



# 2024 SSAB REPORT

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## SECTION I. EXECUTIVE DIRECTOR LETTER

Instilling and rebuilding hope and resiliency for Summit County residents continue to be an overarching theme for the work of the ADM Board staff and network of providers. As the agency has navigated staff transition and onboarding with a total of 24 positions going in to 2024, I would like to commend the ADM Board staff for their on-going presence in the community, technical assistance to providers, introduction of new initiatives, and maintenance of the day-to-day requirements and expectations of our community, Board of Directors and local, state, and federal oversight entities.

As we continued to support our community in navigating the on-going impact of violence, grief, and trauma, we were presented with the final version of the [Circle of Hope](#) commercial recorded in early 2023. This commercial was launched in March 2023 to demonstrate the unity and availability of the ADM Board's behavioral health network of care with a goal of bringing awareness to our community that help is available and that hope is real.

We continue to partner with the Summit County Executive's office on major initiatives born out the opiate abatement funding and strategies, such as with the UniteUs platform, that will help simplify access to an abundance of social services. We also continue to expand our community partnerships and provider network as our industry continues to struggle with workforce during a time when deaths of despair continue to rise.

We have also worked with our core provider agencies to right-size SFY24 agency budgets to be more reflective of their most recent historical spending levels. This will allow us to more accurately predict what our service spending will be over the course of the year without the risk of rolling over millions of dollars into our fund balance that have been left on contracts unused. Our Board of Directors has made the commitment to our system that as workforce and service volumes increase, we will respond in kind with the necessary funding to ensure that Summit County residents' behavioral health needs are being met. We also continue to invest in system-wide workforce retention and engagement initiatives and professional consultation that work to reinforce the infrastructure of our non-profit partners for the benefit of community.

Our largest upcoming investment will be in upgrading and building the physical crisis infrastructure to support our community's needs. We have been working with our national, state, and local partners to design a state-of-the-art crisis model that solidifies someone to call, someone to respond, and somewhere to go in times of crisis. We have also recognized that when the immediate crisis is resolved, there may be a need for additional services and supports to assist in a successful transition back into the community especially when an individual is released from a psychiatric hospitalization. Currently, the ADM Board is working on our crisis enhancement plan that will evaluate

our existing crisis facility for the feasibility of expanding and enhancing services in that space. We are also in discussions with the Ohio Department of Mental Health and Addiction Services (OhioMHAS) around the construction of a 16-bed residential step-down facility that will provide for short-term transition from the state psychiatric hospital in northern Summit County back to the community.

We have released a request for proposals for an owner's representative to take lead on moving these two major capital projects forward with ongoing engagement and feedback from our community stakeholders. Within the first half of 2024, we will be able to provide our Board of Directors with a capital spending plan through the upcoming levy cycle and beyond. Based on similar facilities currently under construction in northern Ohio, we are estimating the construction of the residential step-down facility averaging between \$8–10 million.

This information will assist in making an informed decision in 2024 on the approach to our levy in 2025 in a climate where the ADM Board is anticipating at least one additional levy on the ballot and property tax fatigue after historical property tax increase(s).

Taking all of this into consideration, we are excited about the opportunity to work with our community partners and stakeholders to address the needs identified. It is an opportunity to create new and innovative services and facilities that help maintain access to a full continuum of high-quality community-based behavioral health services in Summit County. Throughout this report, you will find details of more community initiatives and collaborations that serve to accomplish these goals.

## SECTION II. PRIORITIES

Based on regular system operations evaluations, partner and stakeholder feedback, and the recent Community Assessment and Plan (CAP), the ADM Board will continue to work on the six priority areas that have been identified. These priorities are umbrellas for initiatives that collectively work to enhance the local behavioral health system of care and are reflected in our CAP.

The priorities include Access to Care, Crisis Services, Target Populations, System Infrastructure, Wellness, and Pilot Programming Support and Sustainability.

### Access to Care

On May 11, 2022, The Harris Poll, on behalf of the National Council for Mental Wellbeing, released the *2022 Access to Care Survey Results*. The poll indicated that 42% of U.S. adults reported needing mental health care over the previous 12 months, and 24% reported needing substance use treatment. Of those that stated they needed services, 43% stated they did not receive the care they needed and identified multiple barriers to accessing services. Significant barriers that were identified include cost, availability, wait times, and lack of diversity and proximity to care. The summary and full report are available [here](#).

The release of this report corroborated some efforts already in place and implemented by the ADM Board and will be additional supports for exploring means of addressing these identified barriers in the Summit County community.

Some of these efforts included:

- Continuing to explore the expansion of contracted agencies, allowing expanded access to services for uninsured and underinsured.
- Partnering with higher education to recruit and provide educational and financial supports for those coming into the field with a focus on minority recruitment. This includes partnering with the Urban League to award the first ADM Workforce Scholarship to Chanel Jackson, a 2023 East CLC graduate attending the University of Akron in the fall and majoring in Psychology, as well as partnering with the University of Akron to fund a liaison position to recruit and funnel social work students into Summit County's community behavioral health system. This is anticipated to launch in the fall of 2023.
- Investing in agency infrastructure to ensure human capital, expertise, innovative approaches, and culturally-responsive treatment. This includes funding 20 agencies to implement their Staff Engagement & Retention Plan (SERP) that was based off best practices in staff engagement.
- Monitoring access through wait times to general services (e.g., first appointment, assessment) and our highest intensity services, psychiatry

services, SUD residential services, Intensive Home-based Treatment (IHBT) and withdrawal management/detox (See Figures 6, 7, and 8).

- Coordinating with providers, local hospitals, and other partners to ensure that continuity of care is seamless.

## Crisis Services

Crisis services remain a major emphasis at the federal, state, and local levels as deaths of despair—overdoses and suicides—continue to plague our communities. The crisis system is an invaluable part of the continuum of care, and our community deserves responsive and efficient crisis services. The goal of crisis services is to work collaboratively with our community partners to alleviate immediate psychological distress and to engage individuals in the appropriate level of treatment and ancillary services. Utilizing the Substance Abuse Mental Health Service Administration (SAMHSA) National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit [national-guidelines-for-behavioral-health-crisis-care-02242020.pdf \(samhsa.gov\)](https://www.samhsa.gov/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf) as a guide as well as Peg's Foundations' Clear Pathways cohort, the ADM Board continues working with its crisis system providers (Portage Path Behavioral Health's [PPBH] Psychiatric Emergency Services [PES] and Oriana House, Inc.'s detox center), first responders, the National Alliance on Mental Illness (NAMI) county chapter, behavioral health providers, and the community to address gaps/needs in the current system with the goal of enhancing the crisis continuum in Summit County.

In April of 2023, Coleman Health Services launched their Mobile Response Stabilization Services (MRSS). MRSS is delivered to any young persons 0–18 years old (or 21 if there is a developmental delay) and who is experiencing a self-identified mental health crisis that may be impacting their family, living situation, school, or community. Work on the adult crisis system continues.

Current goals include:

- **Crisis Infrastructure.** In December of 2022, the ADM Board hosted a contingency of Summit County stakeholders, inclusive of both major hospital systems, police, fire, community behavioral health providers and the local NAMI affiliate, on a trip to Arizona to visit 2 nationally-recognized crisis centers. After this visit and several follow-up discussions with different stakeholder groups, a draft "Ideal Crisis System" document has been completed and shared for additional input. At the same time, a mobile crisis team is being created with a clinician and paramedic and with CIT officer support for launch in Akron before the end of 2023. Of note, Summit County celebrated the 50th local CIT class graduation on April 28, 2023.

With a focus on our infrastructure and ability to respond to behavioral health crises, we are working to ensure the individual has a smooth transition and stability back to the community. Additionally, we are partnering with NAMI Ohio, NAMI Summit County, and Ohio Mental Health and Addiction Services to build a 16-bed residential step-down facility to serve Summit

County residents transitioning out of the state psychiatric hospital in Northfield. This facility will serve as an interim, short-term facility to provide additional support and community connection to ensure a successful transition back to the community with a goal of decreasing inpatient psychiatric visits and stays. The ADM Board has applied for federal ARPA funding to supplement local funds in the construction of this facility.

An RFQ for an owner's representative for both of these projects was released August 22, 2023.

- **Implementation of 988.** The federal crisis line, 988, was launched a little over one year ago with a go-live date of July 16, 2022. The ADM Board worked with PPBH, who was designated as the 988 response organization for Summit and Lake Counties by OhioMHAS to include this additional tool in our service continuum. PPBH also responds to the local crisis hotline and the state COVID-19 Emergency Line. Maintaining capacity to respond to Summit County residents' calls is an absolute priority especially as the federal government works to iron out kinks in the 988 system and build capacity. This plan came to full fruition, and call volume has increased so that more citizens are obtaining help in real time. Plans are underway to develop interoperability between the 988 and 911 call-takers to further improve system-wide communication, increasing citizen care and safety.
- **Technology as a Means of Access.** The ADM Board continues to work with PPBH's PES to implement a program with Tallmadge and Cuyahoga Falls Police Departments to provide virtual access to a clinician when in the community. The ADM Board's goal is to expand this program as a means of supporting access to crisis care and providing least restrictive supports to allow those that can remain in the community to do so while also providing an efficient triage process for those that may need additional supports to include inpatient stabilization. This model was fully expanded to both locations, and the Akron Fire Department added telehealth in their vehicles as well.

Based on these strategies, it was determined that an in-person mobile crisis team, now in development for launch in 2023, will be of added value to the mobile phone approach alongside the increased capability of 988 to use text and chat. The adult mobile response pilot will launch in fall of 2023 with the City of Akron. The ADM Board will be funding the behavioral health staffing of the response team and the vehicle, and we have submitted a grant to the Ohio Department of Public Safety on behalf of the City of Akron to assist with staff overtime and software that will streamline communication between 911 and 988 in support of this initiative.



## Target Populations

As a result of continued conversations locally and statewide and further emphasized in the CAP, the following have been identified as priority populations: African Americans, immigrant/refugees, members of the LGBTQIA+ community, the aging population, families with parents with SUD, pregnant women with SUD, and youth. One way the ADM Board has addressed the needs of these populations is to offer funding through value-based purchasing contracts to assist agencies in addressing the unique needs of these populations through approaches to enhance services already in existence.

The ADM Board continues to engage in conversation around inclusion and health equity across the county, state, and country. The ADM Board's Executive Director, Aimee Wade, participates in several workgroups, including the Ohio Association of County Behavioral Health's (OACBHA) statewide Diversity, Equity, and Inclusion Council with a focus on the importance of racial and ethnic inclusivity and access to timely and quality healthcare as a basic right while seeking to develop tools and resources that boards and communities can utilize to address discrimination and improve health equity and inclusion. As a result of the participation in this Council, Director Wade was selected and completed the national Equity Grounded Leadership Fellowship through the College for Behavioral Health Leadership. As part of the fellowship, the ADM Board will receive direct support in moving health equity forward by receiving peer and individualized leadership support through mentoring, allyship, and sponsorship; developing a network of leaders beyond Ohio; gaining knowledge and building experience in equity-grounded leadership competencies; and learning by doing through customized, meaningful collaborative projects.

A great deal of focus occurred over the previous year to increase awareness of mental health and substance use concerns and services to the African American population and efforts will continue moving into 2024:

- Our Quality Improvement Coordinator has engaged in a listening tour presenting information on the Death's of Despair, particularly focusing on the continued increases of overdose and suicide deaths in the African American Population. To date, he has presented in 12 different venues, including Akron's Health Equity Summit and several Council Ward meetings.
- The ADM Board also partnered with Minority Behavioral Health Group to develop a Narcan video to engage the faith community on the importance of harm reduction. Click [here](#) to see the video.
- The ADM Board has partnered with 10 organizations to hold 8 Narcan pop-ups. Since August 31, 2022, 148 Narcan kits have been provided to areas identified with higher rates of deaths by overdoses through Narcan pop-ups and other community events.
- In 2023, the ADM Board funded the Beyond Expectations Barber College to train barbers in Mental Health First Aid and to provide resources to clients they see on a weekly basis targeting mental wellness in African Americans.

Several pilot programs and/or mini grants were awarded that focus on the African American population (See Figure 2: List of Pilot Programming and Mini Grants).

## System Infrastructure

The ADM Board continues to fund services to migrant and refugee populations. Programs offered to date include:

- Child Guidance & Family Solutions (Trauma Systems Therapy for Refugees) TST-R Program includes both prevention and treatment when indicated to the Bhutanese refugee population. In July 2022, this program was expanded to also serve the LatinX population.
- PPBH is funded to offer the North Hill Immigrant Program, which is an outreach program providing individual psychotherapy, case management, and medication management services to individuals in their own community.
- ASIA's International Community Empowerment Project (ICEP) offers after school and summer prevention programming in the North Hill community.
- ASIA's In Language Education Cultural Broker focuses on mental health outreach to the immigrant or resettled populations.
- Funding was awarded in June 2023 to Love Akron to expand their Grief Recovery Method trainings to include 2 refugee-focused sessions.

