
# 2025 SSAB Report

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## SECTION ONE. MESSAGE FROM EXECUTIVE DIRECTOR

The last year has been filled with the planning and achieving of milestones at the County of Summit ADM Board, which have served to highlight the ADM Board's community responsiveness, partnerships, and forward-thinking focus. In fact, as of the writing of this report, the ADM Board's Board of Directors is leading a community engagement process that will help identify and inform the Board if there needs to be any adjustment to the strategic policies set for the agency. This process has included individual interviews as well as focus groups and surveys with agency directors, local officials, community partners, and people with lived experience.

The ADM Board also completed a system workforce consultation that engaged contract agency leadership and staff very intentionally to build consensus around the ADM Board's role and the ways in which we can effectively support our network of partners in innovative and sustainable ways: such as investing in the talent pipeline, effective use of technology, professional development and regional wage analysis for our field.

These activities help chart a strategic and feedback informed path forward for meaningful investments in the future.

Major accomplishments in our system this past year included:

- In October 2023, we hosted the ADM Board's first annual Trailblazer Awards dinner with approximately 350 attendees where we celebrated hope and recovery; here we also unveiled the new ADM Board logo and rebranding.
- In March 2024, the ADM Board launched Summit County Outreach (SCOUT) in partnership with the City of Akron and Portage Path Behavioral Health (PPBH). Through this partnership, the ADM Board funded the vehicle and counselor, provided by PPBH, who works alongside Akron Fire and Akron Police to respond to mental health crisis calls. By June 30, SCOUT had responded to 371 calls and completed 74 transports, either to Psychiatric Emergency Services or a local hospital.
- Within state fiscal year 2024, the ADM Board trained 85 emergency personnel, bringing the total number of Summit County EMS trained in CIT to 1,252 in 54 classes.
- On June 8, 2024, the ADM Board hosted the 11th Annual Recovery Challenge 5k in support of the ADM Board Support Committee's levy efforts. Seventy-eight walkers, 126 runners, 49 volunteers, 6 virtual runners, and countless friends and family gathered on the grounds of IBH Addiction Recovery to honor the many pathways to recovery.
- The ADM Board's largest undertaking over the past year has been the on-going evaluation of our crisis system of care with plans to ensure that we have the full continuum and work to fill gaps identified. Outlined in the Appendix is an overview of Ohio's ideal crisis center with references to how the ADM Board looks to integrate Ohio's plan into Summit County. Additionally, further information on capital projects currently underway may be found in the Appendix.
- Opening of the THRIVE House, which is transitional housing for individuals exiting the jail who are unhoused and identified as struggling with mental and/or substance use disorders.

These examples demonstrate the ADM Board’s commitment to serving the needs of Summit County residents, ensuring they have access to the behavioral health services they need while also dedicating time and resources to outreach, training, and destigmatizing receiving support.

As the ADM Board moves forward into the 2025 cycle, we look forward to working alongside our community partners and agencies to enhance our ability to meet our residents where they need us most.

## SECTION TWO. OUTCOME STATEMENTS AND OUTCOMES

In December 2021, the Summit County ADM Board's Board of Directors revised the agency's Global Ends, which broadly defines its expectations about the intended effects to be produced, the intended recipients of those effects, and the intended worth. The Global Ends reporting dashboard monitored by ADM's Board of Directors may be found here. (NOTE: As the ADM Board streamlines data, data from previous SSAB reports can be accessed via this link as the data is being tracked over time). Data relating to each of the Global End policies, including wait times for services, overdoses, suicides, client satisfaction survey results, and related funding awards, may be available.

The ADM Board's Board of Directors reviews the Global Ends at least a 3-4 years to ensure they are meeting current needs and embarked on a process in April 2024 to solicit stakeholder feedback through consultant-facilitated individual interviews, focus groups and surveys. This process will culminate in Fall 2024.

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 Community Assessment and Plan (CAP) was an assessment phase along with identified priorities for boards to establish goals and objectives in priority areas identified by the state. Goals identified in the CAP will provide direction, along with the Global Ends, to the work the ADM Board does moving forward. Figure 1 shows the crosswalk between the Global Ends and CAP. The most recent CAP as well as the annual CAP progress report are available for further review. Monitoring of the CAP can be viewed through the abovementioned dashboard as they align with our overall Global Ends.

Figure 1. Global Ends and CAP Crosswalk

| GOAL | PRIMARY Global Ends Alignment | SECONDARY Global Ends Alignment | CAP Alignment |
|---|---|---|---|
| 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 (from time referred for PA to time accepted) | 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 | |

## Summit 2030 Objectives

Figure 2 below shows ADM Board-funded agencies' commitment to progressing the Summit 2030 Objectives as reported in their SFY25 Funding Applications.

Figure 2. The Summit 2030 Objectives within the ADM Board's Provider Network

| Priority Indicator | Description | Total # of Agencies |
|---|---|---|
| Health Outcome 1 | Morbidity: Percent saying they are in fair or poor health | 17 |
| Health Outcome 2 | Mortality: Years of Potential Life Lost (YPLL) per 100,000 population | 17 |
| **I. Economic Stability and Prosperity** | | |
| Indicator 1 | Poverty rate* | 17 |
| Indicator 2 | African American poverty rate* | 13 |
| Indicator 3 | Unemployment rate | 18 |
| Indicator 4 | Percent of persons age 25+ with a 2-year or greater degree | 10 |
| Indicator 5 | Public high school longitudinal graduation rate | 14 |
| Indicator 6 | Percent of 3rd graders scoring "proficient" or above on the 3rd grade reading test | 8 |
| Indicator 7 | Percent of households paying more than 30% of income on housing | 11 |
| Indicator 8 | Violent crime arrest rate per 100,000 | 12 |
| **II. Early Childhood **** | | |
| Indicator 9 | Percent of children receiving immunizations by their second birthdays | 5 |
| Indicator 10 | Number of Children in need of Protective Services (CHIPS) per 1,000 children | 10 |
| Indicator 11 | Number of children who age out of foster care per 1,000 | 7 |
| **III. Older Adults** | | |
| Indicator 12 | Elder abuse, neglect, self-neglect, or exploitation referrals per 1,000 seniors | 7 |
| **IV. Health and Health Disparities** | | |
| Indicator 13 | Percent of pregnant women receiving first trimester prenatal care | 14 |
| Indicator 14 | African American teen birth rate | 6 |
| Indicator 15 | Percent of persons age 18-64 who have health insurance | 14 |
| Indicator 16 | Percent of persons age 18-64 who say they are in fair or poor health | 15 |
| Indicator 17 | Percent of persons age 18-64 with a BMI in the "obese" category | 13 |
| Indicator 18 | Years of potential life lost | 13 |
| **V. Government Efficiency and Effectiveness** | | |
| Indicator 19 | Percent of ADM financial condition indicators showing "warning trends" | 9 |
| Indicator 20 | Percent of DD Board financial condition indicators showing "warning trends" | 5 |
| Indicator 21 | Percent of SCCS financial condition indicators showing "warning trends" | 5 |

## SECTION THREE. 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 Circle of Hope. Annually, the ADM Board releases a funding application to identified agencies to apply for funding. For the SFY25 funding cycle, the ADM Board has funded 31 distinct agencies and 153 programs to support an effective continuum of care, which includes prevention, treatment, and supportive services programs.

Figures 3 and 4 below show the breakdown of type of services as well as number of services funded by each provider organizations.

