County of Summit ADM Board

SSAB Report

August 2025

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SECTION ONE. EXECUTIVE DIRECTOR MEMO

The County of Summit ADM Board has had a busy and exciting year. Our focus has been on the best ways to serve Summit County residents while ensuring effective and efficient use of resources. We held the groundbreaking for the Dr. Fred Frese Center, have been working with our partners to finalize program and site identification for the new behavioral wellness facility, and are planning our sexennial levy campaign.

With the receipt of our preliminary 2025 levy polling results, we are now fully immersed in levy campaign season, which ends November 4, 2025. Planning during uncertain budgetary times on the federal and state level has been a priority for the ADM Board and our partners. I would like to thank my governing board and staff for their commitment and due diligence in managing and monitoring the changing landscape while making the best decisions possible for Summit County residents.

Initial polling results show strong support for our levy among registered voters. It also shows that 91% believe drug use is a serious problem, and 89% believe mental health is a serious problem. While this preliminary data is very encouraging, our work to pass this levy will continue forward with vigor and intensity. While the approval of a renewal of our 2.95 mill levy with a .5 mill increase was unanimously approved by our Board of Directors and County Council, no one is taking for granted the general climate around tax levies.

While we did not see the triggering event out of the federal budget that would have rolled back Medicaid expansion in Ohio, there were still cuts to Medicaid that will reduce Medicaid spending nationwide. There are many unknowns surrounding the impact of other legislative and executive actions such as Medicaid work requirements and restrictions on taxes states can levy against medical providers that are used to pay for Medicaid programs and strategies to address homelessness. We are working alongside our trade association, provider agencies, and local, state and federal partners to identify the consequences of on-going state and federal priority and funding shifts that impact our system of care.

The state budget will continue to be uncertain through the current General Assembly session, which ends December 31, 2026. However, in the short-term, Governor DeWine line-item vetoed several items regarding property taxes, including the removal language restricting political subdivisions' ability to pursue certain levy types, including replacement levies, the removal of language giving local budget commissions the authority to overturn local voter approved levies, and language regarding the calculation of the 20-mill floor for school funding purposes. On July 21, the House of Representatives successfully voted to override the veto of one of these items—the restriction levy types for political subdivisions—and vowed to address others in the fall. Senate leadership also asserted that they have the votes to approve whatever bills the House sends their way that will

address property taxes. Unfortunately, many would argue that what is being proposed is not getting the root causes of the issue and that there is still an on-going threat of the grassroots initiative to eliminate property taxes completely.

With these and many other changes on the local, state, and federal level, we continue to celebrate and advocate for wellbeing and recovery in our community as there is still tremendous need. We have not requested any additional funding from voters in 18 years and seek only an $18 dollar per $100,000 home. This increase will ensure our ability to follow-through on the promises made to our community for the revitalization of our crisis system, sustain critical system investments, and mitigate the impact of known and unknown threats to behavioral health services.

We are also embarking on a budgeting ethics framework that will inform our funding processes and decisions with even greater transparency and assurance of accountability for the utilization of public funds. All to achieve the adopted vision for our community as a result of our work…

To create a community where exceptional care inspires hope and mental well-being.

SECTION TWO: OUTCOMES STATEMENT, OUTCOMES, AND OUTPUTS

In December 2024, 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 ADM Board's Board of Directors periodically reviews the Global Ends to ensure that they meet current needs. The 2024 review solicited extensive stakeholder feedback through consultant-facilitated individual interviews, focus groups, and surveys. The identified priorities informed the ADM Board's 3-year Operational Plan that was completed in June 2025.

In addition to the Global Ends and to meet legal requirements, local alcohol, drug addiction, and mental health boards must submit a Community Assessment and Plan (CAP) to the Ohio Department of Mental Health and Addiction Services (OhioMHAS). The CAP describes the current conditions and issues within the county, identifying priorities for prevention, treatment, and recovery supports. New to the 2023–2025 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 provide direction, along with the Global Ends, to the work the ADM Board does. Figure 1 shows the crosswalk between the Global Ends and current CAP goals where Figure 2 shows the progress and monitoring of the identified CAP goals. In spring of 2025, the ADM Board began the assessment and planning phase for the 2026–2028 CAP that is expected to be submitted in January 2026.