As the ADM Board is committed to health equity, access to services in underrepresented and disproportionately impacted populations continues to be at the forefront of the work we do. Data is observed through this lens, and programs and services are developed to ensure that those in our community have knowledge of and access to services. The ADM Board funds interpretive services through the County's collaborative contract with Effectiff so that individuals with English as a second language are able to receive services by eliminating language differences as a barrier. The service has been used in the ADM Board network of providers for 34 languages with the most utilized languages during this reporting period being Nepali, Spanish, Karen, Serbian, and Burmese.

Workforce remains a significant challenge moving into 2024. Providers continue to report that both recruitment and retention are a challenge. With unfilled positions of multiple disciplines, it is impacting access as well as the ability to implement new programs and/or services or expand on already existing ones.

A national survey was conducted through the National Council on Mental Wellbeing by Morning Consult, and nearly all members surveyed (97%) indicated challenges with staff recruitment with 78% of respondents stating it is very difficult. Local ADM Board providers are no different as they are also reporting significant challenges with workforce.

In collecting staff turnover data through the SFY Funding Application process, the average turnover for Summit County's community behavioral health providers is

27.76%, a decrease from the previous year of 29.4%. In comparing the turnover rates between years, it is of note to report that there were 15 providers calculated in the previous year versus the 20 providers in the current year. There remains a wide range of 0–53%. Ten agencies reported a notable decrease, and 7 agencies reported an increase.

The ADM Board has engaged in webinars as well as local and state conversations or workgroups to explore potential short-term and longer-term solutions to the staggering need. Some local solutions currently underway include:

- 20 agencies received funding to support their Staff Engagement and Retention Plans (SERP) through the 2023 calendar year.
- In partnership with the Akron Urban League, the ADM Board awarded its first workforce scholarship to a 2023 graduate of East CLC. The scholarship recipient plans to attend the University of Akron in the fall, majoring in psychology.
- The ADM Board has partnered with the University of Akron to establish a liaison position for recruitment and support of students within the school of social work.
- Collaboration with Buchtel Community Learning Center continues as part of the Career Academy program to provide exposure to the behavioral health system as a career opportunity. As a result of personnel issues with the Akron Public Schools, the next cohort is not expected until Fall 2024 as the identified teacher is working to become credentialed in prevention.
- The ADM Board has worked to expand providers and/or services in areas of prevention, treatment, or recovery supports. Since the last report, CHC Addiction Services and Legacy III received additional funding to expand recovery housing capacity; Minority Behavioral Health Group received additional funding for an expansion to the contract to include treatment services; and Hope United will become a new contracted provider of ADM Board as recovery community organization (RCO) to provide peer recovery support services.
- Value-based purchasing models have also been utilized as strategies to promote collaboration and desired outcomes, which provide agencies with payments that can be used at their discretion to support workforce and other initiatives. Contracts were extended by 2 agencies in the previous year, allowing for 7 total agencies participating in value-based purchasing.
- The ADM Board supported 4 agencies for consultative services to enhance their business and clinical practices.

The ADM Board prioritizes sufficient capacity as well as highly skilled and effective providers, and the utilization of evidence-based practices is emphasized as well as additional professional development opportunities. Figure 1 below shows professional development opportunities provided between September 1, 2022, and August 30, 2023.

**Figure 1. Professional Development Opportunities**

TRAINING	# OF CONTACT HOURS	# OF TIMES OFFERED	# OF PARTICIPANTS
Peer Recovery Support Training	40	3	69
CBT-Core	12	2	52 <i>includes projection of 30 registrants for Aug. training</i>
Cultural Humility	2	2	63
Foundations of Engagement & Motivation	6	1	18
Fundamentals of Supervision-MI for Champions Cohort	7.5	2	32
Hoarding 101 <i>*Sponsored by the Hoarding Task Force</i>	1	1	68
Leadership Essentials	6	1	26
Managing to Impact: Using Data to Demonstrate Your Impact	5.25	1	57
MI for Supervisors	5.5	1	29
Motivational Interviewing	12	2	62
Prevention Series	48	1	24
Suicide Prevention in the Black Communities <i>*Sponsored by the Summit County Suicide Prevention Coalition</i>	1.5	1	111
Understanding Racial Inequity: Groundwater Approach	2.5	1	64
CIT <i>*Sponsored by CIT</i>	40	4	91
CIT Awareness Class <i>*Sponsored by CIT</i>	8	3	123
Clients Rights	2	1	6
<b>TOTALS</b>	<b>448.75</b>	<b>27</b>	<b>843</b>

**Wellness**

This year, the ADM Board continued its efforts to reach residents with messaging that encourages them to seek out resources and services; however, particular emphasis was placed on reducing stigma and developing materials and messaging that paid attention to specific populations. Five priority groups were identified based on historical levels of engagement, needs, and feedback garnered during the annual Center for Marketing & Opinion Research, LLC (CMOR) community poll as well as in conversation with community leaders. African Americans, seniors/older adults, youth, immigrants/refugees, and members of the LGBTQIA+ community were identified as priority groups. Social media messaging and paid media (e.g., billboards, newspaper ads) were used and released in publications or mediums with reach into those communities. Additional emphasis was placed on marketing the new 988 crisis line and the Addiction Helpline.

The ADM Board collaborated with community partners to extend services and reach into the community in the aftermath of the Jayland Walker shooting and subsequent Grand Jury outcome. Staff acted as liaisons between the ADM Board system of care and community partners to ensure that appropriate supports were in place for all community members. These efforts included building materials with a focus on how to lead teams in times of community trauma for use by Greater Akron Chamber members as well as other business leaders across the area. In response to the increase in overdoses across the county, the ADM Board began hosting Narcan pop ups with the goals of reducing barriers to information and access to recovery services and to infuse neighborhoods with harm reduction tools to help fight the rise overdose deaths. The ADM Board relied on partners in the faith, business, and behavioral health communities to encourage people to take advantage of these free resources.

The ADM Board funded Summit County Community Partnership (SCCP) to create Public Service Announcements (PSAs) to increase awareness of marijuana use and its negative impact. SCCP collaborated with Akron UMADAOP and Urban Ounce of Prevention Behavioral Health to have youth create and film two PSAs, which are currently in final production.

The ADM Board funded Love Akron to expand their efforts with the Grief Recovery Method and ongoing work with the Change Direction initiative. In 2023, Love Akron will serve as the Change Direction Coordinator to expand its reach in the community and work with the business, education, and faith-based communities. Love Akron will also provide Mental Health First Aid training to the community. Grief Recovery Method was expanded to also include training specific to the refugee community to provide resources to a population that often does not seek help.

Additionally, the ADM Board expanded its media reach with the integration of more video-based messaging. Staff created video vignettes spotlighting coalitions, task forces, and the CIT program as informational outreach tools. Video development also expanded to include a partnership with the African American faith-based community, and representatives worked together to create a video for use in churches, outlining the current opioid situation in the county while providing instructions on how to administer Narcan. New partnerships have also been formed in the private business sector, culminating in a harm reduction video series made with Earthquaker Devices, an international guitar pedal company based out of Cuyahoga Falls. Local musicians volunteered their time to make the videos, and Earthquakers Devices offered their teams and platforms to push messaging in support of the ADM Board's harm and stigma reduction efforts.

The ADM Board started the process of rebranding and the development of a new, more user-friendly website to coincide with our Circle of Hope campaign. The Circle of Hope campaign focuses on how the ADM Board and its partner agencies work in collaboration to support the county's residents, marking the first major marketing effort of this type for the system. The short-form commercial was highlighted across television ads and appeared in spaces such as the NBA Playoffs. The long-form commercial appeared in digital spaces, including major publications such as *Rolling Stone*

*Magazine's* online site.

Lastly, the ADM Board continued its community outreach efforts, and staff was invited to present current data and to provide resources at county-wide Ward meetings, the mayor's Health Equity Summit, and County Council meetings. Additionally, the ADM Board increased its community support and outreach by sponsoring events such as the University of Akron's Black, Brown, and Beyond Male Summit; Kenmore First Friday; Akron's Martin Luther King, Jr. celebration; and Akron PRIDE.

### **Pilot Programming Support and Sustainability**

The ADM Board has earmarked funding to support innovation and address priority populations and needs. Figure 2 exhibits the pilot programs and mini grants awarded during the reporting period.

**Figure 2. List of Pilot Programming & Mini Grants, September 1, 2022–August 31, 2023**

AGENCY	DESCRIPTION	TYPE	DATE RANGE
UMADAOP	Overdose Hot Spot	Pilot	7/1/22–3/30/23
91.3 The Summit	50 suicide prevention messages for KIDAM and Rock and Recovery radio	Suicide Prevention Mini Grant	7/1/22–6/30/23
AMHA	SCSPC; calming and safe spaces	Suicide Prevention Mini Grant	3/1/23–10/31/23
Arlington Church of God	Change Direction; workshops to provide education on racial trauma and impact on wellness	Change Direction Mini Grant	2/1/23–2/28/23
ASIA	Purchase of gun locks	Suicide Prevention Mini Grant	7/1/22–6/30/23
Love Akron	Grief Recovery Model	Change Direction Mini Grant	7/1/22–6/30/23
MBHG	Community Outreach Program	Pilot-extension	Extend through 12/31/2023
MBHG	Voices Over Violence	Pilot	1/1/23–6/30/23
Nordonia City Schools	Winter retreat; prevention	Supplemental Prevention Mini grant	1/1/23–2/28/23
Power of Dream Sisters Helpings Sisters Ministries	Invisible Scars Workshop	Suicide Prevention Mini Grant	10/1/22–10/31/22
The Remedy Church	Annual Back to School Kick Off event	Change Direction Mini Grant	7/27/22–8/31/22
Summit County Community Partnership	Increase messaging around the effects of marijuana	Supplemental Prevention Mini grant	1/1/23–6/30/23
Summit County Community Partnership	Pause Before You Play— Problem Gambling Toolkit Implementation	Supplemental Prevention Mini grant	1/1/23–6/30/23
Woodridge Local Schools	Sources of Strength programming	Suicide Prevention Mini Grant	12/14/2022–6/30/23
Truth & Honor, Inc.	Suicide prevention programming to veterans	Suicide Prevention Mini Grant	6/1/23–5/31/24
Ohio Guidestone	Lockboxes and creation of Calming Corners in Summit County office	Suicide Prevention Mini Grant	1/1/23–6/30/23

## SECTION III: EXTRAORDINARY EVENTS

The extraordinary events of the last year highlighted gaps and needs within the community while underscoring the critical nature of the work of the ADM Board and its community partners and agencies. The ADM Board worked to provide resources and develop programs designed to address community crisis and trends that affect Summit County residents in real time.

### Community Assessment & Plan (CAP)

In August 2022, OhioMHAS released the new process and format of the Community Assessment and Plan, more commonly referred to as the CAP. The CAP is a statutory requirement of county boards and outlines in community behavioral health needs and goals. ADM Board staff collected data from a variety of resources, including reviewing the results of a survey where 343 individuals responded.

Below are highlights of the report. The full plan can be viewed [here](#):

- Top 3 Overall Service Gaps
  - Crisis services
  - Mental health workforce
  - Substance Use Disorder (SUD) treatment workforce
- Top 3 Challenges Facing Children, Youth, and Families
  - Mental, emotional, and behavioral health conditions in children and youth (overall)
  - Youth depression
  - Adverse childhood experiences (ACEs)
- Top 3 Access Needs for Children, Youth, and Families
  - Unmet need for mental health treatment for youth
  - Unmet need for major depressive disorder, youth
  - Lack of follow-up care for children prescribed psychiatric medications
- Top 3 Challenges Facing Adults
  - Mental health and substance use disorders (overall)
  - Adult suicide deaths
  - Drug overdose deaths
- Top 3 Access Needs for Adults
  - Unmet need for mental health treatment
  - Lack of follow-up after hospitalizations for mental illness challenges
  - Lack of follow-up after ED visit for mental health
- Top Social Determinant of Health Needs
  - Poverty
  - Violence, crime, trauma, and abuse
  - Stigma, racism, ableism, and other forms of discrimination
  - Lack of affordable or quality housing
  - Lack of transportation
  - Lack of access to health food



OhioMHAS outlined 9 areas for required goals that included: Prevention, Mental Health Treatment, Substance Use Treatment, Medication-Assisted Treatment (MAT), Crisis Services, Harm Reduction, Recovery Supports, Pregnant Women with SUD, and Parents with SUD and Dependent Children. Below is a summary of outlined goals, and strategies can be viewed in the full report:

- Goal 1, Prevention: Information dissemination that focuses on awareness and knowledge of behavioral health and resources in Summit County to reduce stigma
- Goal 2, Mental Health Treatment: Workforce recruitment and retention initiatives to support access to quality services
- Goal 3, Substance Use Disorder Treatment: Workforce recruitment and retention initiatives to support access to quality services
- Goal 4, Medication-Assisted Treatment (MAT): Collaboration with local hospitals and providers to improve awareness, access, and coordination of services for individuals wanting to access MAT services
- Goal 5, Crisis Services: Implementation of a youth Mobile Response and Stabilization Services (MRSS) team
- Goal 6, Harm Reduction: Coordination with Summit County Public Health and ADM Board provider agencies to increase awareness and access to Narcan throughout the county to include awareness campaigns, increasing providers trained in dispensing Narcan, Narcan pop-up events, and vending machines
- Goal 7, Recovery Supports: Increase recovery housing in Summit County
- Goal 8, Pregnant Women with SUD: Work with the Addiction Helpline and SUD providers to improve data collection of pregnant women and to modify policies to prioritize pregnant women within recovery housing
- Goal 9, Parents with SUD and Dependent Children: Increase supports for families with parental SUD that will focus on breaking the cycle of addiction and positively influence family relationships

## Overdose Deaths

The ADM Board has been monitoring overdose deaths since 2016, and since then, the number of overdose deaths continues to rise. The year-to-year rise is noticeable when specifically focusing on the African American deaths. In 2022, African Americans in Summit County experienced their worst year for overdose deaths. Both African American males and females had their highest overdose rate on record with African American males having the highest overdose rate for any demographic group since the ADM Board starting tracking this data in 2019.

