520	\$1,072,135	\$1,082,857	\$1,093,685
Miscellaneous Funds	\$500,000	\$505,000	\$510,050	\$515,151	\$520,302	\$525,505	\$530,760	\$536,068	\$541,428	\$546,843
Total Revenue	\$155,393,951	\$157,004,936	\$158,680,623	\$160,746,795	\$162,886,631	\$165,299,158	\$167,794,836	\$170,575,621	\$173,450,447	\$176,423,654
Expenditures:										
Personal Services	\$6,015,530	\$6,256,151	\$6,506,397	\$6,766,653	\$7,037,319	\$7,600,305	\$7,611,564	\$7,916,027	\$8,232,668	\$8,561,975
Fringe Benefits	\$2,764,150	\$2,874,716	\$2,989,705	\$3,109,293	\$3,233,665	\$3,492,358	\$3,497,532	\$3,637,433	\$3,782,931	\$3,934,248
Materials & Services	\$3,324,115	\$3,390,597	\$3,458,409	\$3,527,577	\$3,598,129	\$3,670,091	\$3,743,493	\$3,818,363	\$3,894,730	\$3,972,625
County Fees	\$1,177,145	\$1,200,688	\$1,224,701	\$1,249,196	\$1,274,180	\$1,299,663	\$1,325,657	\$1,352,170	\$1,379,213	\$1,406,798
Capital Outlays	\$255,000	\$260,100	\$265,302	\$270,608	\$276,019	\$281,541	\$287,170	\$292,914	\$298,773	\$304,749
Interfund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Social Services	\$120,697,257	\$125,774,510	\$131,070,969	\$136,371,466	\$141,894,151	\$147,648,644	\$153,644,996	\$159,893,702	\$166,405,732	\$173,192,543
Total Expenditures	\$134,233,198	\$139,756,763	\$145,515,484	\$151,294,794	\$157,313,463	\$163,992,603	\$170,110,412	\$176,910,610	\$183,994,048	\$191,372,936
Ending Cash Balance:	\$57,723,645	\$74,971,818	\$88,136,957	\$97,588,959	\$103,162,127	\$104,468,682	\$102,153,105	\$95,818,117	\$85,274,516	\$70,325,234

4. Projected Budget Narrative

The estimated revenue and expenditures for the 2027-2036 levy cycle chart is ADAMH's projected revenue and expenditures for the next proposed levy cycle (2027-2036) based on a 10-year, 2.85 mill renewal with a 0.75 mill increase property tax levy.

Key Projection Assumptions

Levy Revenues - Projected levy revenues are based on a 10-year, 2.85 mill renewal with a 0.75 mill increase. This scenario will generate an estimated \$128 million in 2027 (\$40 million more than 2024 collections).

- Levy revenue is assumed to grow at a more conservative pace compared to growth rates from 2023 and earlier. ADAMH is using conservative growth assumptions because a decline in levy revenue was experienced in 2024 due to a reduction in collections from the commercial/industrial sector (e.g., a 0.7% reduction compared to 2023). There is uncertainty as to whether this decline will continue or reverse in 2025 and beyond. It should also be noted that the growth in new housing/business starts could be limited to some degree by tax abatements and Tax Increment Financing projects, which have resulted in an increasing amount of foregone revenue for ADAMH in recent years. As reference, ADAMH assumed 0.8% annual growth from new housing/business starts when the 2020 Levy Fact Book was compiled. For the first three years of the current levy cycle (2022-2024), ADAMH is seeing on average 0.4% growth per year. (The 0.4%/year growth rate results from the levy revenue changing from \$87,288,195 in 2022 to \$88,681,996 in 2023 to \$88,054,440 in 2024.)
- Base levy revenue in 2027 from the existing 2.85 mill levy is expected to be 2.6% greater than the 2024 level at approximately \$90.3 million. The requested millage increase of 0.75 mills is estimated to generate another approximately \$38.1 million in revenue. We used the estimated base and increased revenue amounts provided by the Franklin County Auditor's Office. We are assuming that levy revenue will grow by 0.25%/year for 2028-2029, 0.5%/year for 2030-2031, 0.65%/year for 2032-2033, and 0.8%/year for 2034-2036.
- Federal and state revenues will increase 5%/year for the duration of the next levy cycle. Local and miscellaneous revenue will increase by 1%/year.
- For non-levy funds, expenditure amounts for a given year are set equal to the projected revenue amounts for that same year.
- The cost to purchase mental health and alcohol and other drug addiction treatment, prevention and recovery support services will increase 2.5% annually as a result of inflation.
- Demand from population growth for mental health and alcohol and other drug addiction treatment, prevention and recovery support services will increase by 1% annually.
- ADAMH will set aside \$2 million annually to fund the Guardianship Service Board.



The cost to purchase mental health and alcohol and other drug addiction treatment, prevention and recovery support services will increase **2.5%** annually as a result of inflation.

- The cost of personal services will grow by 4% annually (also, there will be 27 pay periods in 2032).
- Supports 58.7 FTEs with a 4% vacancy rate.
- The cost of other administrative costs is assumed to grow by 2% annually.
- The cost of maintaining and supporting the Franklin County Crisis Care Center building is expected to grow 2% annually from a starting point of approximately \$600,000 in 2025.
- \$250K/year budgeted for capital costs associated with the ADAMH building, the crisis care center and the engagement center, which is occupied by Maryhaven.

5. Cash Balances

Projected Cash Reserves

ADAMH's policy is to maintain a reasonable cash balance reserve to ensure that business is not financially or operationally disrupted in the event of an unforeseen reduction in revenue or increase in expenditures. ADAMH's operating cash reserve policy is to maintain a minimum of 90 days of cash on hand. The opening of the \$60-million Franklin County Crisis Care Center in 2025 highlights the need to have a healthy amount of cash on hand in case there are unexpected expenses related to this facility and its operations.

Based on a 10-year renewal with an additional 0.75 mills, the projected ending cash balance at the end of the next levy cycle in 2036 would be \$70.3 million (or 134 days of cash on hand). Cash on hand would decline to 44 days of cash on hand at the time of the next levy revenue transfer to ADAMH at the end of the first quarter of 2037. This is below ADAMH's cash target of 90 days but balances the need to limit the amount of revenue being requested from Franklin County property owners.