Figure 3. Number of Programs by Agency

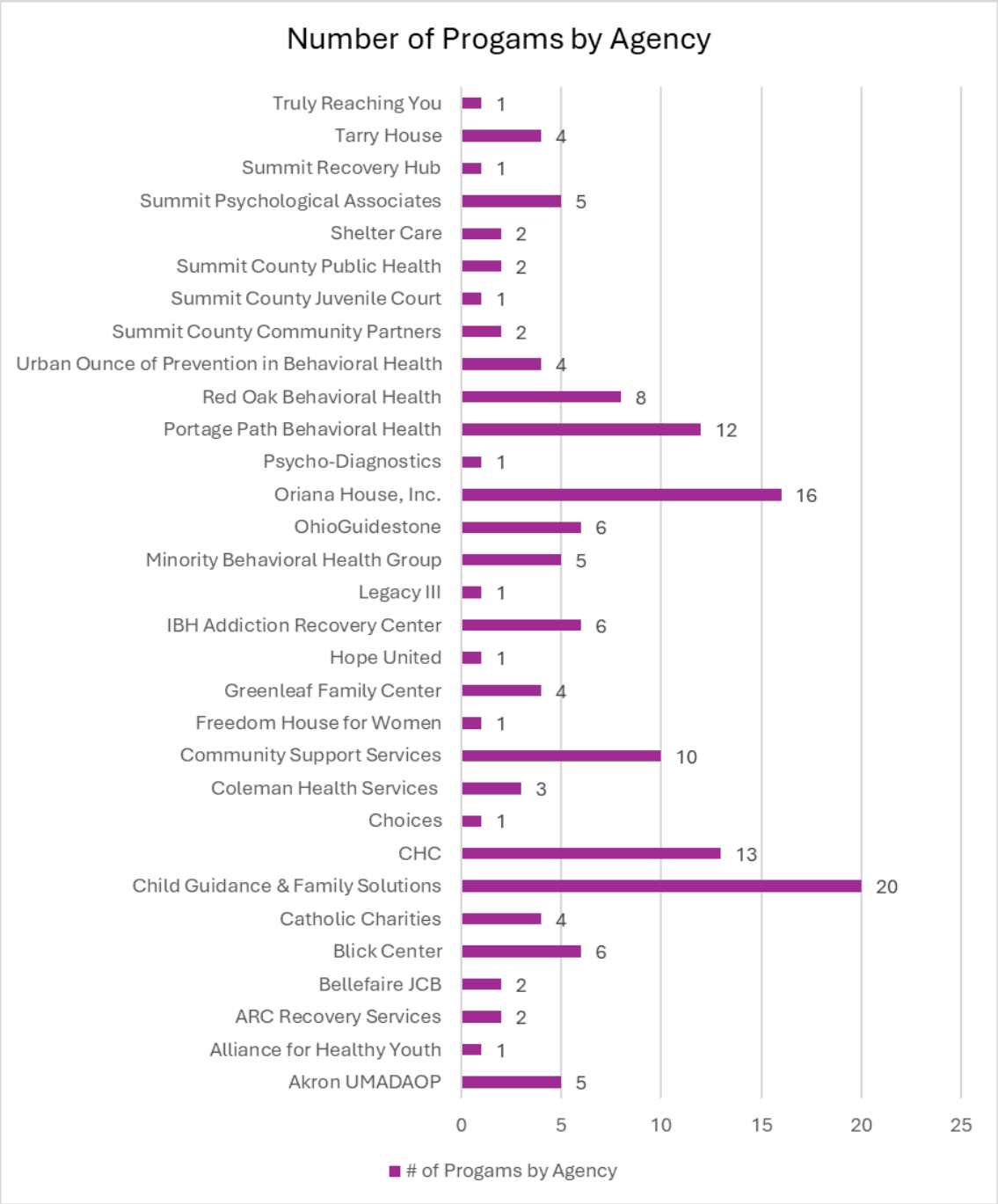
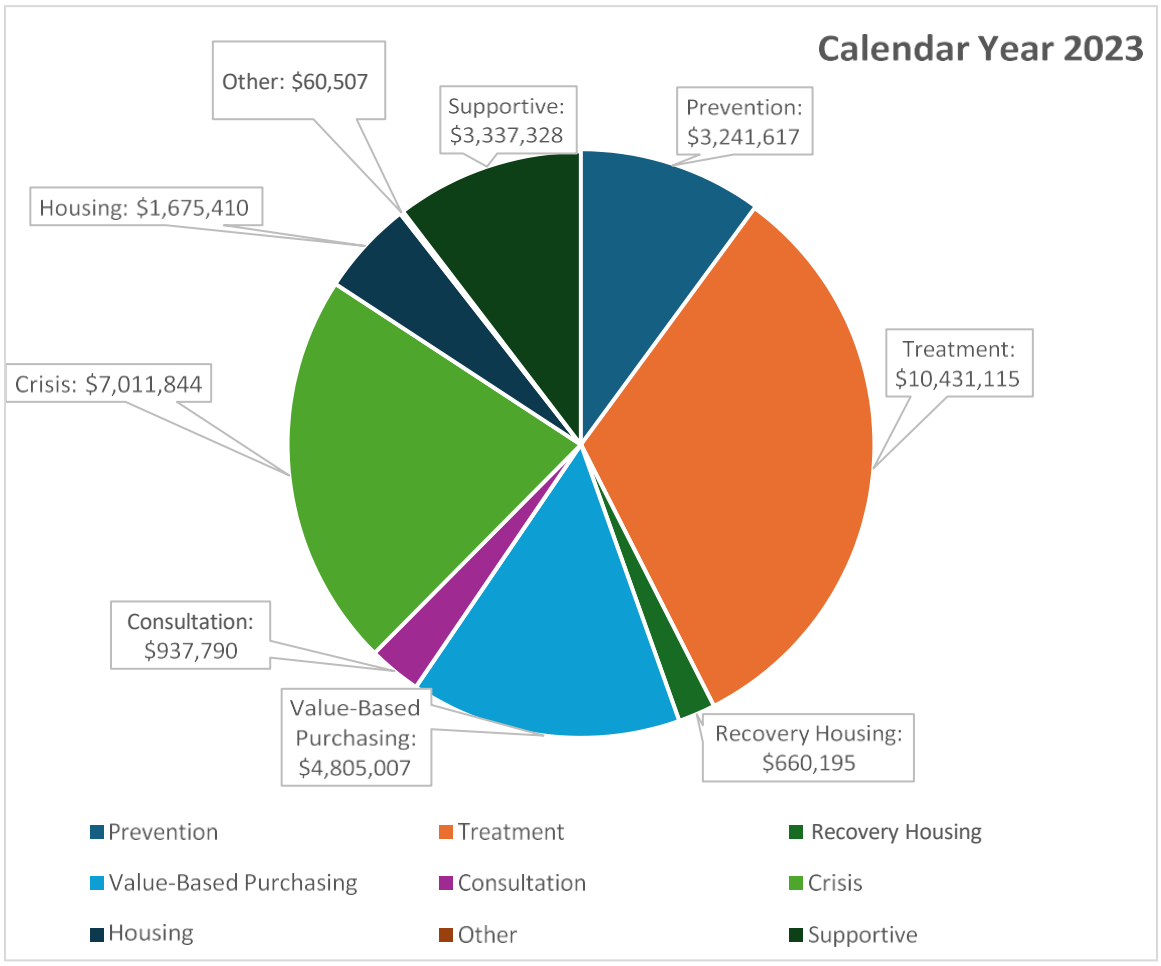