As overdose deaths remain an area of concern, the ADM Board has continued supporting programs and services from prevention, outreach, linkage, and treatment to recovery supports, including peer support and recovery housing. Recent initiatives to support the goal of decreasing overdose deaths include the following:

- The ADM Board continues to offer a public-facing dashboard. Access to this information is made available through collaborations with Summit County

Public Health and the Summit County Medical Examiner for a shared database that allows for monitoring and publishing of data where the public will be able to access weekly updated data through our website:

<https://www.admboard.org/opiate-task-force.aspx>

- The ADM Board continually evaluates data for trends to include demographics. (See Figure 5).
- The ADM Board continues to fund an Opiate & Addiction Task Force (OATF) Facilitator and is working with the facilitator to build capacity within the coalition to increase awareness, promote recovery, and advocate for policy change.

The number of deaths and the rates of death by suicide have decreased in the past year, reaching the lowest level since 2014. However, the rate for African Americans, specifically African American males, has been higher than we have experienced in the past. The ADM Board is currently monitoring trends in suicides within the refugee/immigrant communities. Currently, the ADM Board is working to address deaths of despair within populations as seen in Summit County (See Figure 6).

In collaboration with the ADM Board, the Suicide Prevention Coalition (SPC) targeted suicide prevention mini-grant funds specifically for those working with African American males after learning of the increase in Summit County's African American male suicide rates. The ADM Board will be targeting resources toward the refugee community as well. The SPC has focused efforts on QPR training, getting educational information available to all communities, and social media efforts.

Previously, the SPC partnered with ADM Board, and the Ohio Suicide Prevention Foundation to conduct a Community Readiness Assessment. Findings showed that interviewees had "vague awareness," meaning that most people in the community do not realize that suicide is an issue, and this has fueled some of the work in the most recent year. For example, the SPC hosted a well-attended presentation on Suicide Prevention in Black and Other Communities of Color and co-facilitated with the Stark County Suicide Prevention coalition a discussion with Lifeside Ohio on gun safety and reducing access to lethal means. The SPC has successfully bolstered its structure, now having a Chair, Vice Chair, and multiple subcommittee leaders. The coalition will collaborate to increase awareness in the community and promote policy change as it relates to suicide prevention efforts.

The Youth Suicide Prevention sub-committee expanded efforts on Counseling on Access to Lethal Means and postvention with schools and community stakeholders. The SPC expanded the evidence-based Sources of Strength programming to accommodate House Bill 123, which requires schools to provide suicide prevention programming. We conducted six youth focus groups in the community and solicited feedback about the issues that they are seeing related to suicide and mental health. The grant received from the Ohio Department of Health ends October 1, 2023. Finally, in partnership with Summit County Public Health, the ADM Board will be conducting the Youth Risk Behavior Survey in the 2023–2024 school year. As with the two previous surveys, we will be targeting funding specifically to the trends identified. Figure 2 includes funding efforts through the Suicide Prevention Coalition.

## **SECTION IV: OUTCOME STATEMENT AND OUTCOMES**

In December 2021, the Summit County ADM Board's Board of Directors revised the ADM Board's Global Ends, which broadly defines the overall purpose of the organization. These ends establish the general direction and values that inform the work of the ADM Board and its network of care and provides a means to measure progress, trends, and needs to the Board of Directors and, ultimately, the Summit County community at large.

A main focus of this previous year was our Community Assessment & Plan (CAP). In order to meet legal requirements, local alcohol, drug addiction, and mental health boards must submit a community plan to the Ohio Department of Mental Health and Addiction Services (OhioMHAS) that describes the current conditions and issues within the county, identifying priorities for prevention, treatment, and recovery supports. New to the 2023 CAP was an assessment phase along with identified priorities for boards to establish goals and objectives around. Goals identified in the CAP will provide direction, along with our Global Ends, to the work we do moving forward. Figure 3 shows the crosswalk between the Global Ends and CAP. To further review our Global Ends click [here](#).

**Figure 3. Global Ends Adopted December 2021**

<b>Goal</b>	<b>PRIMARY Global Ends Alignment</b>	<b>SECONDARY Global Ends Alignment</b>	<b>CAP Alignment</b>
Wait times of general services	1.1	1.3; 1.6; 1.5; 1.4	2
Wait times of detox	1.1	1.3; 1.5; 1.4	
Wait times of residential	1.1	1.3; 1.5; 1.4	
Wait times for MAT	1.1	1.3; 1.6; 1.5; 1.4	
Reduction of overdose deaths rate per 100,000	1.1a	1.3; 1.6; 1.5; 1.4	6
Rate of African American deaths by overdose per 100,000	1.1a	1.3b	6
Increase overall utilization of SUD services	1.1	1.4c	3
Increase MAT as evidenced by Ohio Buprenorphine Prescriptions per 100,000	1.1a	1.4c; 1.6	4
Avg # of days waiting for recovery housing	1.1	1.3, 1.4c, 1.6	7
# of recovery housing beds prioritizing pregnant women	1.1	1.3, 1.4c, 1.6	8
% of perceived parent–child relationships	1.4b	1.1, 1.4c, 1.6	9
Wait times for general services	1.2	1.3; 1.6; 1.5; 1.4	
Wait times for psychiatry	1.2	1.3; 1.6; 1.5; 1.4	
Wait times for ACT ( <i>from time referred for PA to time accepted</i> )	1.2	1.3a	
Wait times for IHBT/ICT	1.2	1.3; 1.6; 1.5; 1.4	
Utilization of mental health services	1.3	1.3a, 1.3b	
Effective Implementation of MRSS	1.2	1.2a, 1.3a, 1.4, 1.4c, 1.6	5
# of youth remaining in community	1.2	1.2a, 1.3a, 1.4, 1.4c, 1.6	5
Reduction in suicide deaths	1.2a	1.3; 1.4; 1.5; 1.6	
# of CIT officers trained	1.2b	1.6	
Reduction in pink slips	1.2b	1.2; 1.6	
Increase in utilization of targeted populations	1.2b	1.1; 1.2	
Sufficient and equitable access to services	1.3	1.3a, 1.3b	
Reduction in stigma around services	1.4a	1.1; 1.2	1
Residents are aware of services (awareness of ADM Board)	1.4b	1.1; 1.2	
Increase in positive perception of MH and SUD	1.4c	1.1; 1.2; 1.6	
Retention rates	1.5	1.1; 1.2; 1.6	
# of open positions	1.5	1.1; 1.2; 1.6	
Total # of training hours	1.5	1.1; 1.2; 1.6	
Total # of people trained	1.5	1.1; 1.2; 1.6	

## Deaths of Despair

Deaths of despair trends are assessed weekly at a minimum. Through a collaboration with the ADM Board, Summit County Public Health, and the Summit County Medical Examiner's Office, the Forensic Advantage Platform was purchased in May of 2018, affording ADM Board staff the ability to review and evaluate this data in real time.

Through the use of this data platform, the ADM Board is more capable of trending this information out to address demographics as applicable. This access will allow for data-informed decision making. Currently, the ADM Board's website offers a live data dashboard with overdose death information, and we plan to add a suicide death trends dashboard in the near future. The suicide deaths data dashboard can be found [here](#); the overdose death dashboard can be found [here](#).

**Figure 4. Suicide Death Trends (as of August 22, 2023), Summit County**

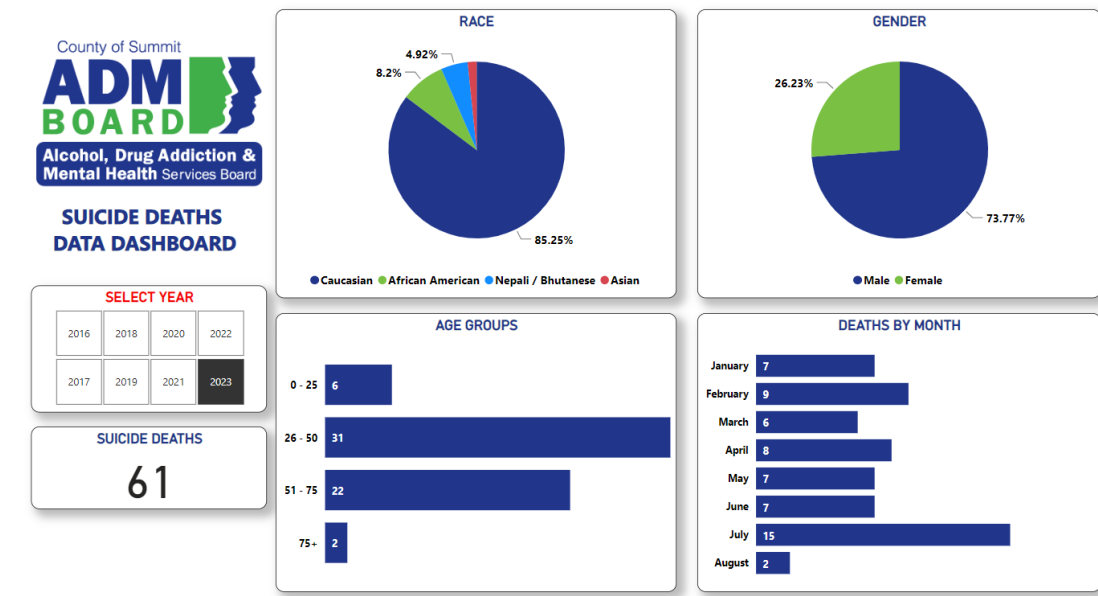
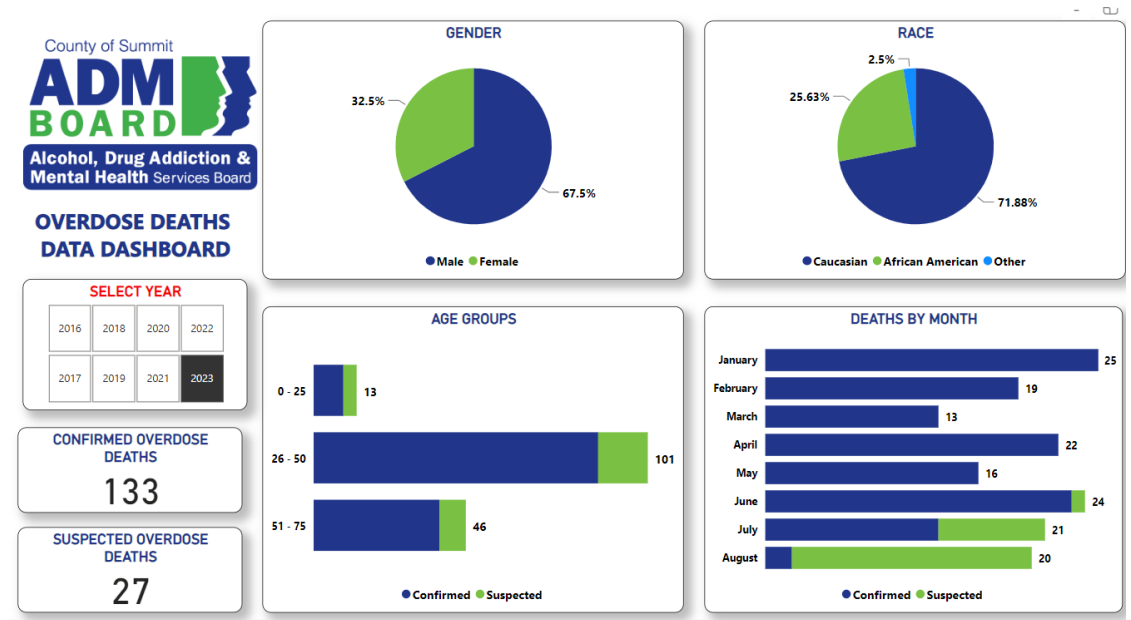