ADAMH's policy is to maintain a reasonable cash balance reserve to ensure that business is not financially or operationally disrupted in the event of an unforeseen reduction in revenue or increase in expenditures.

I. LEVY REQUEST

1. Levy History

ADAMH is currently operating with a single five-year, 2.85 mill levy (2.20 mill renewal levy plus 0.65 in new millage) that began collections in 2022. The levy passed in November 2020 with 70.5% voter approval. The levy generates \$88 million in revenue annually (2024).

The current voted and effective millage rates are as follows:

Table 18: Millage Rates

Millage Rates		
Voted Millage	Commercial/Industrial Effective Rate (2025)	Residential/Agriculture Effective Rate (2025)
2.85	~2.15	~1.61

Since ADAMH was created in 1967, levy results are as follows:

Table 19: ADAMH Levy Results (1970-2020)

ADAMH Levy Results (1970-2020)		
Month-Year	Result	Levy Request
May 1970	Failed	.75 mill, 5-year new levy
November 1970	Passed	.75 mill, 5-year new levy
November 1974	Passed	.75 mill, 10-year renewal levy
November 1984	Passed 65%	.8 mill, 5-year renewal levy (.05 mill increase from 1974 levy)
November 1988	Passed 59%	1.2 mill, 5-year levy (.4 mill increase from 1984 levy)
November 1991	Passed 52.5%	2.2 mill, 5-year levy (1 mill increase from 1988 levy)
November 1995	Failed 52%	2.4 mill, 10-year replacement levy
November 1996	Passed 61%	2.2 mill, 10-year replacement levy
November 2005	Passed 63%	2.2 mill, 10-year replacement levy
November 2015	Passed 75%	2.2 mill, 5-year renewal levy
November 2020	Passed 70.5%	2.2 mill, 5-year renewal levy plus 0.65 new mills

2. Levy Request

ADAMH recommends that the Franklin County Board of Commissioners place a 10-year property tax levy consisting of a 2.85 mill renewal with a 0.75 mill increase on the November 2025 general election ballot. The new millage will generate approximately \$128 million annually in 2027 (\$40 million more than 2024 collections) and will cost the owner of a \$100,000 house \$77.66 annually (an additional \$26.25 per year, which amounts to about \$2.19 per month).

The earliest date that ADAMH can go on the ballot to replace the current levy is November 2025. If the taxpayers pass the levy, collections will begin in 2027 and the levy will expire on Dec. 31, 2036.

3. Other Levies (not applicable)

The ADAMH Board of Franklin County has one levy.

4. Levy Scenarios, Justification for Proposed Option and Comparison to Alternative Option

The following discussion details the levy option that ADAMH is proposing, as well as an alternative option. In addition to the scenarios presented below, ADAMH evaluated several replacement scenarios but determined the estimated annual revenue increase from resetting the effective millage did not justify the additional expense that would be incurred by Franklin County homeowners. Homeowners would not receive non-business (10%) and owner-occupied (2.5%) tax credits if a replacement levy is passed.

It is worth noting that a renewal levy with no additional millage is not sustainable without very significant material reductions to existing community investments. If no new millage is approved, ADAMH will need to reduce annual expenditures by \$6.5 million, a 7% reduction in projected levy fund expenditures, in 2027, as well as not fully implement services at the Franklin County Crisis Care Center.

Listed in the table below is a summary of levy request options and the planned investment factors that would be addressed in each scenario.

Table 20: Levy Request Options

Levy Request Options		
Comparison	Proposed Option	Alternative Option
Levy Type	Renewal + Increase	Renewal
Levy Revenue (in 2027)	\$128 million	\$90 million
Franklin County Crisis Care Center	Fully implement all services	Partially implement – 40-person observation unit and urgent care only
Community Services	Sustainable funding for providers	\$6.5 million reduction needed in 2027 (7% of levy fund budget) and no future increases
Cash Flow	Sufficient (44 days of cash at end of Q1 2037)	Insufficient (seven days of cash at end of Q1 2037)

ADAMH recommends that the Franklin County Board of Commissioners place a 10-year property tax levy consisting of a 2.85 mill renewal with a 0.75 mill increase on the November 2025 general election ballot.

For additional context, the table below is an estimation of additional millage needed for each of the planned investment factors.

Table 21: Levy Request Options – Levy Fund Investments

Levy Request Options – Levy Fund Investments				
	Proposed Option – 10 Yr. Renewal + 0.75 Mill Inc.		Alternative Option – 10 Yr. Renewal Only	
	Amount	%	Amount	%
Maintain Core Investments*	\$81,770,798	76%	\$75,520,798	84%
Demand Growth/ Inflation	\$1,755,871	2%	\$0	0%
Population Growth	\$702,349	1%	\$0	0%
Franklin County Crisis Care Center**	\$18,754,179	17%	\$12,171,624	14%
Maintain GSB Investment	\$2,000,000	2%	\$2,000,000	2%
Other New Initiatives	\$2,750,000	3%	\$0	0%
	\$107,733,197		\$89,442,422	

*Excludes the operations of the Franklin County Crisis Care Center; the alternative option (renewal only) would require reducing services by \$6.5 million.

**Proposed option includes fully implementing all planned services, whereas the alternative option only includes offering the 40-person observation unit and urgent care.

Based on funding volatility over the past several years, ADAMH recommends a 10-year levy term for the agency’s primary proposed option. A 10-year ADAMH levy term will help stabilize the funding base for the board’s network of community providers and will help with implementing services at the crisis care center.

ADAMH has led the development, in collaboration with its partners and stakeholders, of a highly innovative crisis care center.