Figure 4. Expenditures by Service Type



## SECTION FOUR. FINANCIALS

Figure 5. Effective Millage History

For Levy Millage: 2.95

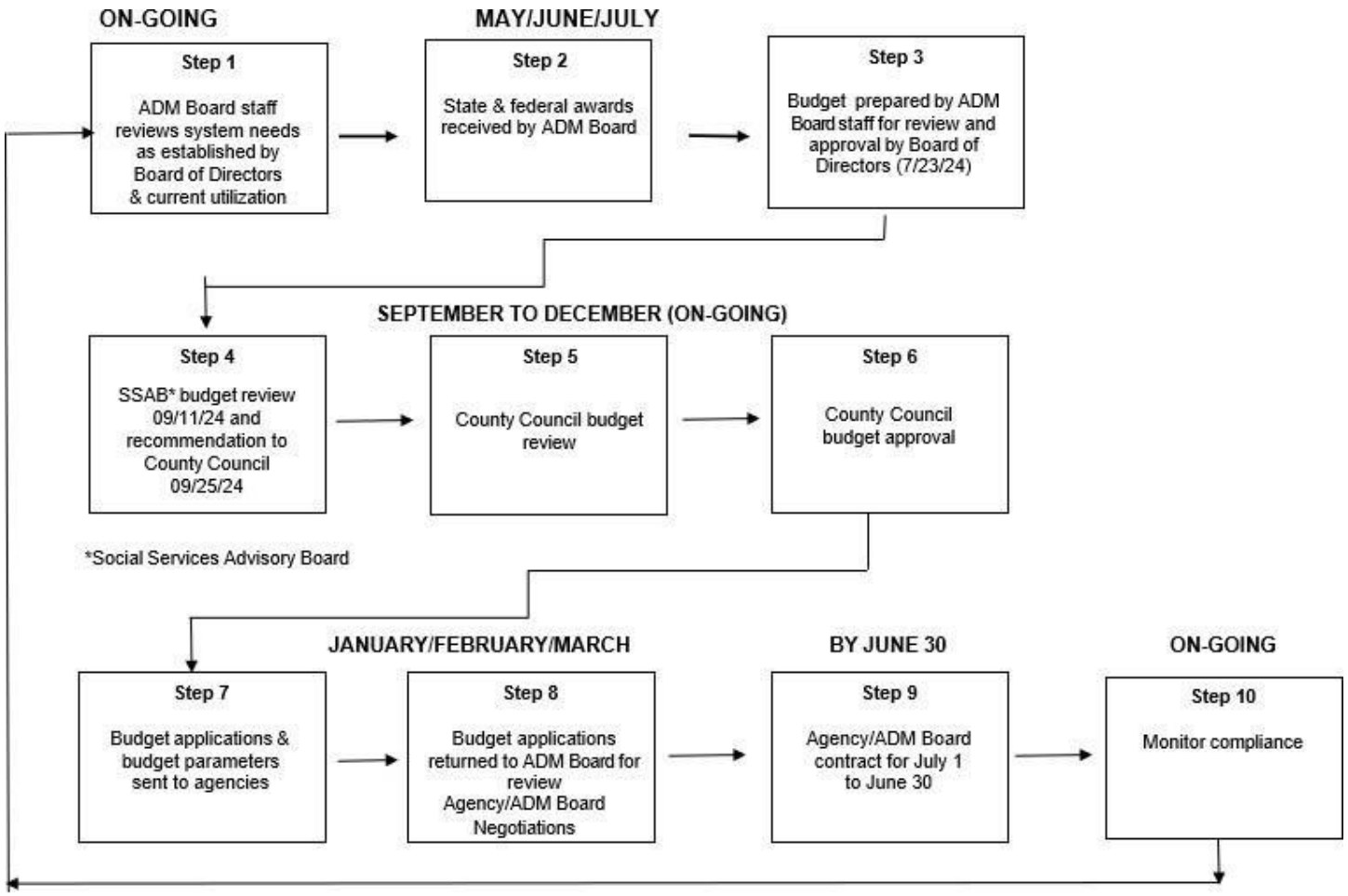
Levy Period: 2021 - 2026

- **Provide previous and present levy effective Millage changes: Maximum Rate Authorized to be Levied: 2.95 mils**

| | **Previous Effective Rate to be Levied** | **Present Effective Rate to be Levied** |
|---|---|---|
| | 2015<br>2.95 mils | 2025<br>2.95 mils |
| Residential / Agricultural | 2.95 | 1.87 |
| Commercial / Industrial | 2.88 | 2.42 |

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

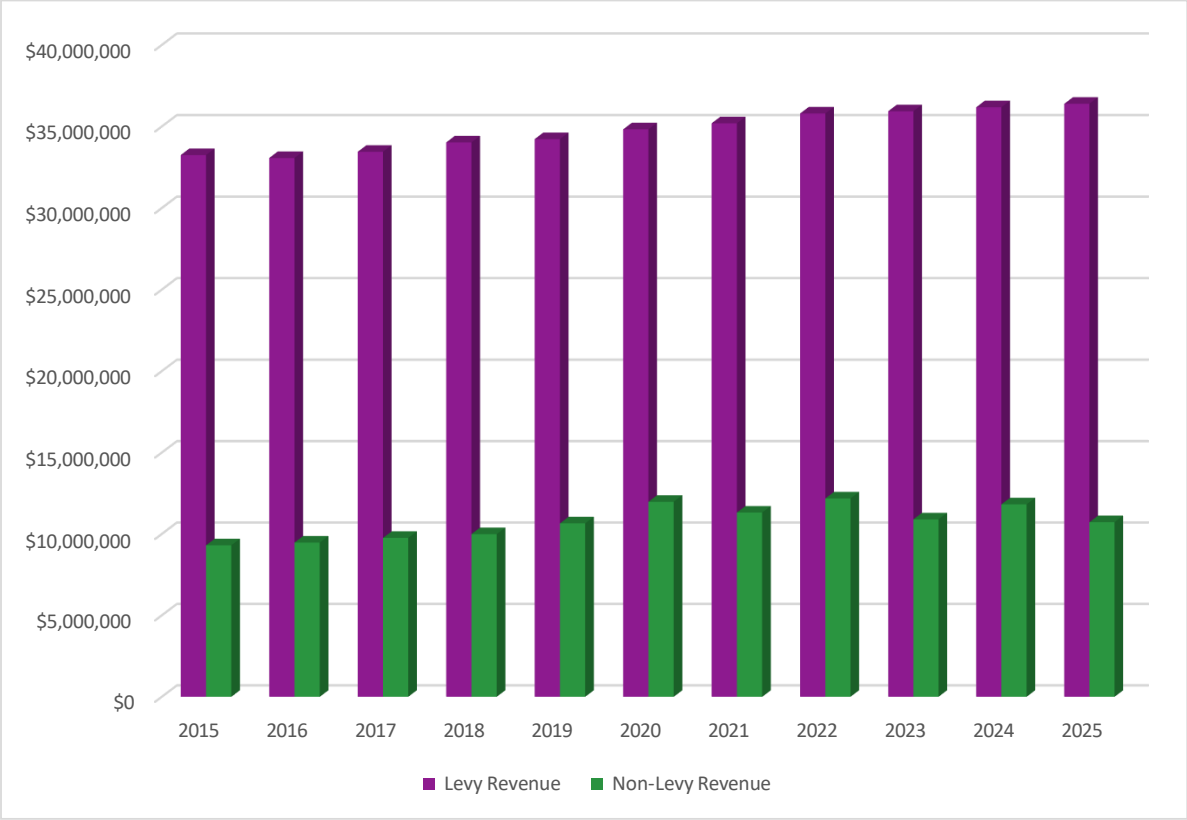
Figure 6. Budget Cycle




NOTES: 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 7. Levy v. Non-Levy Ten Year History, 2015-2025

County of Summit Alcohol, Drug Addiction and Mental Health Services Board
Levy and Non-Levy Revenue




| Year | Levy Revenue | Percent of Total | Non-Levy Revenue | Percent of Total | Total Revenue | |
|---|---|---|---|---|---|---|
| 2015 | $33,246,662 | 78% | $9,303,078 | 22% | $42,549,740 | A |
| 2016 | $33,069,583 | 78% | $9,470,360 | 22% | $42,539,943 | A |
| 2017 | $33,447,809 | 77% | $9,758,227 | 23% | $43,206,036 | A |
| 2018 | $34,026,075 | 77% | $9,990,420 | 23% | $44,016,495 | A |
| 2019 | $34,227,037 | 76% | $10,653,769 | 24% | $44,880,806 | A |
| 2020 | $34,826,687 | 74% | $11,976,480 | 26% | $46,803,167 | A |
| 2021 | $35,197,604 | 76% | $11,313,869 | 24% | $46,511,473 | A |
| 2022 | $35,779,909 | 76% | $11,141,712 | 24% | $46,921,621 | A |
| 2023 | $35,934,627 | 77% | $10,896,870 | 23% | $46,831,497 | A |
| 2024 | $36,179,260 | 75% | $11,819,707 | 25% | $47,998,967 | P |
| 2025 | $36,392,311 | 77% | $10,724,621 | 23% | $47,116,932 | B |