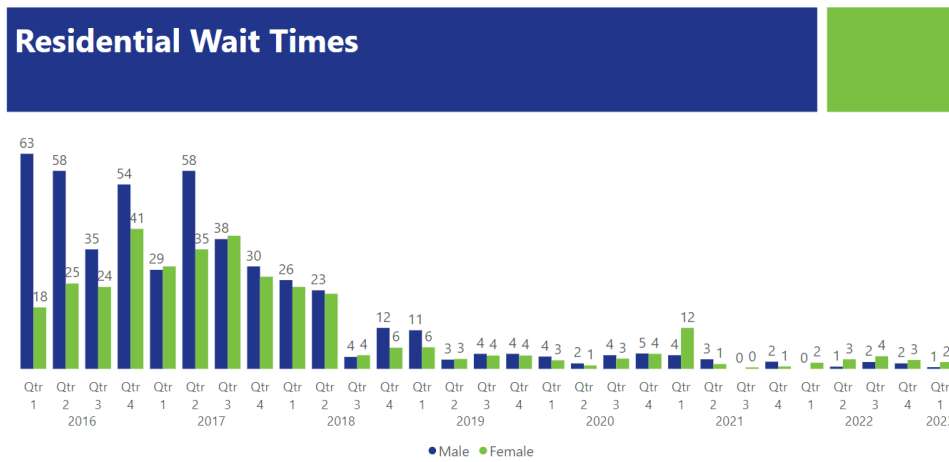
Figure 5. Overdose Death Trends (as of August 22, 2023), Summit County



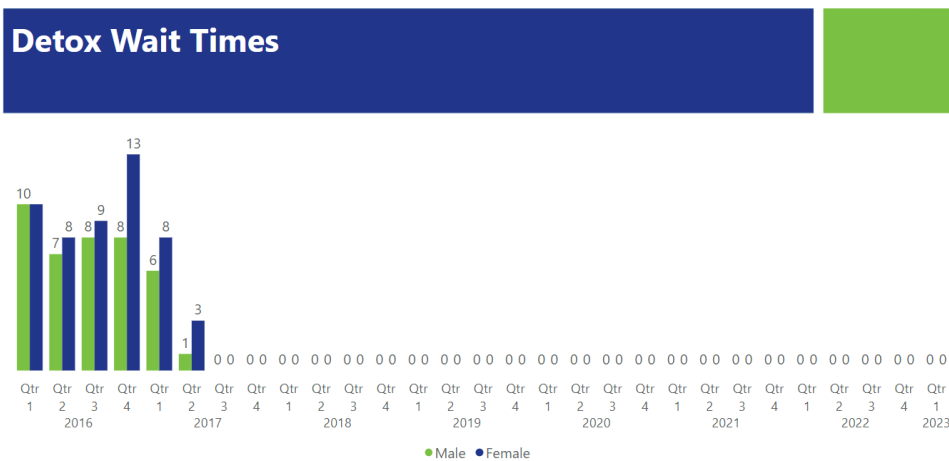
## Residential and Detox Wait Times

Figure 6 shows the decrease in SUD residential treatment wait times since 2016. Once individuals have been assessed to meet the American Society of Addiction Medicine (ASAM) level of care for SUD residential treatment, wait times are tracked for medical, psychiatric, and legal clearance for admission. Residential wait times are monitored on a bi-weekly basis as part of the Residential Access List and bi-weekly meeting. Figure 7 shows the detox wait times, which have remained 0 days since 2017.

**Figure 6. Residential Wait Times (as of July 19, 2023)**



**Figure 7. Detox Wait Times (as of July 19, 2023)**



## **General Services**

Access to general services is monitored on a quarterly basis at a minimum. Below are average wait times for three of our largest mental health agencies (see Figure 8). Starting in July 2023, the below information will also be provided by two additional agencies with the anticipation that this will continue to increase over the next several years.

In SFY23, benchmark for diagnostic assessment (DA) is under 12 days, and access to a prescriber benchmark is 15 days or 7 days if it is a post-psychiatric hospitalization.



**Figure 8. General Services and Prescriber Access**

Average length of time from Intake/DA to First Available (OFFERED)	Q1	Q2	Q3	Q4	YEAR END AVERAGES
System-wide Averages	12.45	8.362	4.164	6.91	7.97
<b>Actual Times</b>					
Average length of time from Intake/DA to First Available (ACTUAL)	Q1	Q2	Q3	Q4	YEAR END AVERAGES
System-wide Averages	18.34	11.39	5.12	5.00	9.96
<b>Referral to Appointment</b>					
Average length of time from date of referral to first available (OFFERED) appointment with prescriber	Q1	Q2	Q3	Q4	YEAR END AVERAGES
TOTAL AVERAGE	35.8	31.4	11.87	12.27	22.83
<b>System-wide Averages</b>					
Average length of time from date of referral to first ACTUAL appointment with prescriber	Q1	Q2	Q3	Q4	YEAR END AVERAGES
System-wide Averages	34.13	30.6	11.77	14	22.63
<b>Post Hospitalization</b>					
Average Wait Time- Post Hospitalization	Q1	Q2	Q3	Q4	YEAR END AVERAGES
TOTAL AVERAGE	5.5	5.13	6.2	6.23	5.77
<b>IHBT</b>					
Average wait times for IHBT	Q1	Q2	Q3	Q4	YEAR END AVERAGES
System-wide Averages	60.8	34.6	17.5	31.2	36.03
<b>MAT Services</b>					
Average Wait Times for MAT Services	Q1	Q2	Q3	Q4	YEAR END AVERAGES
System-wide Averages	1.2	1.9	2.2	1	1.78

*\*Offered V. Actual Times indicate the difference between an appointment initially available and specific client requests*

*\*\* Wait times are based off those agencies with Value-Based Purchasing (VBP) contracts*

## Youth Risk Behavior Survey

Every 5 years, the Youth Risk Behavior Survey (YRBS) is conducted. The survey results provide guidance to the ADM Board in community planning related to behavioral health services for children and adolescents for the next 5 years. Figure 9 below shows a summary of the results from the 2018 survey, which illustrates that 21 of the 25 indicators listed show either positive or statistically significant positive outcomes from the 2013 to 2018 surveys. The ADM Board is currently working with Summit County Public Health and Case Western Reserve University to plan and prepare for the Fall 2023 survey. The workgroup has added questions around adverse childhood experiences and updated language to some questions. Thirteen districts have confirmed participation to date. The ADM Board, in collaboration with Summit County Public Health and Case Western Reserve University, will continue to outreach schools.

**Figure 9. Youth Risk Behavior Survey Results, 2018**

<b>2018 YRBS Results</b>			
High School Indicators	2013	2018	Outcome Indicator
Current tobacco use	21.8%	27.6%	
Current alcohol use	30.3%	23.8%	
Ever tried marijuana	36.6%	32.2%	
Current marijuana use	21.1%	19.2%	
Ever used cocaine	5.8%	2.7%	
Ever used heroin	4.1%	1.6%	
Ever used methamphetamines	5.0%	1.8%	
Ever used hallucinogenic drugs	8.9%	5.0%	
Ever used steroids	4.7%	2.7%	
Ever used inhalants	8.4%	5.8%	
Ever used synthetic or designer drugs	8.0%	4.1%	
Ever used prescription pain medication	15.6%	6.4%	
Gambled in the 12 months prior to survey	24.4%	19.6%	
Ever had sexual intercourse	42.0%	35.7%	
Middle School Indicators	2013	2018	Outcome Indicator
Current tobacco use	7.0%	9.4%	
Current alcohol use	8.6%	5.9%	
Ever tried marijuana	9.7%	7.6%	
Current marijuana use	5.2%	3.7%	
Ever used heroin	1.4%	0.5%	
Ever used methamphetamines	1.5%	0.9%	
Ever used inhalants	6.9%	6.1%	
Ever used synthetic or designer drugs	2.3%	2.4%	
Ever used prescription pain medication	6.9%	5.1%	
Gambled in the 12 months prior to survey	19.4%	16.9%	
Ever had sexual intercourse	2.5%	6.1%	
Indicator Key	Negative Outcome	Positive Outcome	Statistically Significant Positive Outcome

## Mental Health Statistical Information Program

Every fall, ADM Board-funded providers participate in the Mental Health Statistical Improvement Program (MHSIP). The ADM Board updated the way the reports are viewed, which breaks down the questions by two domains: Perception of Care and Treatment Outcomes. Figure 10 shows the system-wide adult summary, and Figure 11 shows the overall system-wide youth summary. Although Summit County remains higher than the state on the overall score, all but one area showed a decrease over the previous year when viewing the adult scores. Youth scores show that 5 out of 7 sub-domains increased from the previous year. Youth/family participation in treatment planning and improved functioning were the two areas that decreased from the previous year.

Moving into SFY24, agencies engaging in value-based purchasing will be providing an action plan to address areas specific to their agency scores.

Figure 10. MHSIP Survey Results, 2022

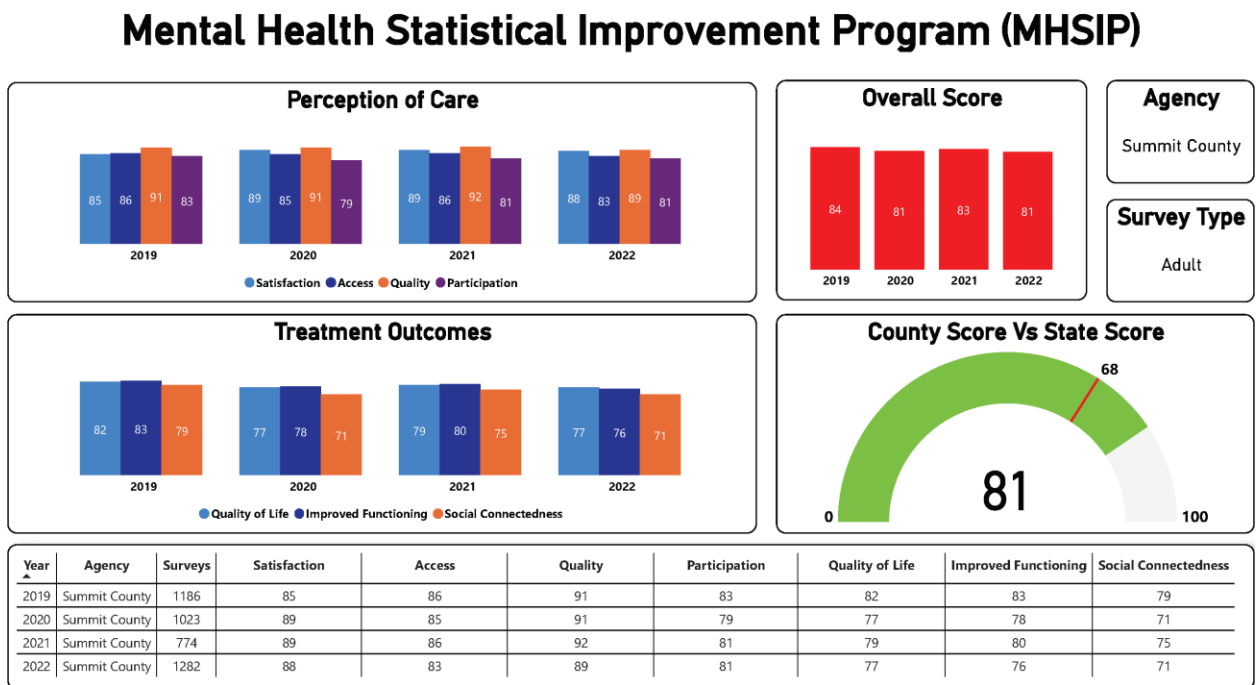
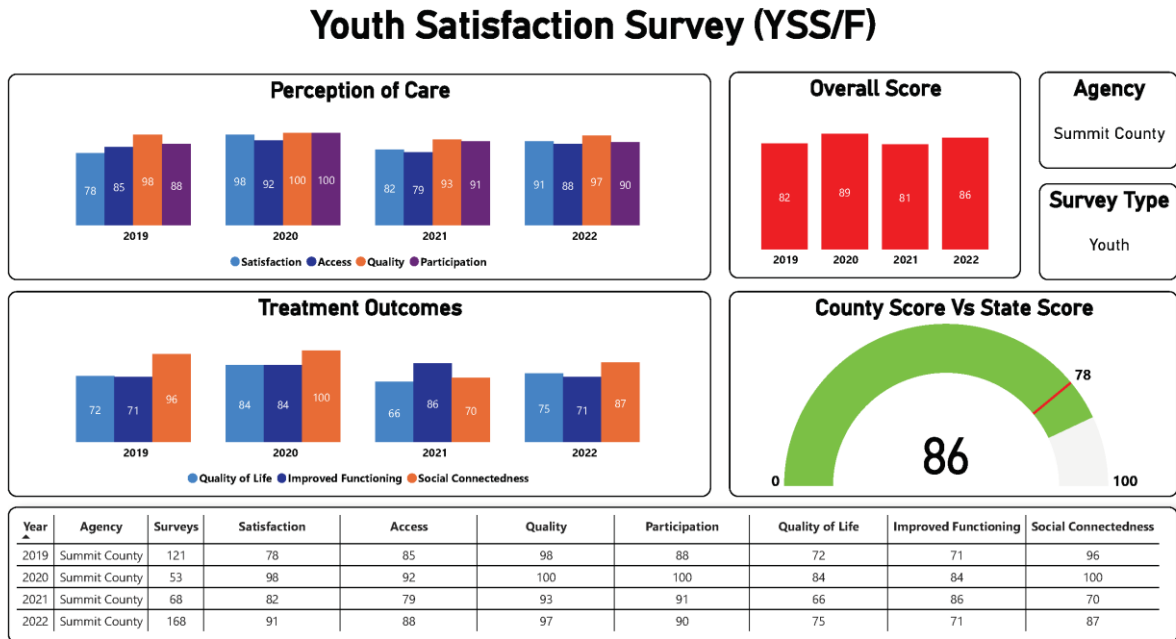