Franklin County Crisis Care Center

ADAMH has led the development, in collaboration with its partners and stakeholders, of a highly innovative crisis care center, a new mental health and addiction facility to serve as the central, preferred destination in Franklin County for behavioral health crisis needs, which will be opening in 2025. The facility will offer a no-wrong-door approach to ensure any adult in Franklin County can receive behavioral health crisis services. This innovative, person-centered facility is designed to advance national best practices in Franklin County for addressing addiction and mental health crises and supporting patient care, visitors, staff and the community as a whole. The Franklin County Crisis Care Center encompasses three levels of care (behavioral health urgent care, crisis stabilization and inpatient) and integrates key innovations, including physical health services, community-based service coordination, family supports and a discharge pharmacy to provide an enhanced care experience in a community-based

setting. Once fully implemented, the facility will have the capacity to serve up to 80 individuals at any point in time and has a projected peak annual service volume of more than 34,000 encounters.

The community need for the new Franklin County Crisis Care Center is rooted in the overall prevalence ADAMH sees in the community, growing needs and the currently limited capacity and capabilities found across the community-based continuum of care. Currently, there are approximately 30,000 encounters of adults presenting at a facility who are experiencing a crisis primarily related to mental health or substance use disorders. The vast majority of these episodes are addressed in hospital emergency departments instead of a clinically appropriate crisis center.

The crisis care center was a priority of the Human Services Levy Review Committee in 2020 and has been a priority of the community as evidenced by the amount of financial support through donations for the capital project. Throughout its development, the size of the facility has evolved to meet both current and future demand, in line with feedback from the county and other partners, but also resulting in a revised operating cost. Inflation between the planning and implementation has also significantly impacted the cost of operating. A large variable in the funding of the operations of the facility is the much anticipated, but not yet delivered, Medicaid crisis facility rates. Until new rates are available, ADAMH will need to rely more heavily on levy funds.

The recommended levy option fully funds all planned services at the Franklin County Crisis Care Center.

Expenditures in Excess of Revenue

ADAMH is projecting that expenditures will exceed revenue in 2026 by \$5.7 million at the end of the current levy cycle. The difference is calculated by subtracting annual expenditures from annual revenue. This generally aligns to the approved Human Services Levy Review plan adopted in 2020, which recommended expenditures exceeding revenue by \$2 million in 2026. The key driver of increased expenditures in the last two years of the levy cycle is the cost of opening and operating the crisis care center, a priority of both ADAMH and the Human Services Levy Review Committee plan.

ADAMH began the current levy cycle (2022) with \$41.3 million in cash. In addition to the sustainable funding of programs and ADAMH's operations, available cash has allowed ADAMH to create or expand numerous programs in Franklin County during the current levy cycle. Below is a partial list of new or expanded programs with current 2025 investment amounts.

Available cash has allowed ADAMH to create or expand numerous programs in Franklin County during the current levy cycle.

Table 22: New and Expanded Programs During Current Levy Cycle

New and Expanded Programs During Current Levy Cycle			
Type	Category	Description	Investment
New Program	Prevention	Support Black girls	\$277,200
New Program	Prevention	Services to new parents	\$74,030
New Program	Recovery Support	Peer internship program	\$22,170
New Program	Treatment	Pilot program for those living with serious and persistent mental illness	\$20,605
Program Expansion	Family Support	Services to Spanish-speaking parents	\$49,467
Program Expansion	Prevention	Develop community suicide prevention plan	\$61,805
Program Expansion	Prevention	Support suicide loss survivors	\$38,000
Program Expansion	Recovery Support	Services to people who are justice-involved	\$95,138
Total			\$638,415

Operating funds were also used for the following one-time capital investments in the current levy cycle:

Table 23: ADAMH Capital Investments (2022-2024)

ADAMH Capital Investments (2022-2024)		
Provider	Capital Investment	Amount
Alvis Inc.	Building renovation	\$100,000
Community for New Direction	Building renovation	\$750,000
CompDrug	Building renovation	\$150,000
Concord	Building renovation	\$133,695
Directions for Youth and Families	Construction	\$250,000
Maryhaven	Building renovation	\$350,000
New Housing Ohio	Capital support	\$100,000
Southeast Healthcare	Building renovation	\$131,194
St. Vincent	Building renovation	\$134,000
ADAMH	Franklin County Crisis Care Center construction	\$10,187,031*
Total		\$12,285,920

* \$13,074,031 in total levy funds contributed by ADAMH to the capital construction of the crisis care center, which includes \$2,887,000 in years prior to 2022.

Growth Projections

Demand for Services and Annual Inflation

Demand for ADAMH services is high and increasing. The prevalence of mental illness and substance use disorders increased before the pandemic, and evidence supports that the pandemic has accelerated this trend. ADAMH anticipates that the demand for provider services will only increase. The estimated percentage of Franklin County adults with unmet mental health care needs in the past 12 months was 11.9%, which increased to 15.6% of people at or below 100% of the federal poverty level.

Mental health impairment is defined as having 14 or more days that mental or emotional health prevented work or other usual activities. In 2023, 9.9% of Franklin County adults had a mental health impairment in the past month as compared to 7.5% of Ohioans. This is also an increase from 7.8% in 2021. In Franklin County in 2023, 19.4% of Franklin County adults earning at or below 100% of the federal poverty level had a mental health impairment.

In 2023, the U.S. Surgeon General issued an advisory that declared loneliness an emerging public health crisis, noting that loneliness and a lack of social connectedness leads to negative economic and health outcomes.

In 2023, the mortality rate for deaths by suicide was 13.8 per 100,000 in Franklin County, which was an increase from 10.8 in 2020. Additionally, the hospitalization rate for self-harm hospitalization was 7.6 per 100,000, which is an increase from 6.8 in 2022 and 4.9 in 2019. According to the Franklin County Coroner's Office, 85% of those who died by suicide in Franklin County 2021-2024 had depression, 53% had anxiety and 48% had a substance use disorder.

According to the ADAMH 2024 Community Needs Assessment, 41.2% of residents reported having been diagnosed with anxiety and/or depression, and 77% of residents reported they or someone they live with experiencing a mental health issue of some kind, with anxiety (67.3%) and depression (52.1%) being the most pressing issues people reported.