GLOBAL ENDS AND CAP CROSSWALK		
1.0: The County of Summit ADM Board exists so that: A full continuum of care supports mental wellness and freedom from addiction		
Ends #	Ends	CAP
1.1	**System Capacity: In its convener role, ADM Board drives relationships, communications, and collaboration to cultivate a continuum of care that meets community needs in supporting mental wellness and freedom from addiction.**	2, 3
1.1A	Sufficient capacity of a highly skilled and effective workforce to meet demand.	2, 3
1.1B	Enhanced supports for coordination of care result in a greater efficiency and sustainability.	4, 5
1.1C	Engagement among ADM Board, system providers, and the community is rooted in caring, encouragement, transparency, and accountability	1, 5
1.2	**Public Awareness: Summit County residents have awareness of mental health and substance use disorders and know how and when to access resources.**	3, 4
1.2A	There is reduction in stigma	1
1.2B	There are increased numbers of residents utilizing resources and services.	3, 4
1.3	**Access and Equity: Barriers to treatment are mitigated, and service access is facilitated**	2
1.3A	Populations disproportionately impacted by behavioral health issues have access to services.	6
1.3B	Innovation based on consumer input regarding barriers drives solutions.	2, 3, 5
1.4	**Prevention: The ADM Board system of care has a continuum of education and programs that reduce the likelihood and delay the onset of behavioral health disorders across the lifespan.**	1
1.4A	Increased acquisition of relevant staff credentials at provider agencies.	2, 3
1.4B	There is increased focus on children and youth.	4, 9
1.4C	Supporters of children and youth are aware of behaviors that merit intervention	1
1.5	**Innovation: There is support for envisioning, collaborating, and innovating within the ADM Board system and across other systems in the community.**	2, 3, 4, 5, 6, 7, 8, 9
1.5A	Informed and strategic risk-taking leads to innovation in delivery of behavioral health services.	2, 3, 5
1.5B	Advocacy supports public policy and legislation that addresses behavioral health and wellness priorities.	1

Figure 1. Global Ends and CAP Crosswalk

2023-2026 CAP Goal Progress Monitoring					
Goal	Target	Baseline	2024	2025	2026
1a. Prevention. Reduction in negative beliefs/perceptions regarding behavioral health: “Addiction is a choice: the individual could stop if they wanted.”	19.35	20.60 (2023)	26.00	23.80	N/A
1b. Reduction in negative beliefs/perceptions regarding behavioral health: “Mental health issues can be controlled with willpower.”	14.85	15.80 (2023)	24.00	17.90	N/A
2. Mental Health. Average number of days from referral to DA.	10	12.60 (2023)	10	11	N/A
3. Substance Use Disorder Treatment. Increase in utilization of SUD services (#s served)	53,621	53,621 (2019)	59,599	62,175	N/A
4. Medication-Assisted Treatment. Number of Ohio Buprenorphine Prescriptions per 100,00	6.64	6.08 (2022)	6.35	6.61	N/A
5a. Crisis Services. MRSS will reach “effective implementation” per the MRSS Benchmark Tool	32	0 (2023)	0	32	N/A
5b. Crisis Services. Percent of youth remaining in the community post MRSS encounter	90	0 (2023)	100	100	N/A
6a. Harm Reduction. Rate of African American deaths by overdose per 100,000	33.50	64.50	60.00	32.81	N/A
6b. Overall rate of deaths by overdose per 100,000	39.90	46.80	39.30	22.30	N/A
7. Recovery Supports. Average number of days waiting for enter recovery housing	3	7.3	0	0	N/A
8. Pregnant Women with Substance Use Disorder. Average number of days waiting to enter recovery housing	0	7.3	0	0	N/A
9. Parents with Substance Use Disorder with Dependent Children. Percentage of perceived parent/child relationships improvement	89%	87.5%	87.80%	80.80%	N/A

Figure 2. CAP Monitoring (2023-2025)

In an effort to monitor trends and impact, the ADM Board continuously evaluates and monitors data through our data dashboard. Data relating to each of the Global End

policies and CAP, including wait times for services, overdoses, suicides, and client satisfaction survey results, are available.