*** A = Actual, P = Projected, B = Budget**

Figure 8. Financial Statement Revenues

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

**Financial Statement - Revenues**

| | 2022 Actual | 2023 Actual | 2024 Present Year Budget | YTD Actual as of 6/30/2024 | 2025 Proposed Budget | Dollar Increase (Decrease) Present to Proposed | Percentage Increase (Decrease) Present to Proposed | |
|---|---|---|---|---|---|---|---|---|
| **Revenues** | | | | | | | | |
| Levy | $35,779,909 | $35,934,627 | $36,179,260 | $16,883,383 | $36,392,311 | $213,051 | 1% | |
| Federal: | | | | | | | | |
| ODADAS | $0 | $0 | $0 | $0 | $0 | $0 | 0% | |
| ODMH | 0 | 0 | 0 | 0 | 0 | 0 | 0% | |
| OhioMHAS | 5,448,773 | 4,742,775 | 5,634,689 | 2,510,235 | 4,030,767 | -1,603,922 | -28% | A. |
| Medicaid | 0 | 0 | 0 | 0 | 0 | 0 | 0% | |
| Other | 81,665 | 0 | 0 | | 0 | 0 | 0% | |
| Subtotal Federal | $5,530,438 | $4,742,775 | $5,634,689 | $2,510,235 | $4,030,767 | -$1,603,922 | -28% | |
| State: | | | | | | | | |
| ODADAS | $0 | $0 | $0 | $0 | $0 | $0 | 0% | |
| ODMH | 0 | 0 | 0 | 0 | 0 | 0 | 0% | |
| OhioMHAS | 5,523,771 | 6,062,845 | 5,775,117 | 2,381,748 | 6,287,203 | 512,086 | 9% | |
| Other: | 71,890 | 65,149 | 30,408 | 0 | 30,408 | 0 | 0% | |
| Subtotal State | $5,595,661 | $6,127,994 | $5,805,525 | $2,381,748 | $6,317,611 | $512,086 | 9% | |
| | | | | | | | | |
| Other Non-Levy | 15,615 | 26,101 | 379,493 | 8,240 | 376,243 | -3,250 | -1% | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Total Revenues | $46,921,623 | $46,831,497 | $47,998,967 | $21,783,605 | $47,116,932 | -$882,035 | -2% | |

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

Variance greater than 10% and $10,000.

**A.** OhioMHAS Federal: decrease due to American Rescue Plan Act (ARPA) Crisis infrastructure funding; Stimulant and Opiate (SOS) grant end date 09.29.2024

Figure 9. Financial Statement Expenditures

| | 2022 Actual | 2023 Actual | 2024 Present Year Budget | YTD Actual as of 6/30/2024 | 2025 Proposed Budget | Dollar Increase (Decrease) Present to Proposed | Percentage Increase (Decrease) Present to Proposed | |
|---|---|---|---|---|---|---|---|---|
| **Expenditures** | | | | | | | | |
| Board Administration: | | | | | | | | |
| Salaries | $1,804,402 | $1,919,984 | $2,185,967 | $976,116 | $2,347,075 | $161,108 | 7% | A. |
| Fringe Benefits | 528,347 | 548,000 | 669,839 | 286,651 | 761,178 | 91,339 | 14% | |
| Professional Services | 30,880 | 29,230 | 33,500 | 17,315 | 33,500 | 0 | 0% | |
| Supplies | 16,679 | 21,867 | 85,424 | 35,666 | 82,255 | -3,169 | -4% | |
| Travel | 80,852 | 127,150 | 204,896 | 65,289 | 183,950 | -20,946 | -10% | B. |
| Insurance | 78,014 | 60,489 | 71,839 | 17,141 | 80,000 | 8,161 | 11% | |
| Utilities | 6,268 | 9,278 | 15,682 | 4,698 | 23,057 | 7,375 | 47% | |
| Rentals | 96,739 | 95,266 | 97,792 | 46,228 | 97,812 | 20 | 0% | |
| Advertising/Printing | 4,709 | 6,432 | 7,500 | 0 | 7,500 | 0 | 0% | |
| Other Expenses | 2,249 | 3,216 | 4,695 | 2,362 | 5,150 | 455 | 10% | |
| Equipment | 42,810 | 25,234 | 92,977 | 16,862 | 22,000 | -70,977 | -76% | C. |
| Contract | 0 | 39,629 | 43,000 | 41,008 | 72,500 | 29,500 | 69% | D. |
| Total Board Administration | $2,691,949 | $2,885,775 | $3,513,111 | $1,509,336 | $3,715,977 | $202,866 | 6% | |
| | | | | | | | | |
| Operational Accounts: | | | | | | | | |
| Mental Health Non-Medicaid | $16,242,412 | $17,694,153 | $21,085,899 | $10,129,626 | $21,692,879 | $606,980 | 3% | E. |
| Alcohol Drug Non-Medicaid | 8,651,936 | 9,001,459 | 9,481,392 | 4,833,989 | 11,051,820 | 1,570,428 | 17% | |
| Other | 11,809,045 | 14,839,384 | 20,036,722 | 7,619,760 | 15,940,463 | -4,096,259 | -20% | F. |
| Total Operational Accounts | $36,703,393 | $41,534,995 | $50,604,013 | $22,583,375 | $48,685,162 | -$1,918,851 | -4% | |
| | | | | | | | | |
| Total Expenditures | $39,395,342 | $44,420,770 | $54,117,124 | $24,092,711 | $52,401,139 | -$1,715,985 | -3% | |
| | | | | | | | | |
| Grand Total | $39,395,342 | $44,420,770 | $54,117,124 | $24,092,711 | $52,401,139 | -$1,715,985 | -3% | |

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

Variance greater than 10% and $10,000.

**A.** ADM staff planned increases, adjustments for benefit plan enrollments premium increases, new position
**B.** Reduced ADM Board of Directors' Prerogatives
**C.** Reduced equipment expenditures as additional purchases made in 2024 for ADM office suite expansion, upgrades.
**D.** Additional expenditures for general consultation including legal
**E.** Mental Health and Alcohol Drug Non-Medicaid service expenditures increase for new programs and contract providers
**F.** Other expenditures decrease as one time funds priority spending is ramping down. Crisis infrastructure spending is planned using ADM's Permanent Improvement Fund. Over $1.2M is planned for time-limited behavioral health workforce development initiatives.

# Figure 10. Proposed Budget and Levy Plan Reconciliation

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

**Reconciliation of Proposed Budget with Levy Plan**

| | 2025 Levy Plan | 2025 Budget Proposal | Difference Over/(Under) | Percentage Increase/ (Decrease) | Footnote |
|---|---|---|---|---|---|
| **Revenues** | | | | | |
| Levy | $34,043,830 | $36,392,311 | $2,348,481 | 7% | A. |
| Federal: | | | | | |
| OhioMHAS | 3,772,291 | 4,030,767 | 258,476 | 7% | B. |
| Other | 0 | 0 | 0 | 0% | |
| Subtotal Federal | $3,772,291 | $4,030,767 | $258,476 | 7% | |
| State: | | | | | |
| OhioMHAS | 5,168,440 | 6,287,203 | 1,118,763 | 22% | C. |
| Other | 388,750 | 30,408 | -358,342 | -92% | D. |
| Subtotal State | $5,557,190 | $6,317,611 | $760,421 | 14% | |
| | | | | | |
| Other Local | 151,940 | 376,243 | 224,303 | 148% | E. |
| | | | | | |
| Total Revenue | $43,525,251 | $47,116,932 | $3,591,681 | 8% | |
| | | | | | |
| **Operating Expenditures** | | | | | |
| Board Administration: | | | | | |
| 1. Salaries & Fringe | $2,823,024 | $3,108,253 | $285,229 | 10% | F. |
| 2. Other Administrative | 448,836 | 607,724 | 158,888 | 35% | G. |
| Total Board Administration | $3,271,860 | $3,715,977 | $444,117 | 14% | |
| | | | | | |
| Operational Accounts: | | | | | |
| 1. Provider Non-Medicaid | $31,595,114 | $32,744,699 | $1,149,585 | 4% | H. |
| 2. Other Contracts/Allocations | 11,340,960 | 15,940,463 | 4,599,503 | 41% | I. |
| Total Operational Accounts | $42,936,074 | $48,685,162 | $5,749,088 | 13% | |
| | | | | | |
| Total Expenditures | $46,207,934 | $52,401,139 | $6,193,205 | 13% | |
| Capital Improvements | 0 | 0 | 0 | 0% | |
| Grand Total | $46,207,934 | $52,401,139 | $6,193,205 | 13% | |

Foot Notes:

Revenues:

A . Most recent certificate from SC Fiscal Office (February 5, 2024)

B. Additional grant funding; Circle For Recovery, Coordinating Center of Excellence, Title 20, MH Housing Assistance and Projects For Assistance In Transition From

C. Additional funding; Specialized Court Dockets, Forensic Center, Access to Wellness and Crisis Community Investment/Flex

D. State Department of Youth Services' Behavioral Health Grant; moved to Summit County Juvenile Court for fiscal administration. This was a state-wide change.