The opiate epidemic and substance use disorders continue to be a challenge in Franklin County. The age-adjusted mortality rate for unintentional overdoses was 51.6 per 100,000 residents in 2023, compared to Ohio's rate of 39.6 deaths, according to the Ohio Department of Health mortality dataset. According to the Community Needs Assessment, 23.3% of residents reported they or someone they live with experience substance misuse, with alcohol (18.1%) being the most frequently used substance. The mortality rate for alcohol attributable causes was 14.7 per 100,000 in 2024, which is an increase from 12.9 in 2022 and 9.1 in 2019.

The cost of providing behavioral health services has increased. Providers in the ADAMH network have faced high levels of inflation in recent years, both during and after the pandemic. The recommended millage increase will help to offset the impact of past inflation and help continue to fund needed services in the future. The annual inflation rate used to adjust provider service investments moving forward is 2.5%. This rate is between the current Consumer Price Index for All Urban



In Franklin County
in 2023,
19.4%
of Franklin County
adults earning at or
below 100% of the
federal poverty level
had a mental health
impairment.



The Franklin County population is expected to reach

1.447 million by 2030 and

1.520 million by 2035

Consumers (CPI-U) figure, which was 2.9% on an annualized basis at the end of December 2024 and the long-term CPI-U projection from Moody's Analytics provided by Franklin County's Office of Management and Budget, which is estimating inflation will be a little less than 2% over the next levy cycle.

Annual Population Growth

According to estimates from the U.S. Census Bureau, Franklin County's population grew 7.7% over the decade between 2014 and 2023, equivalent to an increase of about 95,000 residents. The Franklin County population is expected to reach 1.447 million by 2030 and 1.520 million by 2035, a total increase of 14.8% (196,000 residents) compared to 2020 (equivalent to a 0.93% increase per year). Franklin County has also experienced considerable in-migration from populations around the globe. According to estimates from the U.S. Census Bureau, the foreign-born population in Franklin County increased 43.8% from 2014 to 2023 and accounts for over half of the total population growth over the time period. The growth in population in Franklin County means that there will be an increasing number of clients to serve. The growing foreign-born population has specific needs and will require additional resources as well. Finally, population growth often has a positive economic impact. However, ADAMH actually experienced a decline in levy revenue in 2024 of 0.7% compared to 2023 despite the population growth.

The annual population rate used to adjust provider service investments for the next levy cycle is 1%.

Guardianship Service Board

ADAMH has earmarked \$2 million annually in current and future revenues to support the Franklin County Guardianship Service Board. These resources will be used to help serve approximately 500 clients each year by the Guardianship Service Board and fund 20 social workers, as well as some additional support staff.

The Guardianship Service Board is appointed as the guardian of the person for adult residents of Franklin County with a substantial mental impairment or developmental disability who have been declared incompetent by the Franklin County Probate Court. The Guardianship Service Board serves those with presenting situations that require legal authority to act, such as health care or residential decisions and those with no other adult or entity available and/or appropriate to be guardian.

Appointed guardians make routine visits and prepare care plans for clients. In addition, guardians advocate for clients and engage family members to improve clients' quality of life.

Proposed Option

ADAMH recommends that the Franklin County Board of Commissioners place a 10-year property tax levy consisting of a 2.85 mill renewal with a 0.75 mill increase on the November 2025 general election ballot. The new millage will generate approximately \$128 million annually (or \$38 million in new revenue in 2027).

**Table 24: Estimated Revenue and Expenditures, Calendar Years 2027-2036
Proposed Option 10 Year Renewal with addition 0.75 Mill**

Estimated Revenue and Expenditures, Calendar Years 2027-2036 Proposed Option 10 Year Renewal with Additional 0.75 Mill										
	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036
Beginning Cash:	\$36,562,892	\$57,723,645	\$74,971,818	\$88,136,957	\$97,588,959	\$103,162,127	\$104,468,682	\$102,153,105	\$95,818,117	\$85,274,516
Revenue:										
2.85 Mill Levy - Continuing through 2036	\$90,339,578	\$90,565,427	\$90,791,840	\$91,245,800	\$91,702,029	\$92,298,092	\$92,898,029	\$93,641,214	\$94,390,343	\$95,145,466
0.75 Mill Levy - Proposed Increase	\$38,054,373	\$38,149,509	\$38,244,882	\$38,436,107	\$38,628,287	\$38,879,371	\$39,132,087	\$39,445,144	\$39,760,705	\$40,078,791
Federal Funds	\$13,000,000	\$13,650,000	\$14,332,500	\$15,049,125	\$15,801,581	\$16,591,660	\$17,421,243	\$18,292,305	\$19,206,921	\$20,167,267
State Funds	\$12,500,000	\$13,125,000	\$13,781,250	\$14,470,313	\$15,193,828	\$15,953,520	\$16,751,196	\$17,588,755	\$18,468,193	\$19,391,603
Local Funds	\$1,000,000	\$1,010,000	\$1,020,100	\$1,030,301	\$1,040,604	\$1,051,010	\$1,061,520	\$1,072,135	\$1,082,857	\$1,093,685
Miscellaneous Funds	\$500,000	\$505,000	\$510,050	\$515,151	\$520,302	\$525,505	\$530,760	\$536,068	\$541,428	\$546,843
Total Revenue	\$155,393,951	\$157,004,936	\$158,680,623	\$160,746,795	\$162,886,631	\$165,299,158	\$167,794,836	\$170,575,621	\$173,450,447	\$176,423,654
Expenditures:										
Personal Services	\$6,015,530	\$6,256,151	\$6,506,397	\$6,766,653	\$7,037,319	\$7,600,305	\$7,611,564	\$7,916,027	\$8,232,668	\$8,561,975
Fringe Benefits	\$2,764,150	\$2,874,716	\$2,989,705	\$3,109,293	\$3,233,665	\$3,492,358	\$3,497,532	\$3,637,433	\$3,782,931	\$3,934,248
Materials & Services	\$3,324,115	\$3,390,597	\$3,458,409	\$3,527,577	\$3,598,129	\$3,670,091	\$3,743,493	\$3,818,363	\$3,894,730	\$3,972,625
County Fees	\$1,177,145	\$1,200,688	\$1,224,701	\$1,249,196	\$1,274,180	\$1,299,663	\$1,325,657	\$1,352,170	\$1,379,213	\$1,406,798
Capital Outlays	\$255,000	\$260,100	\$265,302	\$270,608	\$276,019	\$281,541	\$287,170	\$292,914	\$298,773	\$304,749
Interfund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Social Services	\$120,697,257	\$125,774,510	\$131,070,969	\$136,371,466	\$141,894,151	\$147,648,644	\$153,644,996	\$159,893,702	\$166,405,732	\$173,192,543
Total Expenditures	\$134,233,198	\$139,756,763	\$145,515,484	\$151,294,794	\$157,313,463	\$163,992,603	\$170,110,412	\$176,910,610	\$183,994,048	\$191,372,936
Ending Cash Balance:	\$57,723,645	\$74,971,818	\$88,136,957	\$97,588,959	\$103,162,127	\$104,468,682	\$102,153,105	\$95,818,117	\$85,274,516	\$70,325,234