One of the significant challenges that the ADM Board is facing related to data and outcomes is the Ohio Department of Medicaid's decision to roll back data that boards receive. Previously, the ADM Board was able to access utilization data and could evaluate utilization trends. In 2024, this changed without notice to boards. Currently, our board association is working to advocate on behalf of boards as this data is imperative to the assessment and monitoring of our provider system's work. Because of this change, the ADM Board has shifted how it monitors service utilization. Figure 3 displays the number of clients that received treatment and/or recovery support services as reported by our provider agencies. The chart represents an unduplicated client count by agency; however, the totals do show some level of client duplication across agencies. In utilizing billing data trends, the ADM Board estimates that ~40% of that figure could be duplicated, which is also represented in this chart. With the estimated duplication of services across agencies, the ADM Board determines that over 37,000 individuals received treatment and recovery support (prevention count is excluded from this total) services in 2024.

CLIENT COUNT FOR TREATMENT & RECOVERY SUPPORT SERVICES*						
	2019	2020	2021	2022	2023	2024
Agency Reports*	53,621	47,915	52,374	58,696	59,599	62,560
Estimated Unduplicated @ 40%	*32,173*	*28,749*	*31,424*	*35,218*	*35,759*	*37,536*
Counts exclude prevention services; **Numbers reflected in this chart are unduplicated client count by agency; however, the totals likely represent client duplication across agencies.*						

Figure 3. Client Count

In 2023, crisis services were a prioritized service in the CAP. OhioMHAS has focused efforts and resources on directly supporting standardized and quality crisis access in communities. They have outlined definitions for crisis services, which are outlined in Figure 4, along with numbers served in the last three calendar years.

Crisis Services Trends CY22-CY24							
Crisis Service	**Agency**	**# Adults Served CY22**	**# Youths Served CY22**	**# Adults Served CY23**	**# Youths Served CY23**	**# Adults Served CY24**	**# Youths Served CY24**
Crisis call centers	Portage Path Behavioral Health (PPBH)	10,186*	0	14,367*	413	16,537*	791
SCOUT	PPBH Akron City	n/a	n/a	n/a	n/a	849	n/a
Mobile Response and Stabilization Services	Coleman Health Services	n/a	n/a	0	94	7	187
Crisis Access Services	PPBH Oriana	n/a**	n/a	2,854	n/a	2,641	n/a
Behavioral Health Urgent Care	Akron Children's Hospital	n/a	1,653	n/a	1,252	n/a	1,403
Crisis Intervention with Observation	PPBH Oriana	3,193	n/a	2,854	0	1,291	0
Crisis Residential Services	Tarry House Shelter Care	n/a**	n/a**	105	43	92	122
Inpatient Psychiatric Services	Northcoast Akron Children's Hospital Cleveland Clinic Summa	2,912	348	2,362	352	2,029	349
Withdrawal management	IBH Oriana Summa	1,128	0	933	0	1188	0
** Includes counts of unknown age* ***Crisis service descriptions changed beginning in cy23; therefore, these services were not captured in corresponding year.*							

Figure 4. Crisis Services Trends

Prevention and Youth Risk Behavior Survey

As defined by OhioMHAS, prevention services are a planned sequence of culturally appropriate, science-driven strategies intended to facilitate attitude and behavior change for individuals and communities. These services can be direct (e.g., classroom-based programming, parenting programming) or indirect (e.g., compliance-checks, media campaigns). Local examples include the following:

- As a funded agency, Summit County Community Partnership worked with youth-led prevention programming providers to create youth marijuana prevention videos (Video 1 and Video 2).
- The ADM Board provides funding as well as oversight to the Summit County Suicide Prevention Coalition, whose goal is to reduce the number of deaths by suicide in the county. Several agencies also receive funding to provide Mental Health First Aid (MHFA), Question Persuade Refer (QPR), and other suicide prevention education programming in schools and the community throughout the county.