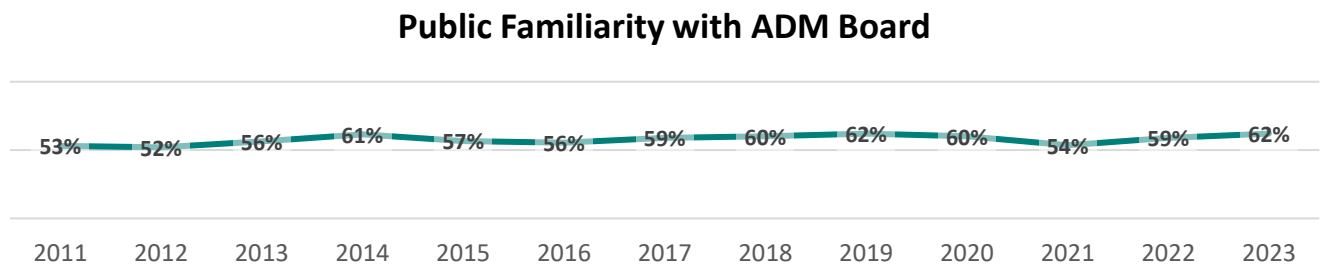
Figure 11. Youth Satisfaction Survey (YSS/F) Results, 2022



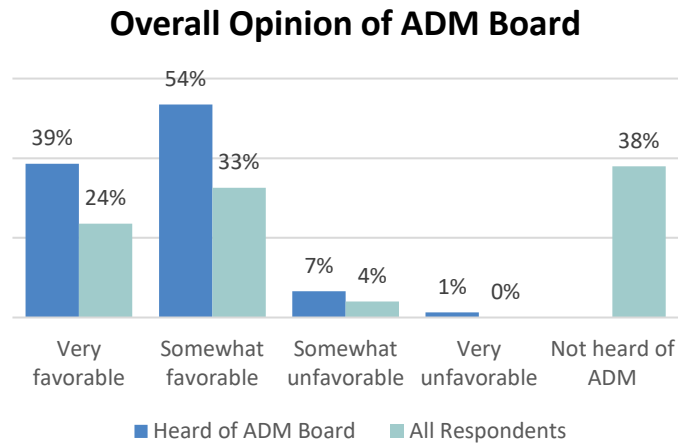
## CMOR Poll Results

The ADM Board has participated in a community-wide survey prepared by CMOR since 2009. Figures 12 and 13 below provide the most recent insights from the 2023 poll.

Figure 12. Agency Awareness, CMOR Survey Results, 2023



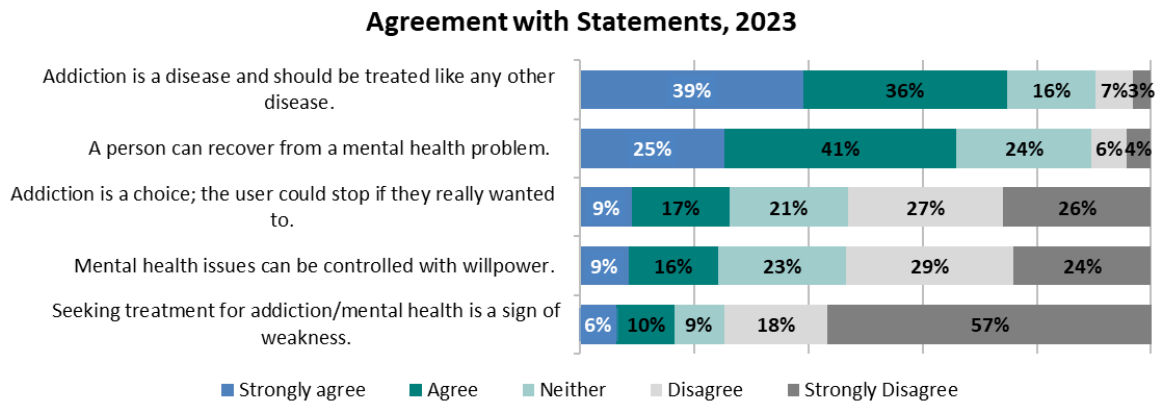
**Figure 13. Perception of ADM Board, CMOR Survey Results, 2023**



**Figure 14. Community Perception About Treatment, CMOR Survey Results, 2023**

Summary Tables: Perceptions						
		2019	2020	2021	2022	2023
Importance - access to mental health services	Very	74.9%	75.7%	75.3%	77.0%	78.5%
	Somewhat	22.5%	20.7%	21.5%	19.8%	19.7%
	Not at all	2.5%	3.6%	3.3%	3.2%	1.8%
Importance - access to addiction services	Very	74.4%	71.8%	76.5%	66.3%	75.0%
	Somewhat	21.1%	22.6%	19.8%	27.9%	21.1%
	Not at all	4.5%	5.5%	3.8%	5.8%	3.9%

**Figure 15. Community Perception of Mental Health & Addiction, CMOR Survey, 2023**

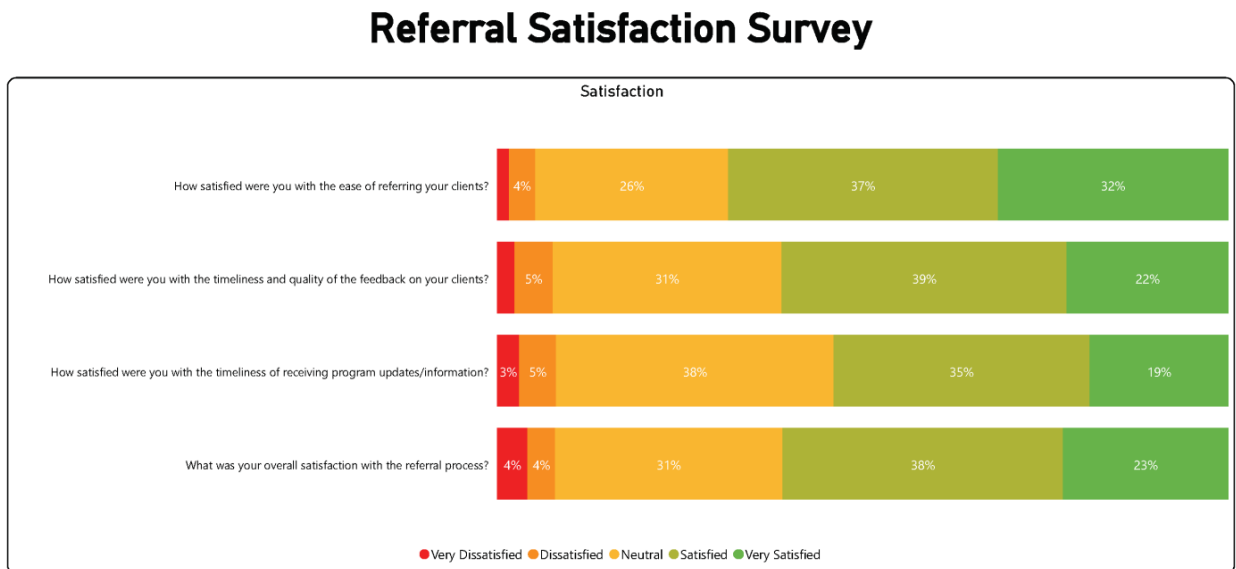


Overall, the survey continues to show that the ADM Board and its network of care has a positive reputation in our community, but it also showed areas where an increase in focused awareness and education would be a benefit.

### Referral Satisfaction Survey

The ADM Board conducts a survey of all partners that may provide referrals to our network of care. The results help the ADM Board and our provider network to provide continuous quality improvement efforts as they relate to the ease of getting individuals into care (see Figure 16). Overall, this 2022 survey indicates that our partners are satisfied with the referral process.

**Figure 16. Referral Satisfaction Survey, 2022**



## Crisis Hotline and Addiction Helpline Calls

The Summit County Crisis hotline showed an increase in calls when 988 went live in July 2022.

**Figure 17. Crisis Hotline Calls**

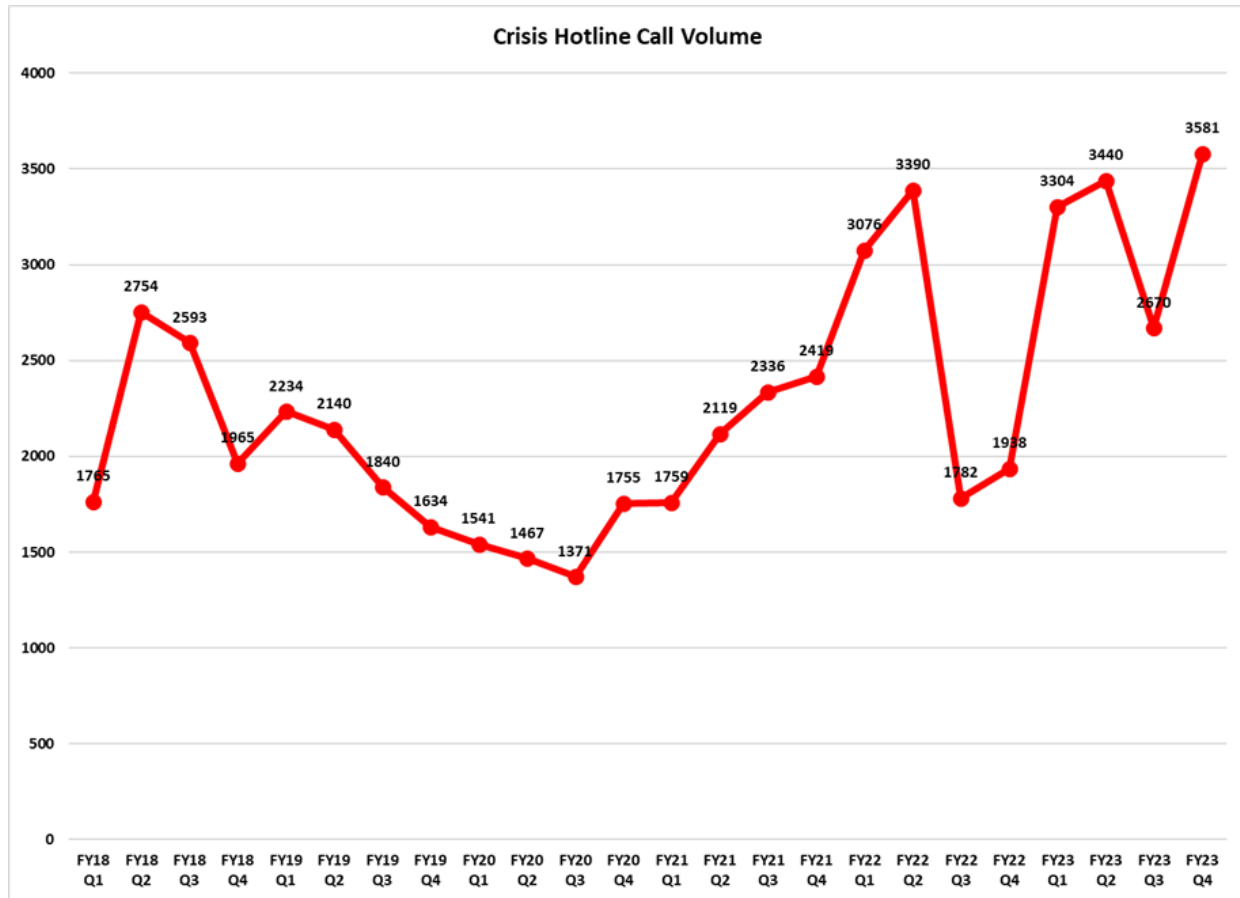
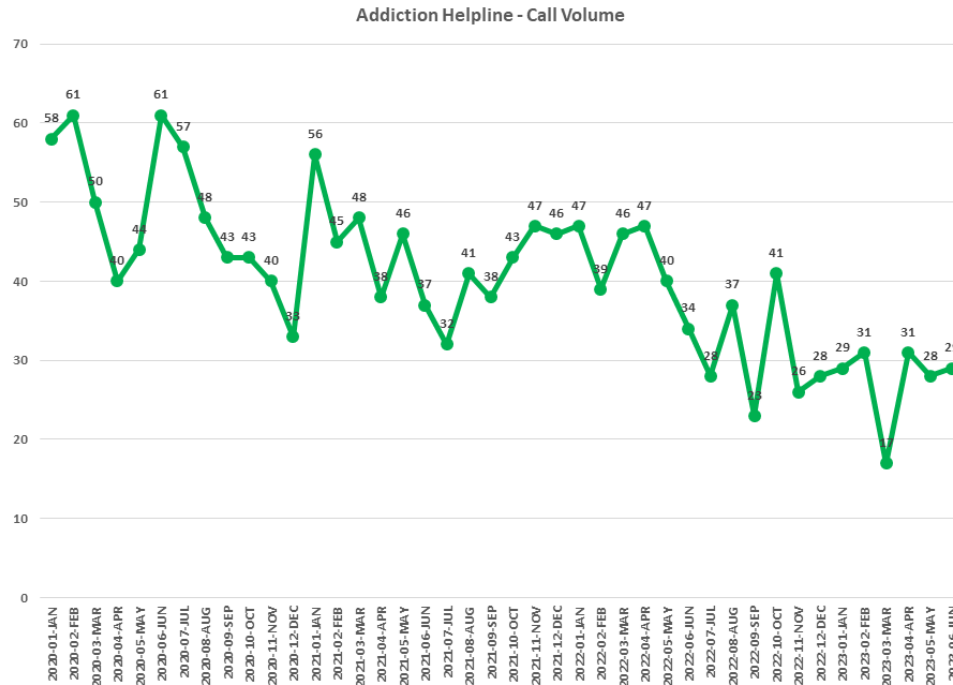


Figure 18 also shows a steady decrease in calls to the Addiction Helpline. With the continued rise of overdose deaths, the ADM Board is working to address this utilization trend as we know the need for the service is present in our community. Starting September 1, 2022, the line has been available 24/7, although no noticeable increases have been reported.