E. Other local revenue increased for recent levy collection trends

Expenditures:

F. 4 new staff positions added to build internal capacity

G. Increased spending for training, technology updates, and administrative contract

H. Increase for crisis service cost increases, new programs for older adults and persons transitioning from the jail to the community, new peer run recovery organizations, new outreach programs for minority populations and new programming for persons stepping down from inpatient psychiatric hospital stays.

I. Increase for additions to value based purchasing contracts, incorporation of expenditures for behavioral health workforce development and expansion of recovery housing programs.

Figure 11. Cash Balance Forecast Carryover

ADM BOARD
COUNTY OF SUMMIT
ALCOHOL, DRUG ADDICTION & MENTAL HEALTH SERVICES

Present Levy Period Budget Projection & Carryover

| | CURRENT LEVY CYCLE - Renewal of 2.95 Mill Operating Levy | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2021 Actual | 2022 Actual | 2023 Actual | 2024 Budget | 2024 Projected | 2025 Budget | 2026 Projection | 2027 Projection | 2028 Projection | 2029 Projection | 2030 Projection |
| Beginning Cash Balance | $ 54,021,761 | $ 60,133,459 | $ 67,659,738 | $ 70,070,465 | $ 70,070,465 | $ 28,904,023 | $ 23,619,816 | $ 21,783,043 | $ 18,540,373 | $ 16,016,407 | $ 13,842,638 |
| **Revenue Receipts** | | | | | | | | | | | |
| FEDERAL | | | | | | | | | | | |
| 1. OhioMHAS | 4,671,243 | 5,448,773 | 4,742,775 | 5,634,689 | 5,020,469 | 4,030,767 | 6,030,767 | 4,030,767 | 4,030,767 | 4,030,767 | 4,030,767 |
| Subtotal OhioMHAS | $ 4,671,243 | $ 5,448,773 | $ 4,742,775 | $ 5,634,689 | $ 5,020,469 | $ 4,030,767 | $ 6,030,767 | $ 4,030,767 | $ 4,030,767 | $ 4,030,767 | $ 4,030,767 |
| 2. Other Federal | 156,893 | 81,665 | - | - | - | - | - | - | - | - | - |
| Subtotal Federal | $ 4,828,136 | $ 5,530,438 | $ 4,742,775 | $ 5,634,689 | $ 5,020,469 | $ 4,030,767 | $ 6,030,767 | $ 4,030,767 | $ 4,030,767 | $ 4,030,767 | $ 4,030,767 |
| STATE | | | | | | | | | | | |
| 1. OhioMHAS | 6,077,873 | 5,523,771 | 6,062,845 | 5,775,117 | 5,913,926 | 6,287,203 | 6,287,203 | 6,350,075 | 6,350,075 | 6,413,576 | 6,477,712 |
| Subtotal OhioMHAS | $ 6,077,873 | $ 5,523,771 | $ 6,062,845 | $ 5,775,117 | $ 5,913,926 | $ 6,287,203 | $ 6,287,203 | $ 6,350,075 | $ 6,350,075 | $ 6,413,576 | $ 6,477,712 |
| 2. Other State | 312,379 | 71,890 | 65,149 | 30,408 | 30,408 | 30,408 | 30,408 | 30,408 | 30,408 | 30,408 | 30,408 |
| Subtotal State | $ 6,390,252 | $ 5,595,661 | $ 6,127,994 | $ 5,805,525 | $ 5,944,334 | $ 6,317,611 | $ 6,317,611 | $ 6,380,483 | $ 6,380,483 | $ 6,443,984 | $ 6,508,120 |
| Local (Other) | $ 95,481 | $ 15,615 | $ 26,101 | $ 379,493 | $ 379,493 | $ 376,243 | $ 383,239 | $ 386,927 | $ 386,927 | $ 386,927 | $ 386,927 |
| Operating Levy | $ 35,197,604 | $ 35,779,909 | $ 35,934,627 | $ 36,179,260 | $ 36,179,260 | $ 36,392,311 | $ 36,392,311 | $ 36,392,311 | $ 36,392,311 | $ 36,392,311 | $ 36,392,311 |
| Total Revenue Receipts | $ 46,511,473 | $ 46,921,621 | $ 46,831,497 | $ 47,998,967 | $ 47,523,556 | $ 47,116,932 | $ 49,123,928 | $ 47,190,488 | $ 47,190,488 | $ 47,253,989 | $ 47,318,125 |
| **Expenditures:** | | | | | | | | | | | |
| Agency - Non-Medicaid | $ 26,233,259 | $ 24,894,348 | $ 26,695,611 | $ 30,567,291 | $ 29,927,230 | $ 32,744,699 | $ 32,810,188 | $ 32,875,809 | $ 32,941,560 | $ 33,007,444 | $ 33,073,458 |
| Other contracts and allocations | 11,627,380 | 11,809,045 | 14,839,384 | 20,179,569 | 16,389,952 | 15,940,463 | 14,296,289 | 13,563,818 | 12,632,986 | 12,126,450 | 11,773,571 |
| Other Administration | 341,262 | 359,199 | 417,791 | 514,457 | 493,222 | 607,724 | 619,878 | 632,276 | 644,922 | 657,820 | 670,976 |
| Salary and Fringe | 2,197,874 | 2,332,750 | 2,467,984 | 2,855,806 | 2,525,534 | 3,108,253 | 3,234,345 | 3,361,255 | 3,494,986 | 3,636,044 | 3,784,980 |
| Transfer Out - Permanent Improvement Fu | - | - | - | - | 39,354,061 | - | - | - | - | - | - |
| Total Expenditures | $ 40,399,775 | $ 39,395,342 | $ 44,420,770 | $ 54,117,124 | $ 88,689,998 | $ 52,401,139 | $ 50,960,701 | $ 50,433,158 | $ 49,714,454 | $ 49,427,758 | $ 49,302,986 |
| Projected Revenue Over/(Under Expenditures) | $ 6,111,698 | $ 7,526,279 | $ 2,410,727 | $ (6,118,157) | $ (41,166,442) | $ (5,284,207) | $ (1,836,773) | $ (3,242,670) | $ (2,523,966) | $ (2,173,769) | $ (1,984,861) |
| Ending Operating Cash Balance | $ 60,133,459 | $ 67,659,738 | $ 70,070,465 | $ 63,952,309 | $ 28,904,023 | $ 23,619,816 | $ 21,783,043 | $ 18,540,373 | $ 16,016,407 | $ 13,842,638 | $ 11,857,777 |
| Months of Operating Cash on Hand | **17.9** | **20.6** | **18.9** | **14.2** | **7.0** | **5.4** | **5.1** | **4.4** | **3.9** | **3.4** | **2.9** |
| ADM Permanent Improvement Fund | $ - | $ - | $ 1,832,199 | $ 1,832,199 | $ 40,536,260 | $ 1,832,199 | $ 1,832,199 | $ 1,832,199 | $ 1,832,199 | $ 1,832,199 | $ 1,832,199 |
| Total Cash (Operating + Improvement) | $ 60,133,459 | $ 67,659,738 | $ 71,902,664 | $ 65,784,508 | $ 69,440,283 | $ 25,452,015 | $ 23,615,242 | $ 20,372,572 | $ 17,848,606 | $ 15,674,837 | $ 13,689,976 |

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 07/01/2024, 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 2024 Projected column was added to highlight the possible transaction totals for 2024 and the possible effect on cash in the fund balance.