Prevention services are designed to reduce risk factors that increase the likelihood of behavioral health conditions or promote protective factors that decrease the likelihood of behavioral health conditions. When considering risk and protective factors, it is vital for a community to consider both Adverse Childhood Experiences (ACEs) and Positive Childhood Experiences (PCEs).

The most recent Youth Risk Behavior Survey (YRBS) data published in late 2024 demonstrates the importance of those positive childhood experiences (see Figure 5 below).

County High School Students Surveyed	% Reporting Depressive Symptoms
Students Reporting Only Experiencing PCEs *(no ACEs reported)*	3.4%
Students Reporting Only Experiencing ACEs *(no PCEs reported)*	70.8%

Figure 5. ACEs and PCEs Effects on High School Students

Additional highlights reported in YRBS data show an overall decrease in current and lifetime marijuana use reported (red/green show any positive/negative change and an * indicates a statistically significant change from the previous administration). See Figure 6 below for more details.

Marijuana Use	2013	2018	2023
Current: Middle School	5.2%	3.7%*	3.4%
Lifetime: Middle School	9.7%	7.6%*	7.4%
Current Use: High School	21.%	19.2%	12.3%*
Lifetime Use: High School	36.6%	32.2%*	20.6%*

Alcohol Use	2013	2018	2023
Current: Middle School	8.6%	5.9%	4.1%
Lifetime: Middle School	23.4%	15.4%*	16%
Current Use: High School	30.3%	23.8%*	14.6%*
Lifetime Use: High School	57%	45.3%*	30.6%*

Middle School: Mental Health	2013	2018	2023
Felt Sad or Hopeless	21.7%	25.6%*	25.8%
Non-Suicidal Self-Injury	16.4%	17.5%	19.6%
Serious Thoughts of Suicide	13.3%	12.9%	12.2%
Suicidal Plan	N/A	9.8%	9.8%
Suicidal Attempt	9.7%	6.9%*	7.2%
Received Help	N/A	52.5%	54.4%

High School: Mental Health	2013	2018	2023
Felt Sad or Hopeless	29.4%	34.4%*	30.9%*
Non-Suicidal Self-Injury	19%	18%	17.9%
Serious Thoughts of Suicide	16.9%	17.7%	14%*
Suicidal Plan	N/A	13.6%	11%*
Suicidal Attempt	10.4%	8.4%*	6.4%*
Received Help	N/A	48%	51.3%

Figure 6. Additional YRBS Data

For more information and details about the YRBS results, individuals can reference the link above, or review the report published by Case Western Reserve University (Full YRBS Report- High School and Full YRBS Report- Middle School).

Client Reported Outcomes

In the sfy25 contracts, the ADM Board has increased the number of Mental Health Statistical Improvement Project (MHSIP), Youth Services Survey (YSS), and Youth Services Survey for Families (YSS-F) surveys required for contract providers. The effort to increase completed surveys is expected to continue annually until 10% of all clients served within an agency are represented.

The MHSIP provides client-perceived outcomes in the areas of Perception of Care and Treatment Outcomes. In 2024, 89% of adults reported receiving quality care; 80% of adults and 91% of youth reported that their mental health had improved. In overall MHSIP score, Summit County realized a greater overall client satisfaction compared to both state and national results (national results are published one year behind both state and local results). See Figure 7 for more details.

2024 Client-Reported Outcomes			
	County Results	State Results	National Results
MHSIP	84%	73%	83%
YSS	94%	75%	84%
YSS-F	98%	75%	83%

Figure 7. MHSIP Client-Reported Outcomes

Figures 8-10 show current trends and can be viewed with more details, specifically demographics, on the data dashboard.