**Figure 18. Addiction Helpline Calls**





## Summit 2020 Objectives

Figure 19 below shows ADM Board-funded agencies' commitment to progressing the Summit 2020 Objectives as reported in their SFY24 Funding Applications. The ADM Board will work to transition providers to the Summit 2030 goals in the next contract cycle.

**Figure 19. Summit 2020 Objectives**

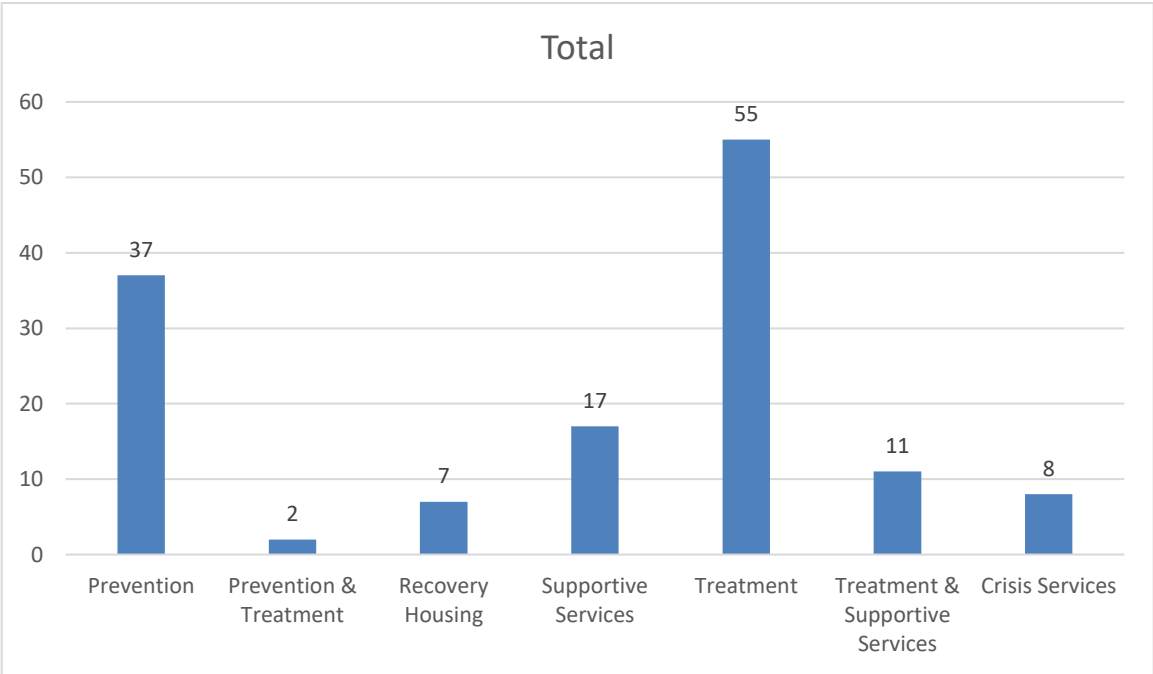
2020 SUMMIT GOALS		
Priority Indicator	Description	# of Agencies Working Towards Goal
Health Outcome 1	Morbidity – Percent saying they are in fair or poor health	16
Health Outcome 2	Mortality – Years of Potential Life Lost (YPLL) per 100,000 population	18
<b>Socioeconomic Conditions: Income</b>		
Indicator 1	Poverty Rate	15
Indicator 2	African American poverty rate	14
Indicator 3a	Percent of owner-occupied households paying 30% or more of their income for housing	6
Indicator 3b	Percent of renter-occupied households paying 30% or more of their income for housing	10
Indicator 4	Percent of households receiving food stamps/SNAP	12
<b>Socioeconomic Conditions: Education</b>		
Indicator 5	Educational attainment – percent with a 2-year or higher degree	10
Indicator 6	4-year high school graduation rate	17
Indicator 7	Percent of 3 <sup>rd</sup> graders scoring “advanced” or “accelerated” on the 3 <sup>rd</sup> grade reading proficiency test	6
<b>Socioeconomic Conditions: Employment</b>		
Indicator 8	Unemployment Rate	17
<b>Socioeconomic Conditions: Community Safety</b>		
Indicator 9	Violent crimes arrests per 100,000 population	13
Indicator 10	Children in need of protective services per 100,000 children	14
Indicator 11	Children who age out of foster care per 100,000 children	7
Indicator 12	Incidents of elder abuse/neglect/exploitation per 1,000 seniors	8
<b>Clinical Care: Access to Care</b>		
Indicator 13	Percent of persons aged 18-64 who have health insurance	14
Indicator 14	Percent of pregnant women receiving first trimester prenatal care	11
Indicator 15	Percent of children receiving immunizations by their second birthday	4
<b>Health Behaviors: Access to Care</b>		
Indicator 16	African American teen birth rate	5
Indicator 17	Percent of persons aged 18-64 with a BMI in the “obese” category	11

# SECTION V: FUNDED PROGRAMS

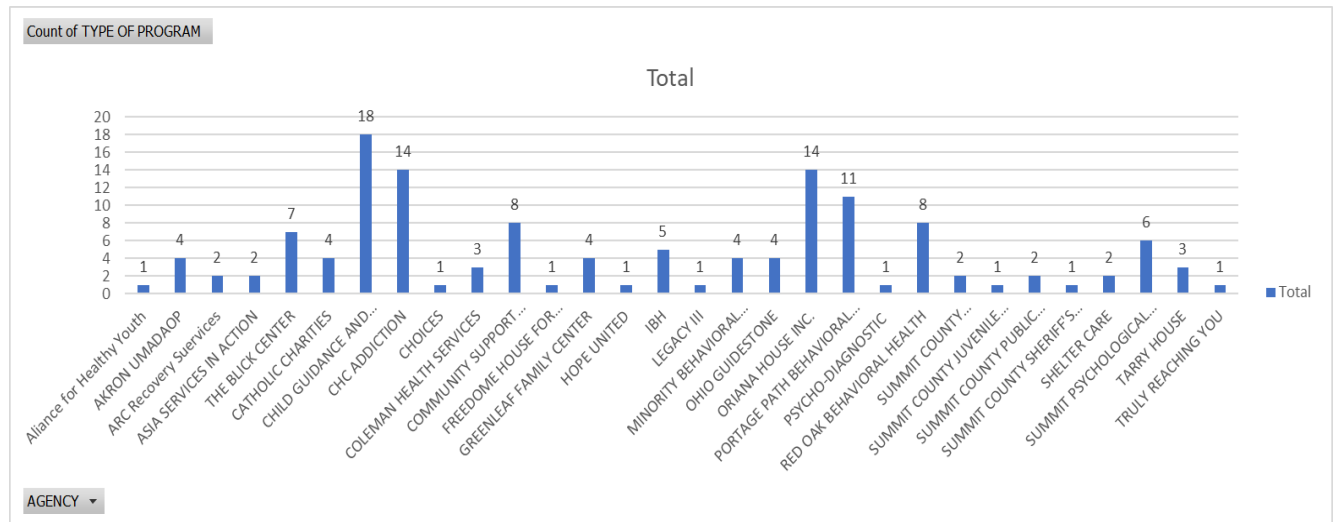
With 1 in 5 adults and 1 in 6 youth (ages 6–17) experiencing a mental health diagnosis in any given year, a full continuum of behavioral health services is crucial to a community. The ADM Board cannot do the work that has been accomplished without its network of care. As we move into SFY24, the ADM Board has funded 32 distinct organizations to support an effective continuum of care, which included prevention, treatment, and recovery support programs. Annually, the ADM Board releases a funding application for OhioMHAS-certified organizations to apply for funding.

Figures 20–25 below show the breakdown of type of services as well as number of services funded by each provider organization. Also, Figure 20 below provides a breakdown of mental health, addiction, or co-occurring disordered programs. As many of our provider agencies' current efforts are in alignment with evidence-based practices to conjointly treat both mental health and addiction needs simultaneously, our system is continuing to further efforts to offer co-occurring programming.

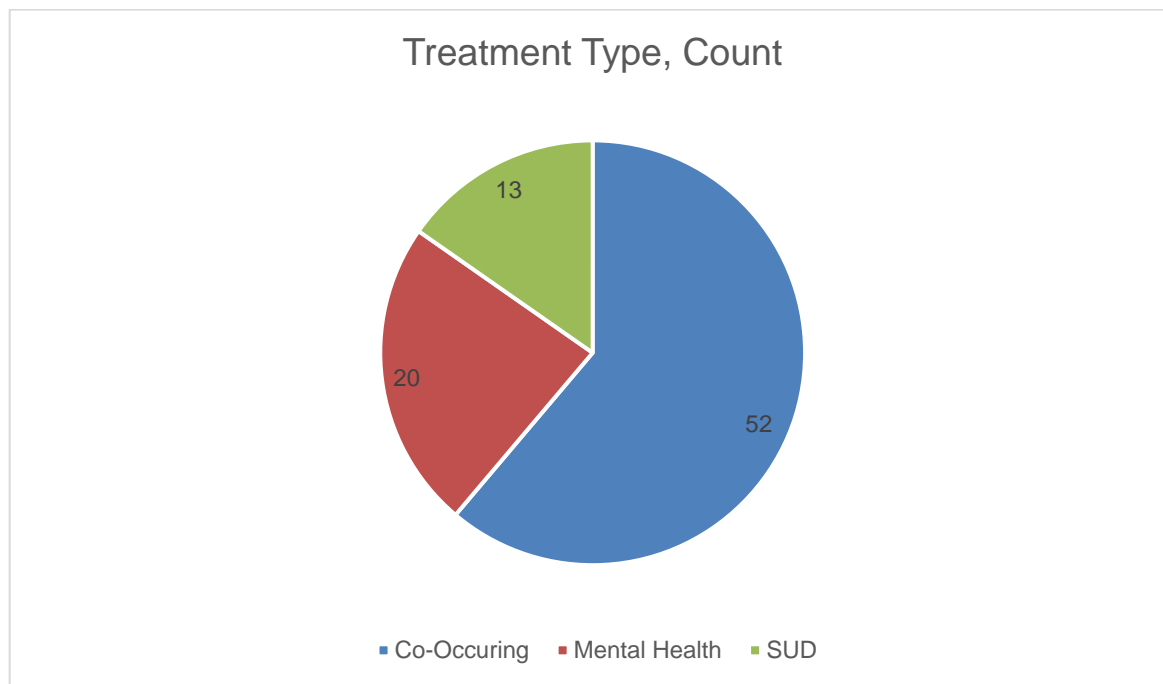
**Figure 20. Total of Funded Programs by Service Type**



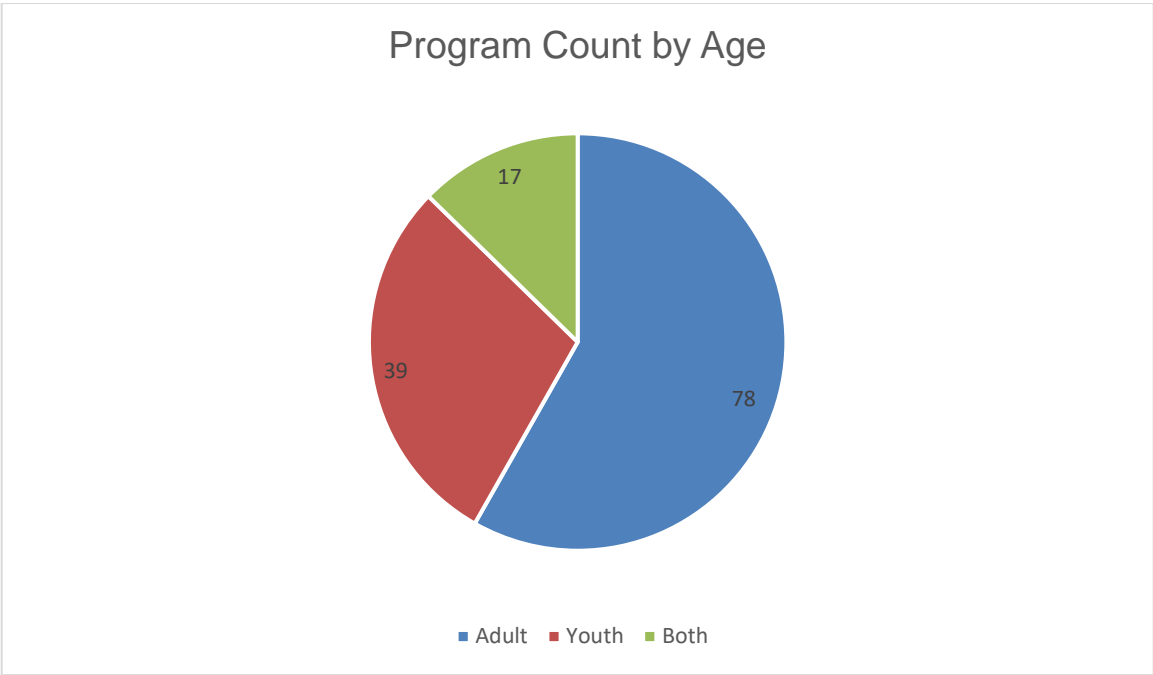
**Figure 21. Programs by ADM Board-Funded Agency**