ADM Permanent Improvement Funds ($38,704,061) are projected to be spent between calendar 2024 and calendar 2025 with the construction of the Frese Residential Center and the ADM Wellness Center.

**Revenue Assumptions:**

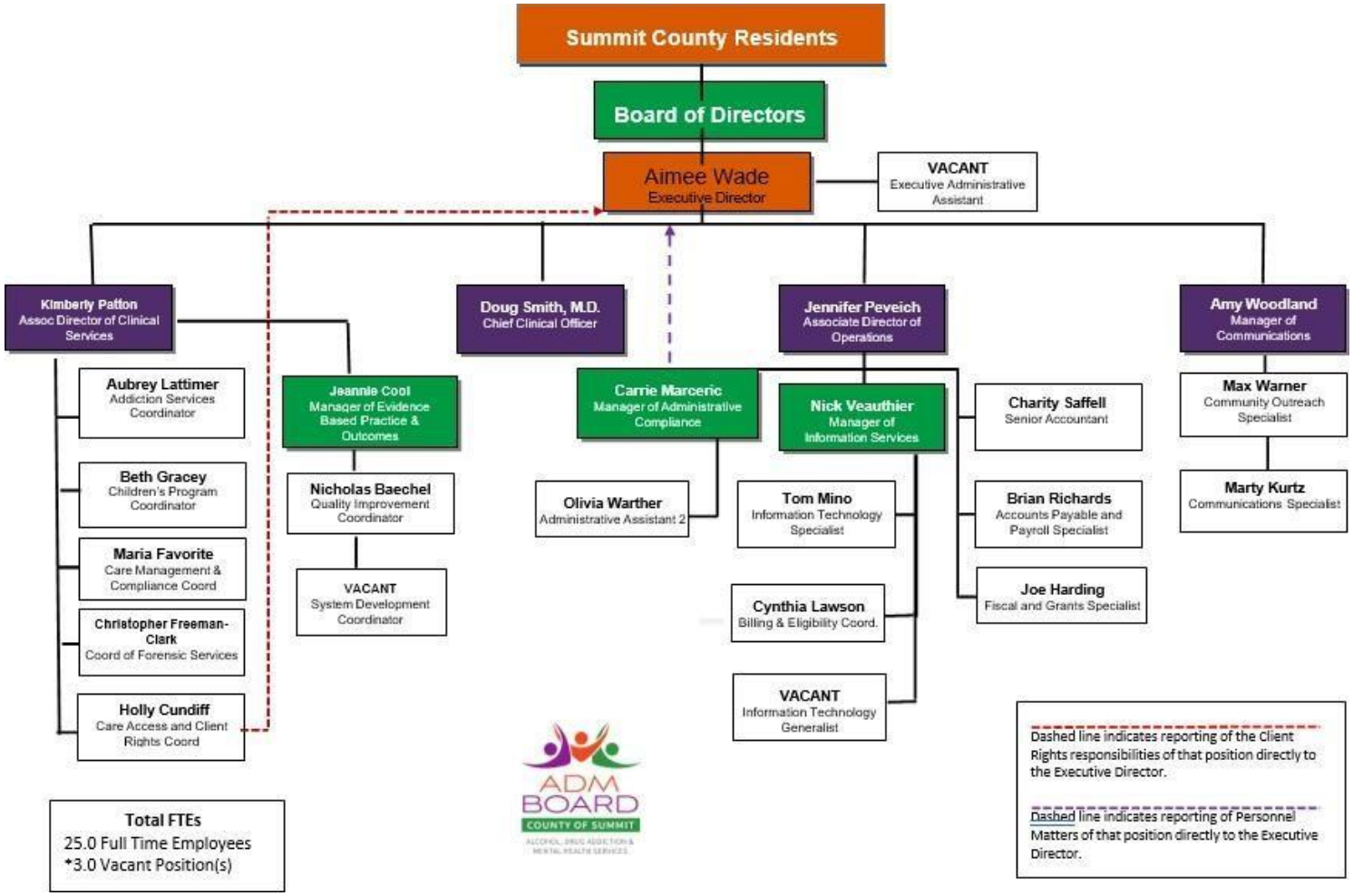
Federal and State funding was adjusted based on preliminary awards for SFY2025.
Levy rate = 2.95 mill, no increase; beginning in 2021.
*2027 thru 2030 proj. revenues beyond the current levy cycle and reflect estimated 2026 collections.

**Expenditure Assumptions:**

Behavioral Health expenditures will range from $26.2M to $32.8M throughout the levy cycle: 2021 - 2026; $32.9M to $33M for 2027 - 2030.
Other contracts and allocations will range between $11.6M and $14.3M in throughout the levy cycle which accommodates additional system investments.
Other Administration is projected to increase by 2% annually over the levy cycle.
Salary and Fringe is projected to increase by 4.06% annually over the levy cycle. This encompasses wage and fringe benefit increases.

# APPENDIX

Figure A. Table of Organization



## Crisis Continuum

Ohio defines the ideal crisis continuum as having:

- Someone to CALL;
- Someone to RESPOND;
- Somewhere to GO; and
- Somewhere to THRIVE.

The ADM Board has worked diligently to ensure that we can identify every component for the benefit of Summit County residents.

### Someone to Call

Summit County, with support from the ADM Board, offers residents a variety of ways to connect with a live, local individual who can help guide them to the right resources, including:

- Crisis Helpline (988): A federal mental health alternative to 911; answered locally
- Mental Health Hotline (330-434-9144): A local line designed to assist callers with resources and to connect them to system supports
- Addiction Helpline (330-940-1133): Answered locally, providing a way to connect callers with system resources

### Someone to Respond

Summit County's crisis response resources support all ages and circumstances where an individual may need immediate mental health and/or substance use disorder attention. These responders include:

- Quick Response Teams (QRT)
- Crisis Intervention Team (CIT)
- Mobile Response C Stabilization Services (MRSS)
- Summit County Outreach Team (SCOUT)

### Somewhere to Go

In an effort to provide individuals in need with the best possible care, the ADM Board offers walk-in support through Oriana House Detox (substance use) and PPBH Psychiatric Emergency Services (mental health). Additionally, the ADM Board is currently developing an enhanced crisis center, which is a new facility (still in planning stages) with a $36 million investment earmarked for its completion.

**Somewhere to Thrive**

Lastly, individuals in recovery may need additional support to fully gain the benefits of their mental health and/or substance use programs. The ADM Board's commitment to innovative approaches and collaborations resulted in the following:

- **Dr. Fred Frese Residential Step-Down Center**. This new facility is scheduled to be completed October 2025; the ADM Board has earmarked a $6.7 million investment to develop this facility. "The Frese Center" will provide transitional housing for individuals exiting psychiatric hospitalization that may need additional skills and clinical interventions to successfully move back to community-based living. For more information on Dr. Fred Frese and the step-down center, refer to Figure C below.
- **Thrive House**. In collaboration with the Summit County Sheriff's Office, Summit County Landbank, Summit Psychological Associates, Community Support Services, and Summit County Executive's Office, the ADM Board worked to extend the Summit County Jail's Thrive Program's benefits beyond time in the criminal justice system. Thrive House acts as transitional housing for program participants upon exiting Summit County Jail who may be unhoused and need additional time to be connected to mental health and substance use disorders services. This program started taking clients in June 2024.

A summary of the planning that went into the development of the new capital projects (i.e., Thrive House and The Frese Center) as part of our Crisis Enhancement Plan can be referenced in Capital Project Considerations later in this appendix.

The ADM Board of Directors and ADM Board staff develop efforts that foster community relationships and work toward building HOPE for a stronger Summit County. The aforementioned initiatives are evidence of these efforts, and their effects are already evident in the community.

Figure B. The Frese Center Prospectus

# RECOVERY STARTS HERE

ADM BOARD

COUNTY OF SUMMIT

ALCOHOL, DRUG ADDICTION & MENTAL HEALTH SERVICES

**"Life for recovered mentally ill persons must be viewed as an adventure and a challenge. We need to work together on how we are going to go about changing the world. We can do it."**

**- Dr. Fred Frese**

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# EXECUTIVE SUMMARY

The Frese Residential Step-Down Center (The Frese Center) is a 16-bed residential step-down center situated next to the grounds of Northcoast Behavioral Healthcare, which is adjacent to the Cuyahoga Valley National Park. This facility serves as transitional housing for individuals departing from inpatient psychiatric hospitalization with an average stay of 60-90 days.