MENTAL HEALTH STATISTICAL IMPROVEMENT PROJECT CLIENT-REPORTED OUTCOMES—ADULTS			
	2022 (n=1,271)	2023 (n=1,765)	2024 (n=1,900)
PERCEPTION OF CARE			
General Satisfaction	88%	86%	89%
Access	83%	81%	87%
Quality & Appropriateness of Care	89%	87%	89%
Participation in Treatment	81%	78%	82%
TREATMENT OUTCOMES			
Outcomes	76%	74%	80%
Functioning	76%	73%	81%
Social Connectedness	71%	70%	78%
Outcomes represented in red show any decrease from the previous year; whereas percentages represented in green show any increase in client-reported outcomes.			

Figure 8. Adult Client-Reported Outcomes

YOUTH SERVICES SURVEY (YSS) TRENDS			
	2022 *(n=71)*	2023 *(n=86)*	2024 *(n=121)*
PERCEPTION OF CARE			
Appropriateness	95%	100%	95%
Access	91%	95%	94%
Cultural Sensitivity	97%	99%	93%
Participation in Treatment	93%	95%	95%
TREATMENT OUTCOMES			
Outcomes	98%	95%	91%
Functioning	96%	94%	91%
Social Connectedness	97%	97%	95%
Outcomes represented in red show any decrease from the previous year; whereas percentages represented in green show any increase in client-reported outcomes. This does not necessarily represent statistically significant changes.			

Figure 9. Youth Survey Trends

Youth Services Survey for Families (YSS-F) Trends			
	2022 *(n=98)*	2023 *(n=88)*	2024 *(n=117)*
PERCEPTION OF CARE			
Appropriateness	99%	99%	98%
Access	96%	98%	99%
Cultural Sensitivity	100%	99%	100%
Participation in Treatment	99%	98%	100%
TREATMENT OUTCOMES			
Outcomes	93%	90%	97%
Functioning	92%	92%	95%
Social Connectedness	94%	94%	98%
Outcomes represented in red show any decrease from the previous year; whereas percentages represented in green show any increase in client reported outcomes. This does not necessarily represent statistically significant changes.			

Figure 10. Youth Survey for Families Trends

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. As the late Dr. Fred Frese emphasizes that this work is a collaborative effort, “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.”

The ADM Board cannot accomplish the work without its Circle of Hope. Summit County is fortunate to have resources to offer a full continuum of care from prevention, intervention, harm reduction, treatment, and recovery support services. Figure 11 provides examples of those supports.

CONTINUUM OF CARE WITHIN ADM BOARD'S CIRCLE OF HOPE				
PREVENTION	INTERVENTION	HARM REDUCTION	TREATMENT	RECOVERY SUPPORTS
Prevention promotes the health and safety of individuals and the communities and focuses on reducing the likelihood, delaying, or slowing the progression of behavioral health conditions.	As prevention serves to reduce the likelihood, intervention services exist to address onset of behavioral health conditions.	Harm reduction aims to reduce the negative consequences of risky behaviors, such as drug use and unsafe sex, without requiring complete abstinence.	Treatment aims to support individuals in achieving sustained recovery and living fulfilling lives, despite the experience of mental illness or addiction.	Recovery supports are non-clinical services that help individuals and families improve their health and wellness, live self-directed lives, and reach their full potential.
• School-based prevention education • After School Prevention Programming • Summer Prevention Camps • Universal promotion and campaigns • Suicide Prevention Coalition • Youth Led Prevention Programming • Mental Health First Aid (MHFA) • QPR (Question Persuade Refer) • Suicide prevention programming (e.g., QPR, Sources of Strength, etc.) • PAX Good Behavior • Change Direction • Mentoring	• MRSS • SCOUT • CIT • PES/CSU • Detox/Observation • Consultation • QRT • Hotline/988 • Pre-Treatment Beds • Early Childhood Mental Health	• Project DAWN • Distribution of Gun Locks • Harm Reduction vending machines • Fentanyl test strips* • Safe Syringe Program* • DUMP boxes* • Deterra bags* • Hoarding Coalition	• School-based treatment services • Office-based Treatment • Community-based treatment • Psychiatry • Medication Assisted Treatment (MAT) • Substance Use Disorder (SUD) Residential • Assertive Community Treatment (ACT) • Intensive Home-Based Treatment (IHBT) • Jail-based treatment • Partial Hospitalization Programs (PHP) • Intensive Outpatient (IOP) Treatment	• Recovery Housing • THRIVE House • Housing Supports • Peer Support • Recovery Community Organizations (RCOs) • Assisted Outpatient Treatment (AOT) • Specialty docket courts • Respite