**Figure 22. Treatment Type**



**Figure 23. Program by Target Age**



## SECTION VI: FINANCIALS

### Figure 24. Effective Millage History

For Levy Millage: 2.95

Levy Period: 2021 - 2026

❖ **Provide previous and present levy effective Millage changes:**

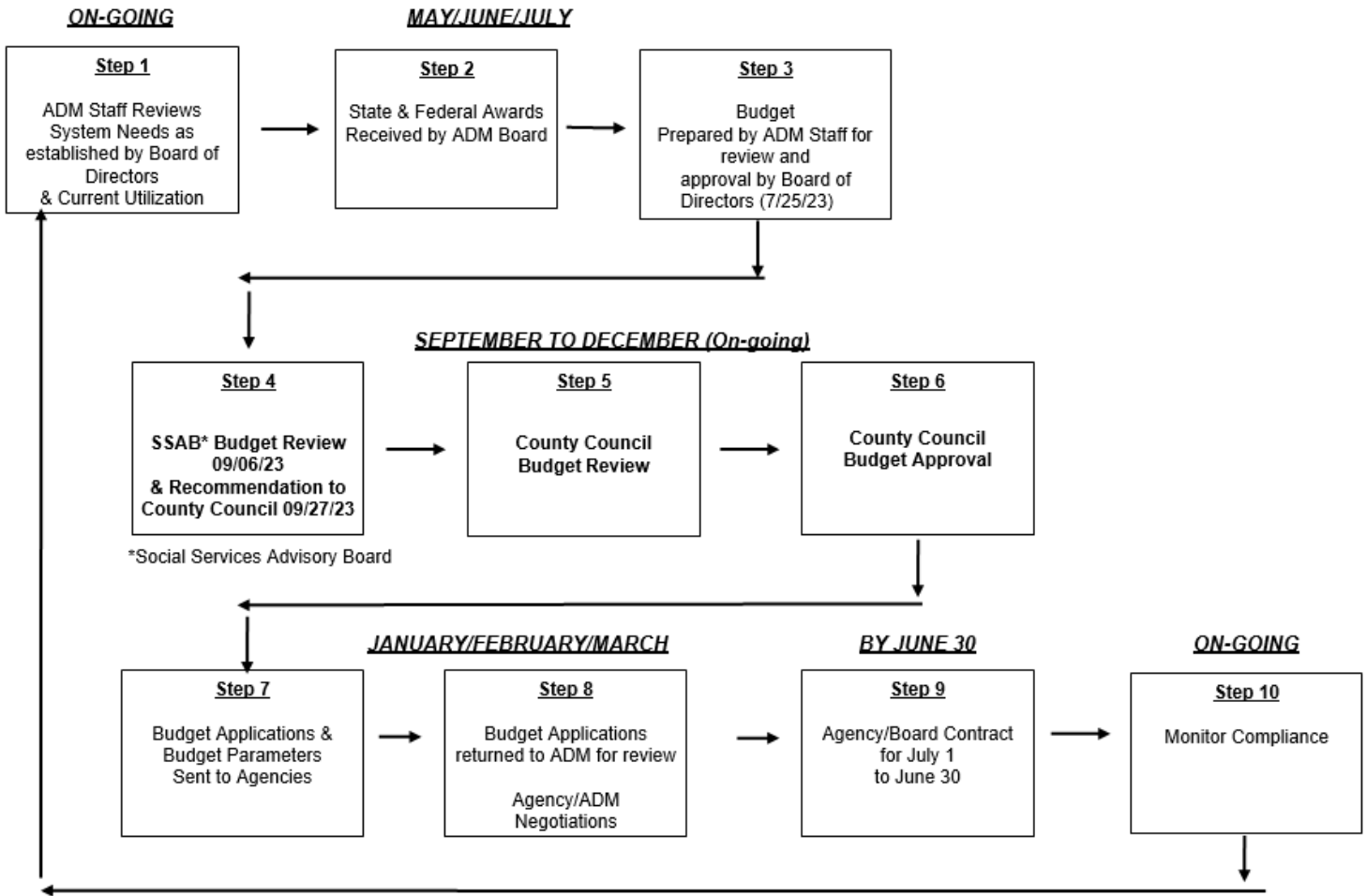
**Maximum Rate Authorized to be Levied: 2.95 mils**

	<b><u>Previous Effective Rate to be Levied</u></b>	<b><u>Present Effective Rate to be Levied</u></b>
	2015 2.95 mils	2024 2.95 mils
Residential / Agricultural	2.95	2.45
Commercial / Industrial	2.88	2.66

The voters passed a 2.95 mill renewal levy in November 2019.

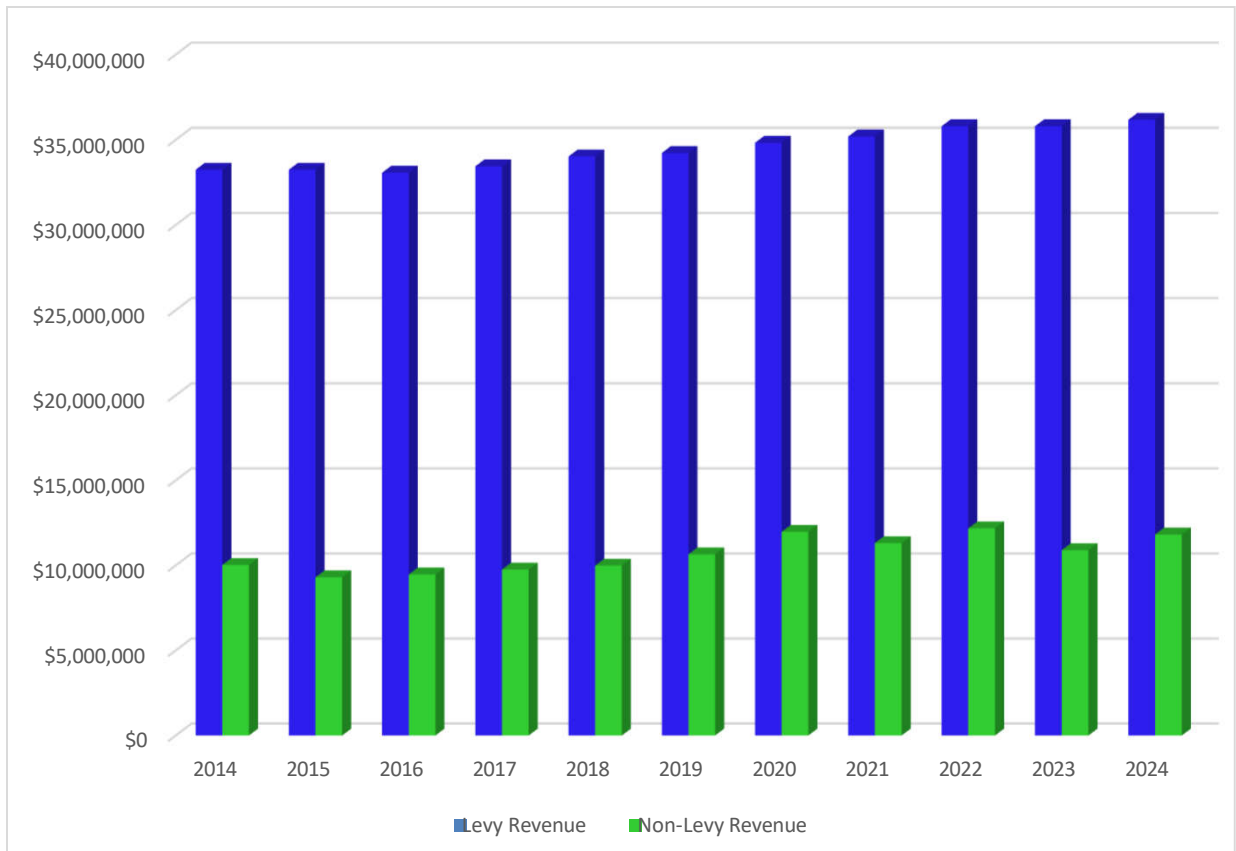
Figure 25. Budget Cycle

### Part V. Budget Cycle



Notations: State Department awards are on a State Fiscal Year – July 1 to June 30. ❖ ADM Board provider contracts are on a State Fiscal Year – July 1 to June 30.

**Figure 26. Levy v Non-levy 11-year History, 2014–2024**



Year	Levy Revenue	Percent of Total	Non-Levy Revenue	Percent of Total	Total Revenue
2014	\$33,244,865	77%	\$10,028,445	23%	\$43,273,310
2015	\$33,246,662	78%	\$9,303,078	22%	\$42,549,740
2016	\$33,069,583	78%	\$9,470,360	22%	\$42,539,943
2017	\$33,447,809	77%	\$9,758,227	23%	\$43,206,036
2018	\$34,026,075	77%	\$9,990,420	23%	\$44,016,495
2019	\$34,227,037	76%	\$10,653,769	24%	\$44,880,806
2020	\$34,826,687	74%	\$11,976,480	26%	\$46,803,167
2021	\$35,197,604	76%	\$11,313,869	24%	\$46,511,473
2022	\$35,779,909	76%	\$11,141,712	24%	\$46,921,621
2023	\$35,799,126	77%	\$10,898,102	23%	\$46,697,228
2024	\$36,179,260	75%	\$11,819,707	25%	\$47,998,967

### Figure 27. Financial Statement Revenues, 2024

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

#### Financial Statement - Revenues

Area	2021 Actual	2022 Actual	2023 Present Year Budget	YTD Actual as of 6/30/2023	2024 Proposed Budget	Dollar Increase (Decrease) Present to Proposed	Percentage Increase (Decrease) Present to Proposed
<b>Revenues</b>							
Levy	\$35,197,604	\$35,779,909	\$35,799,126	\$18,555,835	\$36,179,260	\$380,134	1%
Federal:							
ODADAS	\$0	\$0	\$0	\$0	\$0	\$0	0%
ODMH	0	0	0	0	0	0	0%
OhioMHAS	4,671,243	5,448,773	4,778,455	2,409,546	5,634,689	856,234	18% <b>A</b>
Medicaid	0	0	0	0	0	0	0%
Other	156,893	81,665	0	0	0	0	0%
Subtotal Federal	\$4,828,136	\$5,530,438	\$4,778,455	\$2,409,546	\$5,634,689	\$856,234	18%
State:							
ODADAS	\$0	\$0	\$0	\$0	\$0	\$0	0%
ODMH	0	0	0	0	0	0	0%
OhioMHAS	6,077,873	5,523,771	5,697,098	2,511,173	5,775,117	78,019	1%
Other:	312,379	71,890	50,158	56,943	30,408	-19,750	-39% <b>B</b>
Subtotal State	\$6,390,252	\$5,595,661	\$5,747,256	\$2,568,116	\$5,805,525	\$58,269	1%
Other Non-Levy	95,481	15,615	372,391	12,925	379,493	7,102	2%
ADM Permanent Improvement	0	0	0	1,832,199	0	0	0%
<b>Total Revenues</b>	<b>\$46,511,473</b>	<b>\$46,921,623</b>	<b>\$46,697,228</b>	<b>\$25,378,620</b>	<b>\$47,998,967</b>	<b>\$1,301,739</b>	<b>3%</b>

#### Section X: Changes from Present Year's Budget to Proposed Budget

Variance greater than 10% and \$10,000.