The Frese Residential Step-Down Center is designed to provide a comprehensive array of clinical and supportive services aimed at facilitating a smooth transition back into the community. The project, made possible through a strategic partnership between the County of Summit ADM Board and the State of Ohio, addresses the need for additional mental health resources for inpatient clients as they transition from the hospital back to the community.

With a population of over 535,000 residents, Summit County ranks as the 4th largest county in Ohio, and it has experienced decreased inpatient psychiatric hospital bed capacity over the last 2 years. The Frese Residential Step-Down Center will help support more residents and fill some of the current gaps.

ADMBOARD
COUNTY OF SUMMIT

# OVERVIEW

The County of Summit Alcohol, Drug Addiction, and Mental Health Services (ADM) Board is a governmental entity responsible for planning, funding, monitoring, and evaluating services for residents of Summit County in Ohio. The ADM Board assesses community needs and develops comprehensive plans to address mental health and substance use disorders and allocates funds to various service providers who specialize in mental health and substance abuse services.

The ADM Board also monitors and evaluates services to ensure that they meet established standards and are effective in addressing community needs. The County of Summit ADM Board plays a critical role in improving the quality of life for Summit County residents by ensuring that they have access to mental health and addiction services. Its efforts contribute to reducing the stigma associated with mental illness and addiction, promoting recovery, and enhancing the overall well-being of the local community.

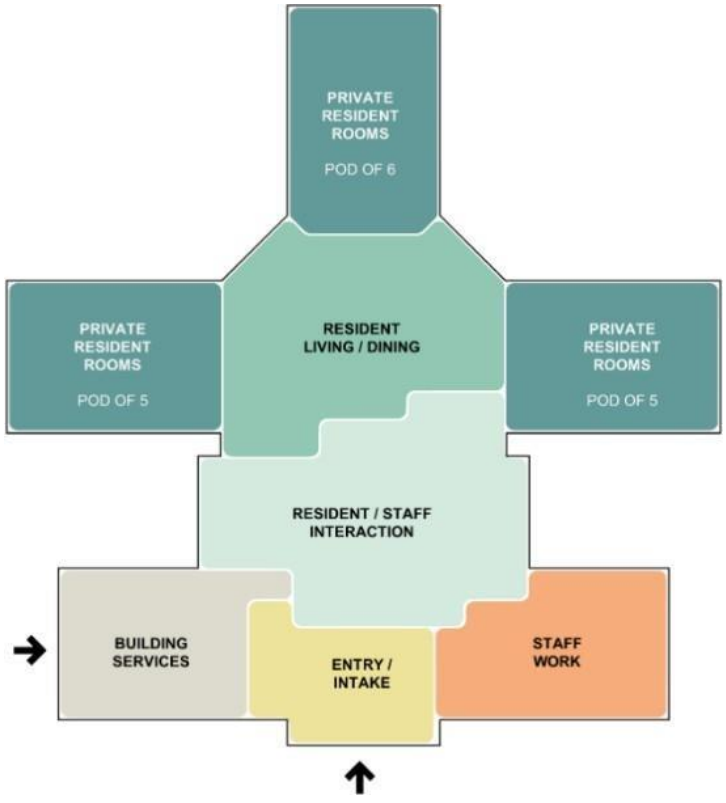
Named in honor of Dr. Fred Frese, an internationally renowned advocate for individuals with severe mental illness, the Frese Center embodies his legacy of resilience and hope. The Frese Center will act as a critical resource in Summit County's mental health landscape. By addressing the holistic needs of its residents, the Frese Center aims to foster recovery, independence, and community reintegration. In sharing Dr. Frese's legacy, the center was designed to be a sanctuary of hope and healing where individuals find refuge, support, and the promise of a better future.

# OVERVIEW (CONTINUED)

**The Frese Center will offer a comprehensive suite of services, including**

- Clinical Assistance
- Medical Resources
- Case Management
- Daily Living Skills
- Arts
- Physical Wellness
- Employment
- Housing
- Peer Support Resources

Basic Layout of Frese Center

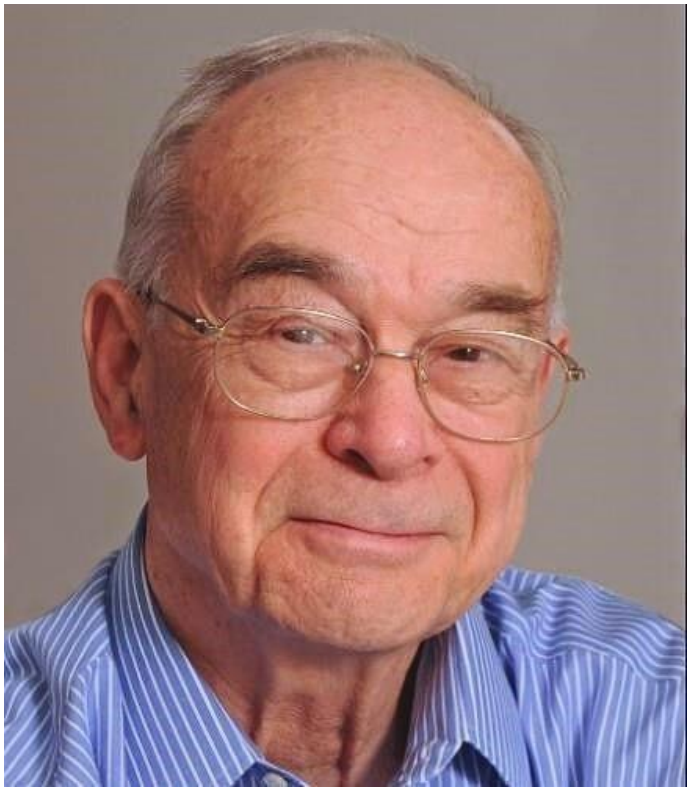


# THE FRESE RESIDENTIAL STEP-DOWN CENTER

Beginning with his diagnosis in 1968, Dr. Frese's personal journey with schizophrenia shaped his understanding of the challenges faced by those living with mental health conditions. Despite enduring 10 involuntary institutionalizations over the course of a decade, Dr. Frese persevered, emerging as a beacon of hope and resilience for others who struggled.

In 1980, Dr. Frese achieved a milestone in his career when he was appointed as the Director of Psychology at Ohio's largest psychiatric hospital—a position that underscored his professional competence and unwavering dedication to the field. However, what set Dr. Frese apart was not just his professional achievements but also his courage to publicly disclose his own diagnosis of schizophrenia. In sharing his story, he shattered stigma and misconceptions surrounding mental illness, paving the way for greater understanding and acceptance. As a pioneering figure in the advocacy realm, Dr. Frese tirelessly fought for the rights of individuals with serious mental illness, championing initiatives aimed at promoting inclusion, access to quality care, and societal acceptance.

It is a true honor for the County of Summit ADM Board to add Dr. Frese's name to this critical community resource, and it is in the spirit of his legacy that this center aims to help our residents.