The assumptions associated with this option have been detailed under the Revenues and Expenses section.

Alternative Option

The alternative to ADAMH’s proposed levy option would be for the Franklin County Board of Commissioners to place a 2.85 mill renewal property tax levy for a 10-year period on the November 2025 general election ballot (e.g., no increase).

**Table 25: Estimated Revenue and Expenditures, Calendar Years 2027-2036
Alternative Option 10 Year Renewal**

Estimated Revenue and Expenditures, Calendar Years 2027-2036 Alternative Option 10 Year Renewal										
	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036
Beginning Cash:	\$36,562,892	\$37,960,048	\$38,898,307	\$39,357,467	\$39,543,606	\$39,436,809	\$38,743,133	\$38,264,422	\$37,708,566	\$37,056,168
Revenue:										
2.85 Mill Levy - Continuing through 2036	\$90,339,578	\$90,565,427	\$90,791,840	\$91,245,800	\$91,702,029	\$92,298,092	\$92,898,029	\$93,641,214	\$94,390,343	\$95,145,466
Federal Funds	\$13,000,000	\$13,650,000	\$14,332,500	\$15,049,125	\$15,801,581	\$16,591,660	\$17,421,243	\$18,292,305	\$19,206,921	\$20,167,267
State Funds	\$12,500,000	\$13,125,000	\$13,781,250	\$14,470,313	\$15,193,828	\$15,953,520	\$16,751,196	\$17,588,755	\$18,468,193	\$19,391,603
Local Funds	\$1,000,000	\$1,010,000	\$1,020,100	\$1,030,301	\$1,040,604	\$1,051,010	\$1,061,520	\$1,072,135	\$1,082,857	\$1,093,685
Miscellaneous Funds	\$500,000	\$505,000	\$510,050	\$515,151	\$520,302	\$525,505	\$530,760	\$536,068	\$541,428	\$546,843
Total Revenue	\$117,339,578	\$118,855,427	\$120,435,740	\$122,310,689	\$124,258,344	\$126,419,787	\$128,662,748	\$131,130,477	\$133,689,742	\$136,344,863
Expenditures:										
Personal Services	\$6,015,530	\$6,256,151	\$6,506,397	\$6,766,653	\$7,037,319	\$7,600,305	\$7,611,564	\$7,916,027	\$8,232,668	\$8,561,975
Fringe Benefits	\$2,764,150	\$2,874,716	\$2,989,705	\$3,109,293	\$3,233,665	\$3,492,358	\$3,497,532	\$3,637,433	\$3,782,931	\$3,934,248
Materials & Services	\$3,324,115	\$3,390,597	\$3,458,409	\$3,527,577	\$3,598,129	\$3,670,091	\$3,743,493	\$3,818,363	\$3,894,730	\$3,972,625
County Fees	\$1,177,144	\$1,200,688	\$1,224,701	\$1,249,196	\$1,274,179	\$1,299,663	\$1,325,656	\$1,352,169	\$1,379,212	\$1,406,796
Capital Outlays	\$255,000	\$260,100	\$265,302	\$270,608	\$276,020	\$281,541	\$287,171	\$292,916	\$298,773	\$304,749
Interfund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Social Services	\$102,406,482	\$103,934,915	\$105,532,066	\$107,201,222	\$108,945,829	\$110,769,505	\$112,676,043	\$114,669,425	\$116,753,826	\$118,933,631
Total Expenditures	\$115,942,422	\$117,917,168	\$119,976,580	\$122,124,549	\$124,365,141	\$127,113,463	\$129,141,460	\$131,686,333	\$134,342,141	\$137,114,023
Ending Cash Balance:	\$37,960,048	\$38,898,307	\$39,357,467	\$39,543,606	\$39,436,809	\$38,743,133	\$38,264,422	\$37,708,566	\$37,056,168	\$36,287,008

The assumptions associated with this option are the same as the proposed option, excluding the increase in millage, and inflationary and population growth factored into ADAMH providers (e.g., social services).

This option would not be sustainable without very significant material reductions to community investments. If no new millage is approved, ADAMH will need to reduce annual expenditures by \$6.5 million, a 7% reduction in projected levy fund expenditures, in 2027, as well as not implement all services at the crisis care center.

5. Property Owner Levy Cost Analysis

The table below reflects the cost to a homeowner for both the proposed and alternative options.

Table 26: Property Owner Levy Cost Analysis

Property Owner Levy Cost Analysis			
		Proposed	Alternative
		10 Year, 2.85 mill Renewal with 0.75 mill Increase	10 Year, 2.85 mill Renewal
Fair Market Value of home		\$100,000	\$100,000
Assessment Percentage	x	35%	x 35%
Assessed Value		\$35,000	\$35,000
2.2 MILL RENEWAL			
Effective Millage	x	0.001153629	x 0.001153629
State Rollback Factor	x	0.875	x 0.875
Annual Taxes Paid for 2.2 Mill Renewal portion of Levy		\$35.33	\$35.33
0.65 MILL RENEWAL			
Effective Millage	x	0.000459563	x 0.000459563
State Rollback Factor - not applicable	x	n/a	x n/a
Annual Taxes Paid for 0.65 Mill Renewal portion of Levy		\$16.08	\$16.08
Additional Mills		0.00075	0
State Rollback Factor - not applicable on new millage		n/a	n/a
		\$26.25	\$0.00
Total Cost		\$77.66	\$51.41
Increase from Current Cost		\$26.25	\$0.00

APPENDIX 1 – Ohio Revised Code 340.03

Section 340.03 | Boards of alcohol, drug addiction, and mental health services; powers and duties.