Figure 11. Continuum of Care

Annually, the ADM Board releases a funding application to identified agencies within the Circle of Hope. In 2025, the ADM Board funded 36 distinct agencies and 157 programs (Figure 6) to

support a full continuum of care. Information about behavioral health programs within Summit County's System of Care is available on the ADM Board's website here; ADM Board-funded recovery housing resources are also available here.

SFY26 FUNDED PROGRAMS- TREATMENT & RECOVERY SUPPORTS		
AGENCY	# OF FUNDED PROGRAMS	Total Client Count for CY24: Tx and Recovery Supports *Unduplicated***
Adult Guardianship Services of Summit County*	1	N/A New in SFY26
Akron Summit Community Action	1	306
Akron UMADAOP	5	168
Alliance for Healthy Youth	2	N/A**
ARC Recovery Services	2	76
ASIA	2	N/A**
Bellefaire JCB Akron	3	242
Blick Center	5	998
Catholic Charities	2	324
CHC Addiction Services	11	6240
Child Guidance & Family Solutions	11	3659
Choices: A Community Social Center	1	644
Coleman Health Services	4	2270
Community Support Services	11	5404
Freedom House for Women	1	22
Greenleaf Family Center	3	1095
Hope United	1	500
IBH Addiction Recovery	5	1384
Minority Behavioral Health Group	5	5988
North Coast Community Homes *	1	114
OhioGuidestone	3	902
Oriana House, Inc.	14	6993
Portage Path Behavioral Health	10	8970
Psycho-Diagnostics	1	336
Red Oak Behavioral Health	12	4476
Shelter Care	2	495
Summit County Community Partnership	2	N/A**
Summit Psychological Associates	5	4565**
Summit Recovery Hub	1	1148
Summit County Sheriff's Office D.A.R.E.	1	N/A**
Tarry House	4	124
Urban Ounce of Prevention Behavioral Health Services	4	196
Victim's Assistance Program	1	4533

**New program to the SFY26 funding cycle*

*** N/A funded programs are solely prevention services. Due to the nature of prevention services, monitoring client counts have not occurred to date*

**** 2023 was last reported client county by agency*

Figure 12. ADM Board-funded Programs, sfy26

Figure 13 shows how much the ADM Board distributed in each service type for calendar year 2024 with the total representing $36 million expended by the ADM Board system. The chart is not inclusive of items such as ADM Board administration and other non-BH contract investments (e.g., Family and Children First Council, Juvenile Detention BH services, interpreter services, Summit County Jail medications).