**Dr. Fred Frese (1940-2018), esteemed psychologist and fierce advocate for individuals grappling with mental illness.**

# THE FRESE CENTER (CONTINUED)

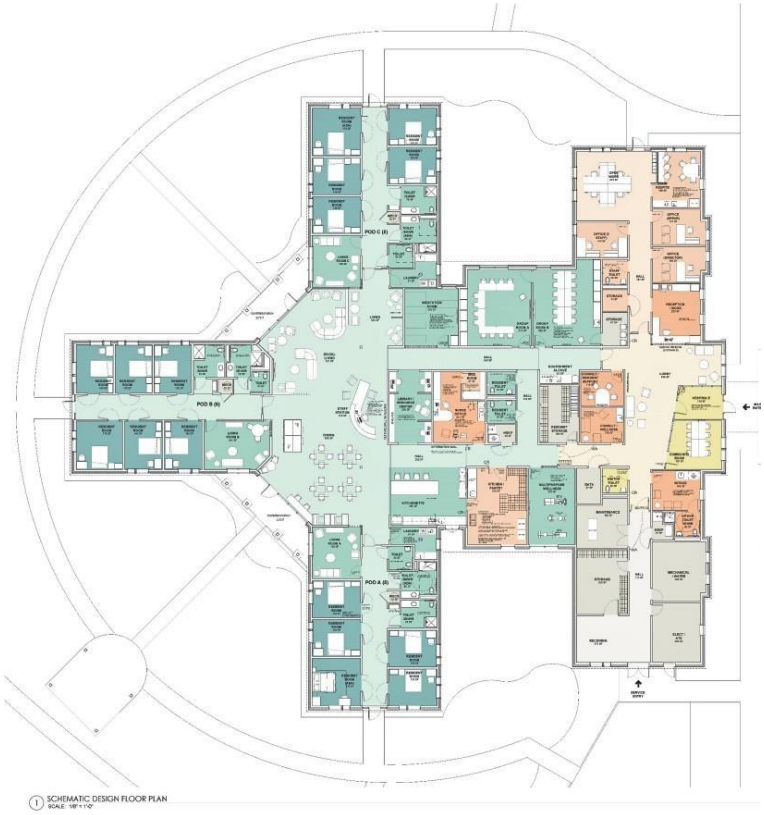
## Exterior Rendering (Front Yard)

- Covered entry
- Staff entry
- Parking
- Basketball court

## Exterior Rendering (Back Yard)

- Pavilion
- Courtyard
- Raised planters
- Walking path

# THE FRESE CENTER (CONTINUED)

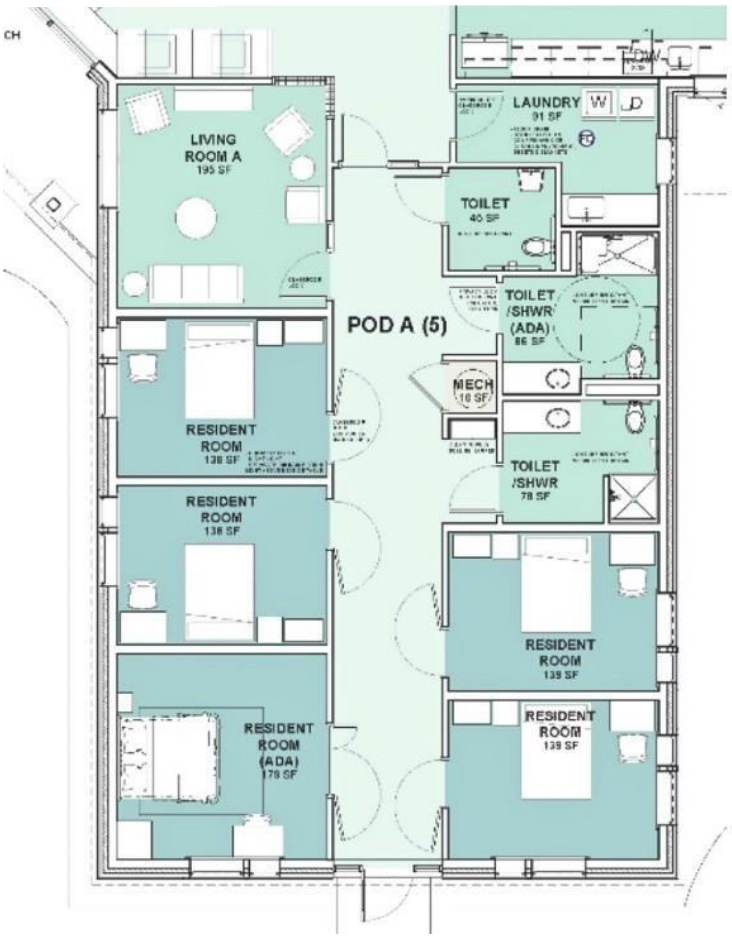


## Floor Plan

- 16-bed residential facility (5-6 rooms per pod)
- Includes spaces to promote physical & mental wellness, peer support, and skill building
- Central living & dining

## Patient Wing (Pod A)

- 5-6 room pods
- 3 toilet rooms (2 with showers)
- Separated living room



# ADDITIONAL INFORMATION

For anyone who would like additional information regarding the Frese Residential Step-Down Center or who may need mental health and/or substance use disorder resources or support, contact the County of Summit ADM Board at the following:

- Call 330-762-3500
- Email adm@admboard.org
- Visit admboard.org

Recovery is possible, and it starts here.

## Additional Resources

- **988 Suicide and Crisis Lifeline: 9-8-8**
- **Crisis Text Line: Text 4HOPE to 741741**
- **Mental Health Crisis: 330-434-9144**
- **Akron Children's Hospital Psychiatric Intake Response Center: 330-543-7472 or 866-443-7472**
- **Addiction Helpline: 330-940-1133**

# Join the ADM Board and our partners in our

CIRCLEOFHOPE

**Capital Project Considerations**

**ADM Board Wellness Center**: With the appointment of a new Executive Director in 2021, the decline in Summit County's crisis services, revenue mix, and facilities were duly noted. As a result, the ADM Board soon started a consultation with Peg's Foundation, which culminated in a contingency of Summit County leaders, stakeholders, and state representatives traveling in December of 2022 to Tucson and Phoenix, Arizona, to tour two nationally recognized crisis facilities.

Following that trip, Dr. Doug Smith, Chief Clinical Officer, hosted a series of crisis conversations with local stakeholders to get feedback on what worked and what did not resonate in the facilities we toured. The ADM Board also participated in a series of crisis academies hosted by OACBHA and OhioMHAS, which included overviews of the crisis landscape in Ohio, best practices, and necessary components of a fully developed crisis system. Here, someone to call, someone to respond, and somewhere to go as well as the resources needed to thrive were identified as critical components of our crisis planning. We worked to fill system gaps, such as mobile response, and supported the launch of 988 in the Summit County community as a supplement to the local hotline. The ADM Board also started to evaluate financial and clinical data related to our crisis facility in the context of our broader system and community, which is the somewhere to go. With all of this feedback, a Crisis Enhancement Plan was developed, outlining enhancements to our existing crisis center, presented in variety of venues for feedback, including in provider meetings, hospital meeting, crisis stakeholder meetings, and ADM Board Assurance Committee meetings as well as from the ADM Board of Directors for additional feedback.

**Dr. Fred Frese Residential Center**: For many years, Summit County has experienced an increased need and decreased access for state hospital beds across Ohio. These beds have also been increasingly filled by forensic or criminal justice-involved patients. As a result, there has been minimal access to civil patients, which are those approved for admission by the local ADAMH boards. This has been a trend across the state. There are 6 counties that feed into our designated state hospital, located in northern Summit County—Northcoast Behavioral Health—with Summit County is the second largest county in referral area.

In early January 2023, Governor Mike DeWine signed into law House Bill 45, which appropriated $90 million in American Rescue Plan Act (ARPA) funds for Ohio Department of Mental Health and Addiction Service (OhioMHAS) to support Ohio's crisis infrastructure to be distributed in two parts with one of the priorities being to construct short-term mental health residential facilities for Ohioans who are being discharged from crisis stabilization units or psychiatric hospitals. These 16-bed facilities provide a safe, therapeutic, home-like environment to assist in the transition to home. Residents are provided counseling, medication management, case management, peer support, and linkage to other community supports; the average length of stay is 30–90 days. These are the resources needed to thrive.

With the support of NAMI Summit County and NAMI Ohio, we were able to apply and be approved for $2 million in ARPA funding to support the building of one of these facilities in Summit County. We were also approved by the state to lease land on the grounds of the state hospital for $1. A similar project and facility is being built in Lucas County on the grounds of a state hospital along with several others across the state.

With both projects being important parts to our local crisis continuum and federal and local resources being available to bring them to fruition in the best interest of one of our most vulnerable populations, we hired the G. Stephens firm in late 2023 to provide Owner's Representation services on both projects. We have since also engaged Hasenstab Architects and began hosting stakeholder planning meetings to flesh out the details of these two projects, which has led to the estimated costs provided.