(A) Subject to rules issued by the director of mental health and addiction services after consultation with relevant constituencies as required by division (A)(10) of section 5119.21 of the Revised Code, each board of alcohol, drug addiction, and mental health services shall:

(1) Serve as the community addiction and mental health planning agency for the county or counties under its jurisdiction, and in so doing it shall:

(a) Evaluate the need for facility services, addiction services, mental health services, and recovery supports;

(b) In cooperation with other local and regional planning and funding bodies and with relevant ethnic organizations, evaluate strengths and challenges and set priorities for addiction services, mental health services, and recovery supports. A board shall include treatment and prevention services when setting priorities for addiction services and mental health services. When a board sets priorities for addiction services, the board shall consult with the county commissioners of the counties in the board's service district regarding the services described in section 340.15 of the Revised Code and shall give priority to those services, except that those services shall not have a priority over services provided to pregnant women under programs developed in relation to the mandate established in section 5119.17 of the Revised Code.

(c) In accordance with guidelines issued by the director of mental health and addiction services under division (F) of section 5119.22 of the Revised Code, annually develop and submit to the department of mental health and addiction services a community addiction and mental health plan that addresses both of the following:

(i) The needs of all residents of the service district currently receiving inpatient services in state-operated hospitals, the needs of other populations as required by state or federal law or programs, and the needs of all children subject to a determination made pursuant to section 121.38 of the Revised Code;

(ii) The department's priorities for facility services, addiction services, mental health services, and recovery supports during the period for which the plan will be in effect. The department shall inform all of the boards of the department's priorities in a timely manner that enables the boards to know the department's priorities before the boards develop and submit the plans.

In alcohol, drug addiction, and mental health service districts that have separate alcohol and drug addiction services and community mental health boards, the alcohol and drug addiction services board shall submit a community addiction plan and the community mental health board shall submit a community mental health plan. Each board shall consult with its counterpart in developing its plan and address the interaction between the local addiction and mental health systems and populations with regard to needs and priorities in developing its plan.

The department shall approve or disapprove the plan, in whole or in part, in accordance with division (G) of section 5119.22 of the Revised Code. Eligibility for state and federal funding shall be contingent upon an approved plan or relevant part of a plan.

If a board determines that it is necessary to amend an approved plan, the board shall submit a proposed amendment to the director. The director shall approve or disapprove all or part of the amendment in accordance with division (H) of section 5119.22 of the Revised Code.

The board shall operate in accordance with the plan approved by the department.

(d) Promote, arrange, and implement working agreements with social service agencies, both public and private, and with judicial agencies.

(2) Investigate, or request another agency to investigate, any complaint alleging abuse or neglect of any person receiving addiction services, mental health services, or recovery supports from a community addiction services provider or community mental health services provider or alleging abuse or neglect of a resident receiving addiction services or with mental illness or severe mental disability residing in a residential facility licensed under section 5119.34 of the Revised Code. If the investigation substantiates the charge of abuse or neglect, the board shall take whatever action it determines is necessary to correct the situation, including

notification of the appropriate authorities. Upon request, the board shall provide information about such investigations to the department.

(3) For the purpose of section 5119.36 of the Revised Code, cooperate with the director of mental health and addiction services in visiting and evaluating whether the certifiable services and supports of a community addiction services provider or community mental health services provider satisfy the certification standards established by rules adopted under that section. In addition, a board may provide input and recommendations to the department when an application for certification or the renewal of a certification has been submitted by a provider or when a provider is being investigated by the department, if the board, in either of those circumstances, is aware of information that would be beneficial to the department's consideration of the matter.

(4) In accordance with criteria established under division (D) of section 5119.22 of the Revised Code, conduct program audits that review and evaluate the quality, effectiveness, and efficiency of addiction services, mental health services, and recovery supports provided by community addiction services providers and community mental health services providers under contract with the board and submit the board's findings and recommendations to the department of mental health and addiction services;

(5) In accordance with section 5119.34 of the Revised Code, review an application for a residential facility license and provide to the department of mental health and addiction services any information about the applicant or facility that the board would like the department to consider in reviewing the application;

(6) Audit, in accordance with rules adopted by the auditor of state pursuant to section 117.20 of the Revised Code, at least annually all programs, addiction services, mental health services, and recovery supports provided under contract with the board. In so doing, the board may contract for or employ the services of private auditors. A copy of the fiscal audit report shall be provided to the director of mental health and addiction services, the auditor of state, and the county auditor of each county in the board's district.

(7) Recruit and promote local financial support for addiction services, mental health services, and recovery supports from private and public sources;

(8) In accordance with guidelines issued by the department as necessary to comply with state and federal laws pertaining to financial assistance, approve fee schedules and related charges or adopt a unit cost schedule or other methods of payment for addiction services, mental health services, and recovery supports provided by community addiction services providers and community mental health services providers that have contracted with the board under section 340.036 of the Revised Code;

(9) Submit to the director and the county commissioners of the county or counties served by the board, and make available to the public, an annual report of the addiction services, mental health services, and recovery supports under the jurisdiction of the board, including a fiscal accounting;

(10) Establish a method for evaluating referrals for court-ordered treatment and affidavits filed pursuant to section 5122.11 of the Revised Code in order to assist the probate division of the court of common pleas in determining whether there is probable cause that a respondent is subject to court-ordered treatment and whether alternatives to hospitalization are available and appropriate;

(11) Designate the treatment services, provider, facility, or other placement for each person involuntarily committed to the board pursuant to Chapter 5122. of the Revised Code. The board shall provide the least restrictive and most appropriate alternative that is available for any person involuntarily committed to it and shall assure that the list of addiction services, mental health services, and recovery supports submitted and approved in accordance with division (B) of section 340.08 of the Revised Code are available to persons with severe mental disabilities residing within its service district. The board shall establish the procedure for authorizing payment for the services and supports, which may include prior authorization in appropriate circumstances. In accordance with section 340.037 of the Revised Code, the board may provide addiction services and mental health services directly to a person with a severe mental disability when life or safety is endangered and when no community addiction services provider or community mental health services provider is available to provide the service.