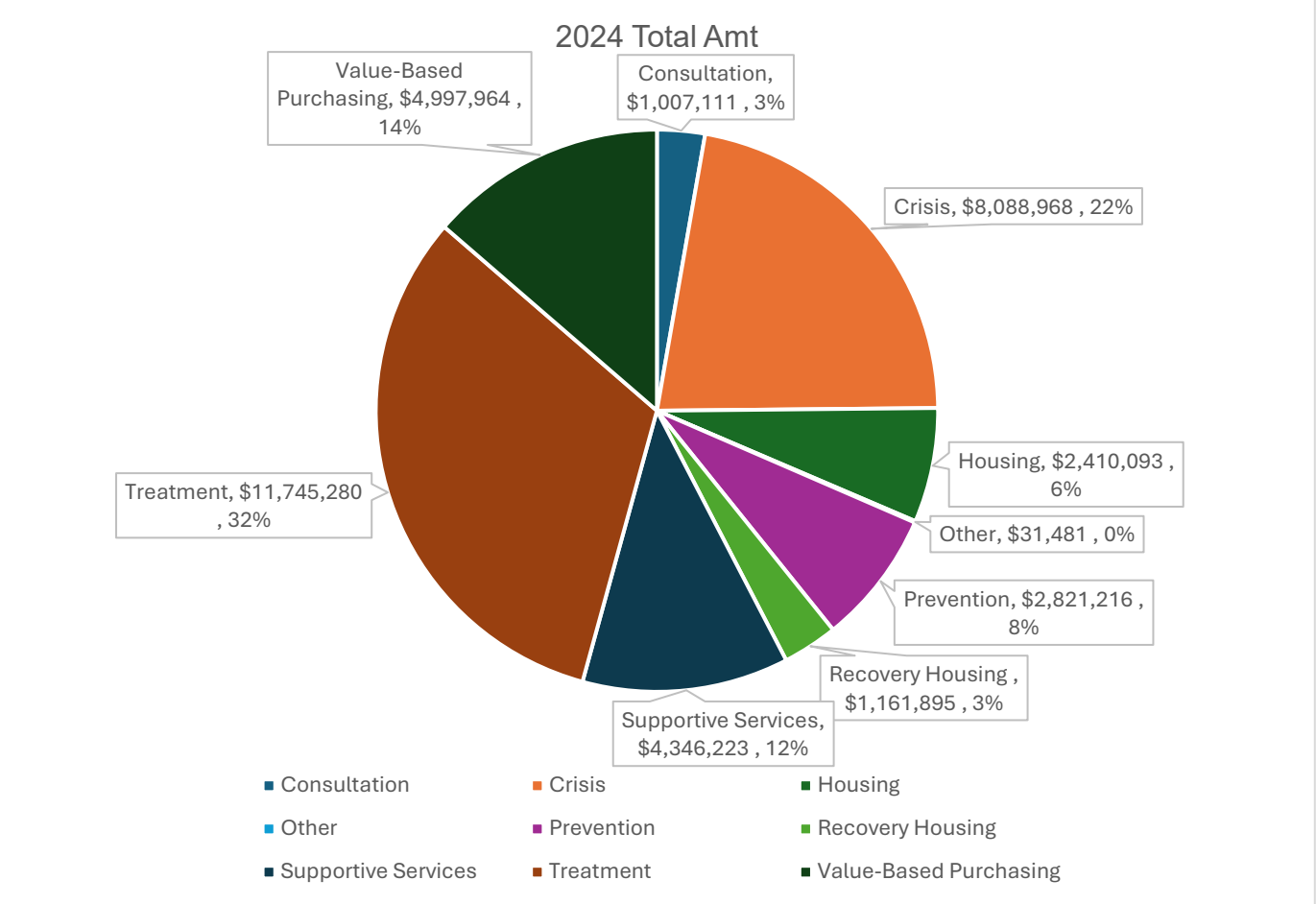


Figure 13. Expenditures by Service Type

Summit 2030 Objectives

Figure 14 below shows ADM Board-funded agencies' commitment to progressing the Summit 2030 Objectives as reported in their SFY26 funding applications.

AGENCY ALIGNMENT WITH 2030 SUMMIT OBJECTIVES *This chart shows the total number of agency reporting focus on the identified objective*		
Priority Indicator		
Health Outcome 1	Morbidity: Percent saying they are in fair or poor health	23
Health Outcome 2	Mortality: Years of Potential Life Lost (YPLL) per 100,000 population	21
Economic Stability and Prosperity		
Indicator 1	Poverty Rate*	19
Indicator 2	African American Poverty Rate*	16
Indicator 3	Unemployment Rate	19
Indicator 4	Percent of Persons Age 25+ with a 2-Year or Greater Degree	11
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	11
Indicator 7	Percent of Households Paying More than 30% of Income on Housing	12
Indicator 8	Violent Crime Arrest Rate per 100,000 Population	13
Early Childhood**		
Indicator 9	Percent of Children Receiving Immunizations by Their Second Birthdays	4
Indicator 10	Number of Children in Need of Protective Services (CHIPS) per 1,000 Children	12
Indicator 11	Number of Children Who Age Out of Foster Care per 1,000 Children	9
Older Adults		
Indicator 12	Elder Abuse, Neglect, Self-Neglect, or Exploitation Referrals per 1,000 Seniors	10
Health and Health Disparities		
Indicator 13	Percent of Pregnant Women Receiving First Trimester Prenatal Care	15
Indicator 14	African-American Teen Birth Rate	7
Indicator 15	Percent of Persons Age 18-64 Who Have Health Insurance	18
Indicator 16	Percent of Persons Age 18-64 Who Say They Are In Fair or Poor Health	21
Indicator 17	Percent of Persons Age 18-64 With A BMI in the "Obese" Category	14
Indicator 18	Years of Potential Life Lost	16