- A** OhioMHAS Federal: increase due to American Rescue Plan Act (ARPA) Crisis funding; Stimulant and Opiate (SOS) grant end date 09.29.2024
- B** Other State: decrease due in CIT expansion funding ending



## Figure 28. Financial Statement Expenditures, 2024

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

### Financial Statement - Expenditures

Area	2021 Actual	2022 Actual	2023 Present Year Budget	YTD Actual as of 6/30/2023	2024 Proposed Budget	Dollar Increase (Decrease) Present to Proposed	Percentage Increase (Decrease) Present to Proposed
<b>Expenditures</b>							
Board Administration:							
Salaries	\$1,692,561	\$1,804,402	\$1,978,142	\$942,572	\$2,185,967	\$207,825	11%
Fringe Benefits	505,314	528,347	624,623	273,563	669,839	45,216	7%
Professional Services	33,954	30,880	33,500	14,815	33,500	0	0%
Supplies	7,948	16,679	39,358	14,976	59,424	20,066	51%
Travel	123,424	80,852	133,456	51,693	147,896	14,440	11%
Insurance	53,425	78,014	60,729	21,984	62,469	1,740	3%
Telephone	2,382	6,268	10,182	4,529	10,182	0	0%
Rentals	95,458	96,739	94,984	48,327	97,792	2,808	3%
Advertising/Printing	2,195	4,709	7,500	5,743	7,500	0	0%
Other Expenses	2,082	2,249	4,655	1,097	4,695	40	1%
Equipment	20,396	42,810	51,500	8,083	48,000	-3,500	-7%
Contract	0	0	0	25,163	43,000	43,000	100%
<b>Total Board Administration</b>	<b>\$2,539,136</b>	<b>\$2,691,949</b>	<b>\$3,038,629</b>	<b>\$1,412,545</b>	<b>\$3,370,264</b>	<b>\$331,635</b>	<b>11%</b>
Operational Accounts:							
Mental Health Non-Medicaid	\$19,069,942	\$16,242,412	\$21,855,107	\$7,503,072	\$21,085,899	-\$769,208	-4%
Alcohol Drug Non-Medicaid	7,163,317	8,651,936	10,284,326	4,375,965	9,481,392	-802,934	-8%
Other	11,627,380	11,809,045	17,597,838	7,195,529	20,179,569	2,581,731	15%
<b>Total Operational Accounts</b>	<b>\$37,860,639</b>	<b>\$36,703,393</b>	<b>\$49,737,271</b>	<b>\$19,074,566</b>	<b>\$50,746,860</b>	<b>\$1,009,589</b>	<b>2%</b>
<b>Total Expenditures</b>	<b>\$40,399,775</b>	<b>\$39,395,342</b>	<b>\$52,775,900</b>	<b>\$20,487,111</b>	<b>\$54,117,124</b>	<b>\$1,341,224</b>	<b>3%</b>
Capital Improvements	0	0	0	0	0	0	0%
<b>Grand Total</b>	<b>\$40,399,775</b>	<b>\$39,395,342</b>	<b>\$52,775,900</b>	<b>\$20,487,111</b>	<b>\$54,117,124</b>	<b>\$1,341,224</b>	<b>3%</b>

A.  
B.  
C.  
D.  
E.  
F.

### Section X: Changes from Present Year's Budget to Proposed Budget

Variance greater than 10% and \$10,000.

- A. ADM staff planned increases, pay for performance and adjustments for benefit plan enrollments, new position
- B. Computer supplies, software to streamline processes
- C. Additional ADM Board Prerogatives and Employee Tuition Reimbursement.
- D. Administrative contract service added for information technology consultation, cloud storage, legal consultation
- E. Mental Health and Alcohol Drug Non-Medicaid service expenditures decrease to reflect current billing trends for existing contract providers
- F. Other expenditures increase for expanded priority spending including crisis services and infrastructure; increases for value based purchasing for existing contract providers

## Figure 29. Proposed Budget and Levy Plan Reconciliation, 2024

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

### Reconciliation of Proposed Budget with Levy Plan

	2024 Levy Plan	2024 Budget Proposal	Difference Over/(Under)	Percentage Increase/ (Decrease)	Footnote
<b>Revenues</b>					
Levy	\$34,043,830	\$36,179,260	\$2,135,430	6%	A
Federal:					
OhioMHAS	3,772,291	5,634,689	1,862,398	49%	B
Other	0	0	0	0%	
Subtotal Federal	\$3,772,291	\$5,634,689	\$1,862,398	49%	
State:					
OhioMHAS	5,168,440	5,775,117	606,677	12%	
Other	388,750	30,408	-358,342	-92%	C
Subtotal State	\$5,557,190	\$5,805,525	\$248,335	4%	
Other Non-Levy	151,940	379,493	227,553	150%	D
Total Revenue	\$43,525,251	\$47,998,967	\$4,473,716	10%	
<b>Operating Expenditures</b>					
Board Administration:					
1. Salaries & Fringe	\$2,754,957	\$2,855,806	\$100,849	4%	
2. Other Administrative	446,603	514,457	67,854	15%	
Total Board Administration	\$3,201,560	\$3,370,263	\$168,703	5%	
Operational Accounts:					
1. Provider Non-Medicaid	\$31,595,114	\$30,567,291	-\$1,027,823	-3%	E
2. Other Contracts/Allocations	11,260,960	20,179,569	8,918,609	79%	F
Total Operational Accounts	\$42,856,074	\$50,746,860	\$7,890,786	18%	
Total Expenditures	\$46,057,634	\$54,117,123	\$8,059,489	17%	
Capital Improvements	0	0	0	0%	
Grand Total	\$46,057,634	\$54,117,123	\$8,059,489	17%	

#### Foot Notes

##### Revenues:

- A Most recent certificate from SC Fiscal Office (February 6, 2023)
- B Federal State Stimulant/Opioid Response (SOS/SOR) grant funds were continued, American Rescue Plan Act (ARPA) Crisis funding
- C State Department of Youth Services' Behavioral Health Grant; moved to Summit County Juvenile Court for fiscal administration. This was a state-wide change.
- D Other non-levy revenue increased for recent levy collection trends

##### Expenditures:

- E Provider behavioral health contracts adjusted for actual billing trends.  
Increase for additions to value based purchasing contracts, grant program expansion and incorporation of expenditures for new priority areas: crisis services and
- F infrastructure, special populations (older adults, migrants, LGBTQ+, etc.), system infrastructure, access initiatives, pilot programming sustainability and wellness.

**Figure 30. Cash Balance Forecast Carryover**



Present Levy Period Budget Projection & Carryover

	CURRENT LEVY CYCLE - Renewal of 2.95 Mill Operating Levy										
	2020 Actual	2021 Actual	2022 Actual	2023 Budget	2023 Projected	2024 Budget	2025 Projection	2026 Projection	2027 Projection	2028 Projection	2029 Projection
Beginning Cash Balance	\$ 48,201,733	\$ 54,021,761	\$ 60,133,459	\$ 67,659,738	\$ 67,659,738	\$ 69,356,226	\$ 63,238,070	\$ 54,774,848	\$ 49,086,121	\$ 46,822,880	\$ 44,548,755
<b>Revenue Receipts</b>											
FEDERAL											
	\$ 4,295,802	\$ 4,671,243	\$ 5,448,773	\$ 4,778,455	\$ 4,778,455	\$ 5,634,689	\$ 4,523,455	\$ 4,523,455	\$ 4,523,455	\$ 4,523,455	\$ 4,523,455
1. OhioMHAS	4,295,802	4,671,243	5,448,773	4,778,455	4,778,455	5,634,689	4,523,455	4,523,455	4,523,455	4,523,455	4,523,455
Subtotal OhioMHAS	245,775	156,893	81,665	-	-	-	-	-	-	-	-
2. Other Federal	\$ 4,541,577	\$ 4,828,136	\$ 5,530,438	\$ 4,778,455	\$ 4,778,455	\$ 5,634,689	\$ 4,523,455	\$ 4,523,455	\$ 4,523,455	\$ 4,523,455	\$ 4,523,455
Subtotal Federal	6,641,334	6,077,873	5,523,771	5,697,098	5,697,098	5,775,117	5,775,117	5,775,117	5,775,117	5,775,117	5,775,117
STATE	\$ 6,641,334	\$ 6,077,873	\$ 5,523,771	\$ 5,697,098	\$ 5,697,098	\$ 5,775,117	\$ 5,775,117	\$ 5,775,117	\$ 5,775,117	\$ 5,775,117	\$ 5,775,117
1. OhioMHAS	416,758	312,379	71,890	50,158	30,408	30,408	30,408	30,408	30,408	30,408	30,408
Subtotal OhioMHAS	\$ 7,058,092	\$ 6,390,252	\$ 5,595,661	\$ 5,747,256	\$ 5,727,506	\$ 5,805,525	\$ 5,805,525	\$ 5,805,525	\$ 5,805,525	\$ 5,805,525	\$ 5,805,525
2. Other State	376,811	95,481	15,615	372,391	379,493	379,493	379,587	383,239	386,927	386,927	386,927
Subtotal State	\$ 34,826,687	\$ 35,197,604	\$ 35,779,909	\$ 35,799,126	\$ 36,179,260	\$ 36,179,260	\$ 36,179,260	\$ 36,179,260	\$ 36,179,260	\$ 36,179,260	\$ 36,179,260
Local (Non-Levy)	\$ 46,803,167	\$ 46,511,473	\$ 46,921,621	\$ 46,697,228	\$ 47,064,714	\$ 47,998,967	\$ 46,887,827	\$ 46,891,479	\$ 46,895,167	\$ 46,895,167	\$ 46,895,167
Operating Levy	\$ 27,822,094	\$ 26,233,259	\$ 24,894,348	\$ 32,139,433	\$ 29,224,050	\$ 30,567,291	\$ 30,720,127	\$ 30,873,728	\$ 31,028,097	\$ 31,183,237	\$ 31,339,153
Agency - Non-Medicaid	10,571,322	11,627,390	11,809,045	17,597,838	13,319,085	20,179,569	21,111,569	18,043,367	14,317,569	14,017,569	13,383,367
Other contracts and allocations	296,222	341,262	359,199	434,864	392,820	514,457	535,035	556,437	578,694	601,842	625,916
Other Administration	2,293,502	2,197,874	2,332,750	2,603,765	2,432,271	2,855,806	2,984,317	3,106,674	3,234,048	3,366,644	3,504,676
Salary and Fringe	-	-	-	-	-	-	-	-	-	-	-
Transfer Out - Permanent Improvement F	-	-	-	-	-	-	-	-	-	-	-
Total Expenditures	\$ 40,983,140	\$ 40,399,775	\$ 39,395,342	\$ 52,775,900	\$ 45,368,226	\$ 54,117,123	\$ 55,351,049	\$ 52,580,206	\$ 49,158,408	\$ 49,169,292	\$ 48,853,112
Projected Revenue Over/(Under Expenditures)	\$ 5,820,028	\$ 6,111,698	\$ 7,526,279	\$ (6,078,672)	\$ 1,696,488	\$ (6,118,156)	\$ (8,463,222)	\$ (5,688,727)	\$ (2,263,241)	\$ (2,274,125)	\$ (1,957,945)
Ending Operating Cash Balance	\$ 54,021,761	\$ 60,133,459	\$ 67,659,738	\$ 61,581,066	\$ 69,356,226	\$ 63,238,070	\$ 54,774,848	\$ 49,086,121	\$ 46,822,880	\$ 44,548,755	\$ 42,590,810
Months of Operating Cash on Hand	15.8	17.9	20.6	14.0	18.3	14.0	11.9	11.2	11.4	10.9	10.5

ADM Permanent Improvement Fund	\$ -	\$ -	\$ -	\$ 1,928,606	\$ 1,832,199	\$ 1,832,199	\$ 1,007,709	\$ 1,007,709	\$ 1,007,709	\$ 1,007,709	\$ 1,007,709
Total Cash (Operating + Improvement)	\$ 54,021,761	\$ 60,133,459	\$ 67,659,738	\$ 63,509,672	\$ 71,188,425	\$ 65,070,269	\$ 55,782,558	\$ 50,093,830	\$ 47,830,590	\$ 45,556,465	\$ 43,598,519

This financial forecast presents to the best of management's knowledge and belief, the ADM Board's expected results of operations for the forecast period. Accordingly, the forecast reflects management's judgment as of 07/06/2023, the date of the forecast of the expected conditions and its expected course of action. There will usually be differences between forecasted and actual results because events and circumstances frequently do not occur as expected and those differences may be material.

The 2023 Projected column was added to highlight the possible transaction totals for 2023 and possible effect on cash in the fund balance. **An aggressive spending plan has been formulated for years 2023 through 2027.**

\*2027 budget numbers are beyond the current levy cycle and reflect estimated 2026 collections.  
 \*2028 and 2029 budget numbers are beyond the current levy cycle and assume passage of the next levy (used estimated 2026 collections).

**Revenue Assumptions:**

Federal and State funding was adjusted based on preliminary beginning in 2021.  
 Levy projected collections received

**Expenditure Assumptions:**

National Health Care began in 2014. State of Ohio provided Medicaid expansion began 1/1/2014.  
 Behavioral Health expenditures will range from \$26.2M to \$30.8M throughout the levy cycle: 2021 - 2026; \$31M to \$31.3M for 2027 - 2029.  
 Other contracts and allocations will range between \$11.6M and \$18M in throughout the levy cycle which accommodates additional system investments.  
 Other Administration is projected to increase by 4% annually over the levy cycle.

by ADM from the County of Summit's Salary and Fringe is projected to increase by 4.1% annually over the levy cycle. This encompasses wage and fringe benefit increases.

## **APPENDIX: TABLE OF ORGANIZATION**

County of Summit  
**ADM BOARD** Alcohol, Drug Addiction & Mental Health Services Board  
ADM Board Table of Organization – January 2024