(12) Ensure that housing built, subsidized, renovated, rented, owned, or leased by the board or a community addiction services provider or community mental health services provider has been approved as meeting minimum fire safety standards and that persons residing in the housing have access to appropriate and necessary services, including culturally relevant services, from a community addiction services provider or

community mental health services provider. This division does not apply to residential facilities licensed pursuant to section 5119.34 of the Revised Code.

(13) Establish a mechanism for obtaining advice and involvement of persons receiving addiction services, mental health services, or recovery supports on matters pertaining to services and supports in the alcohol, drug addiction, and mental health service district;

(14) Perform the duties required by rules adopted under section 5119.22 of the Revised Code regarding referrals by the board or community mental health services providers under contract with the board of individuals with mental illness or severe mental disability to class two residential facilities licensed under section 5119.34 of the Revised Code and effective arrangements for ongoing mental health services for the individuals. The board is accountable in the manner specified in the rules for ensuring that the ongoing mental health services are effectively arranged for the individuals.

(B) Each board of alcohol, drug addiction, and mental health services shall establish such rules, operating procedures, standards, and bylaws, and perform such other duties as may be necessary or proper to carry out the purposes of this chapter.

(C) A board of alcohol, drug addiction, and mental health services may receive by gift, grant, devise, or bequest any moneys, lands, or property for the benefit of the purposes for which the board is established, and may hold and apply it according to the terms of the gift, grant, or bequest. All money received, including accrued interest, by gift, grant, or bequest shall be deposited in the treasury of the county, the treasurer of which is custodian of the alcohol, drug addiction, and mental health services funds to the credit of the board and shall be available for use by the board for purposes stated by the donor or grantor.

(D) No member or employee of a board of alcohol, drug addiction, and mental health services shall be liable for injury or damages caused by any action or inaction taken within the scope of the member's official duties or the employee's employment, whether or not such action or inaction is expressly authorized by this section or any other section of the Revised Code, unless such action or inaction constitutes willful or wanton misconduct. Chapter 2744. of the Revised Code applies to any action or inaction by a member or employee of a board taken within the scope of the member's official duties or employee's employment. For the purposes of this division, the conduct of a member or employee shall not be considered willful or wanton misconduct if the member or employee acted in good faith and in a manner that the member or employee reasonably believed was in or was not opposed to the best interests of the board and, with respect to any criminal action or proceeding, had no reasonable cause to believe the conduct was unlawful.

(E) The meetings held by any committee established by a board of alcohol, drug addiction, and mental health services shall be considered to be meetings of a public body subject to section 121.22 of the Revised Code.

(F)(1) A board of alcohol, drug addiction, and mental health services may establish a rule, operating procedure, standard, or bylaw to allow the executive director of the board to execute both of the following types of contracts valued at twenty-five thousand dollars or less, as determined by the board, on behalf of the board without the board's prior approval:

(a) Emergency contracts for clinical services or recovery support services;

(b) Standard service contracts pertaining to the board's operations.

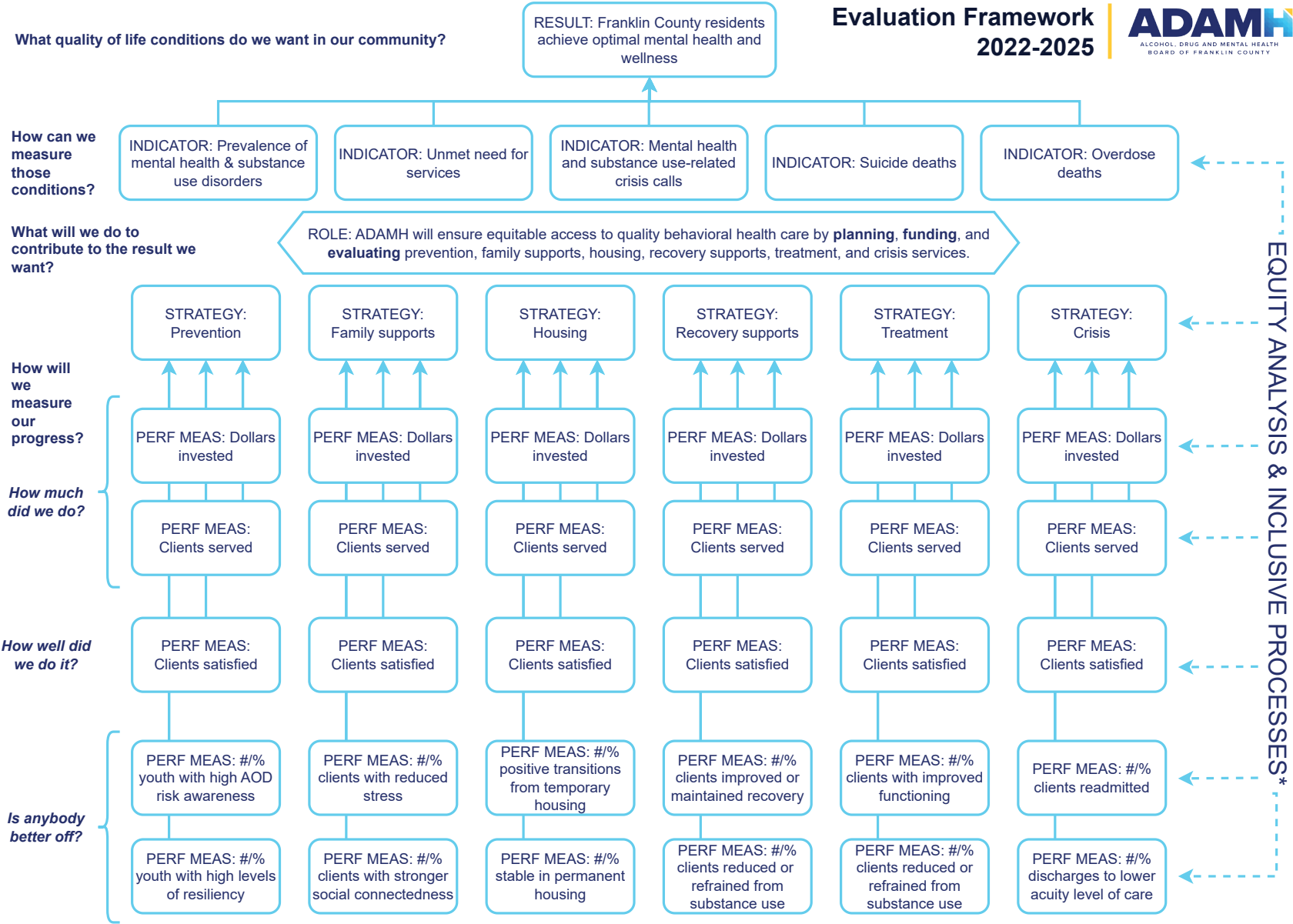
(2) If a board establishes a rule, operating procedure, standard, or bylaw under division (F)(1) of this section, both of the following shall be the case:

(a) The board shall define the scope of contracts described in divisions (F)(1)(a) and (b) of this section in that rule, operating procedure, standard, or bylaw.

(b) The board shall disclose the existence of a contract executed pursuant to the rule, operating procedure, standard, or bylaw at the first board meeting that occurs after the contract was executed and ensure that a record of that disclosure is included in the written minutes of that meeting.

Last updated September 18, 2023 at 8:56 AM

Evaluation Framework
2022-2025



*Diversity, equity, and inclusion woven throughout. This means maximizing demographic disaggregation to assess equity of access and outcomes and maximizing participation of diverse stakeholders in planning and evaluation efforts to ensure inclusive decision making.

ADAMH Board of Franklin County
CCCAC - Continuum of Crisis Care Report

Data Status

Last updated 1/31/2025



Data Status Legend

- ◆ Yes = data received and included in the report.
- ◆ No = data reporter has indicated that data point will not be available.
- ◆ In Process = data requested and/or in process of receipt but not yet included in the report.

Blue, underlined indicates a status change from the last quarterly report

Crisis Calls		Netcare Emergency Response Services (276-CARE)	The P.E.E.R. Center Warmline	North Central Mental Health Suicide Prevention Hotline	North Central Mental Health 988 Suicide and Crisis Lifeline Primary	Netcare 988 Suicide and Crisis Lifeline Secondary	Netcare Text and Chat	City of Columbus Emergency Communications Center (911 and RRU)	Nationwide Children's Youth Crisis Hotline
Volume (avg. calls per day)	Calls received	Yes	Yes	Yes	Yes	Yes	No	In Process	In Process
	Calls answered	Yes	Yes	Yes	Yes	Yes	No	In Process	In Process
	Calls abandoned (% of answered)	Yes	Yes	Yes	Yes	Yes	No	In Process	In Process
Time (avg. duration in seconds)	Time to answer	Yes	Yes	Yes	Yes	Yes	No	In Process	In Process
Disposition (% of answered)	Resolved	Yes	Yes	Yes	Yes	No	No	In Process	In Process
	Transferred	Yes	Yes	Yes	Yes	No	No	In Process	In Process
	Escalated	Yes	Yes	Yes	Yes	No	No	In Process	In Process
	Other/Unknown	Yes	Yes	Yes	Yes	No	No	In Process	In Process
Mobile Response		Columbus Division of Police Mental Health Dispatches (including MCR)	Columbus Division of Fire Naloxone Dispatches	Franklin County Sheriff's Office Community Intervention and Diversion Dispatches (CID)	Southeast Rapid Response Emergency Addiction and Crisis Team Dispatches (RREACT)	Netcare Community Mobile Team Dispatches (CMT)	Veterans Mobile Evaluation Team Dispatches (VMET)	Nationwide Children's MRSS	
Volume	Requested	Yes	Yes	Yes	Yes	Yes	Yes	In Process	
	Dispatched	Yes	Yes	Yes	Yes	Yes	Yes	In Process	
Time (avg. duration in min.)	Response time	Yes	Yes	Yes	Yes	Yes	Yes	In Process	
	Time on scene	Yes	Yes	No	Yes	Yes	Yes	In Process	
Disposition (% of dispatched)	Resolved	Yes	Yes	Yes	Yes	Yes	Yes	In Process	
	Transferred	Yes	Yes	Yes	Yes	Yes	Yes	In Process	
	Escalated	Yes	Yes	Yes	Yes	Yes	Yes	In Process	
	Other/Unknown	Yes	Yes	Yes	Yes	Yes	Yes	In Process	
Center-based Services		Adult Emergency Department Psychiatric Encounters	Maryhaven 1430 South High Encounters	RI 199 South Central Avenue Encounters	Netcare Crisis Stabilization Unit and Miles House Encounters	Nationwide Children's Youth Crisis Stabilization Unit			
Volume (avg. intakes per day)	Intakes	Yes	Yes	Yes	Yes	In Process			
Time (avg. hrs. per intake)	Length of stay	Yes	Yes	Yes	Yes	In Process			
Disposition (% of intakes)	Resolved	Yes	Yes	Yes	Yes	In Process			
	Transferred	Yes	Yes	Yes	Yes	In Process			
	Escalated	Yes	Yes	Yes	Yes	In Process			
	Other/Unknown	Yes	Yes	Yes	Yes	In Process			
Readmission Rate (% of intakes) ¹	Readmitted within 72 hours	Yes	Yes	Yes	Yes	In Process			
	Readmitted within 30 days	Yes	Yes	Yes	Yes	In Process			

13 unique data reporters
 20 total data streams
 160 total data elements
 114 data elements acquired
 Data Completeness Measure: 71%

¹Readmission data are available for The Ohio State Wexner Medical Center and OhioHealth. Readmission data are not available for Mount Carmel.



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