Figure 14. Agency 2030 Summit Objective Alignment

In 2023, Crisis Services were prioritized in the CAP. The Ohio Department of Mental Health and Addiction Services (OhioMHAS) focused efforts and resources on directly supporting standardized and quality crisis access in communities. Through this effort, the ADM Board has compiled information on crisis services available across Summit County, funded by the ADM Board and other partners (Figure 15), which is reviewed as part of the CAP on an annual basis.

Crisis Services	Provider(s) *(*) Board Funded in full or part*	Provider Address
Crisis call centers	Portage Path Behavioral Health (PPBH)	10 Penfield Ave. Akron, OH 44310
Mobile Crisis Services Adult	Portage Path Behavioral Health, (also includes Akron Fire Department, Akron Police Department)	10 Penfield Ave. Akron, OH 44310 *(includes city police and fire)*
Mobile Response and Stabilization Services Youth	Coleman Health Services	1815 W. Market St. #301 Akron, OH 44313
Crisis Access Services	Portage Path Behavioral Health (PPBH)	10 Penfield Ave. Akron, OH 44310
Behavioral Health Urgent Care	Akron Children's Hospital, Psychiatric Intake Response Center (PIRC)	177 W. Exchange St. Level 1 Akron, OH 44302
Crisis Intervention with Observation	PPBH (MH) Oriana House, Inc. (SUD)	10 Penfield Ave, Akron, OH 44310 15 Frederick Ave., Akron, OH 44310
Crisis Residential Services	Tarry House Shelter Care ** The Frese Center (pending)*	4635 Manchester Rd, Akron, OH 44319 32 South Ave. Tallmadge, OH 44278 *1756 Sagamore Rd., Northfield, OH*
Inpatient Psychiatric Services	Cleveland Clinic Akron General Akron Children's Hospital Northcoast Behavioral Health Summa Health Systems	1 Akron General Ave. Akron, Ohio 44307 214 W. Bowery St. Akron, OH 44308 1756 Sagamore Rd. Northfield, OH 44067 45 Arch St., Akron, OH 44304
Withdrawal management	Oriana House, Inc. Summa Health Systems Brightview IBH CHC Addiction	15 Frederick Avenue, Akron, OH 44310 45 Arch St., Akron, OH 44304 999 N. Main St., Akron, OH 44310 3445 S. Main St. Akron, OH 44319 380 S Portage Path Akron, OH 44320
Other	* Community Support Services, CIT Response * Akron Summit Community Action Agency- Addiction Helpline * Victim Assistance, crisis response * Summit County Public Health- QRT *(in partnership with Akron Fire and Police Department)* * Oriana House, Inc., QRT *(in partnership with Green City, Coventry Twp, Barberton, Cuyahoga Falls, and Stow)*	150 Cross St., Akron, OH 44311 55 E Mill St. Akron, OH 44308 137 S. Main St. #300 Akron, OH 44308 1867 W. Market St. Akron, OH 44313 885 E. Buchtel Ave. Akron, OH 44305

Figure 15. Crisis Continuum

SECTION FOUR: FINANCIALS

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

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 2.95 mils	2026 2.95 mils
Residential / Agricultural	2.95	2.43
Commercial / Industrial	2.88	2.43

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

Figure 16. Effective Millage History

Part V. Budget Cycle

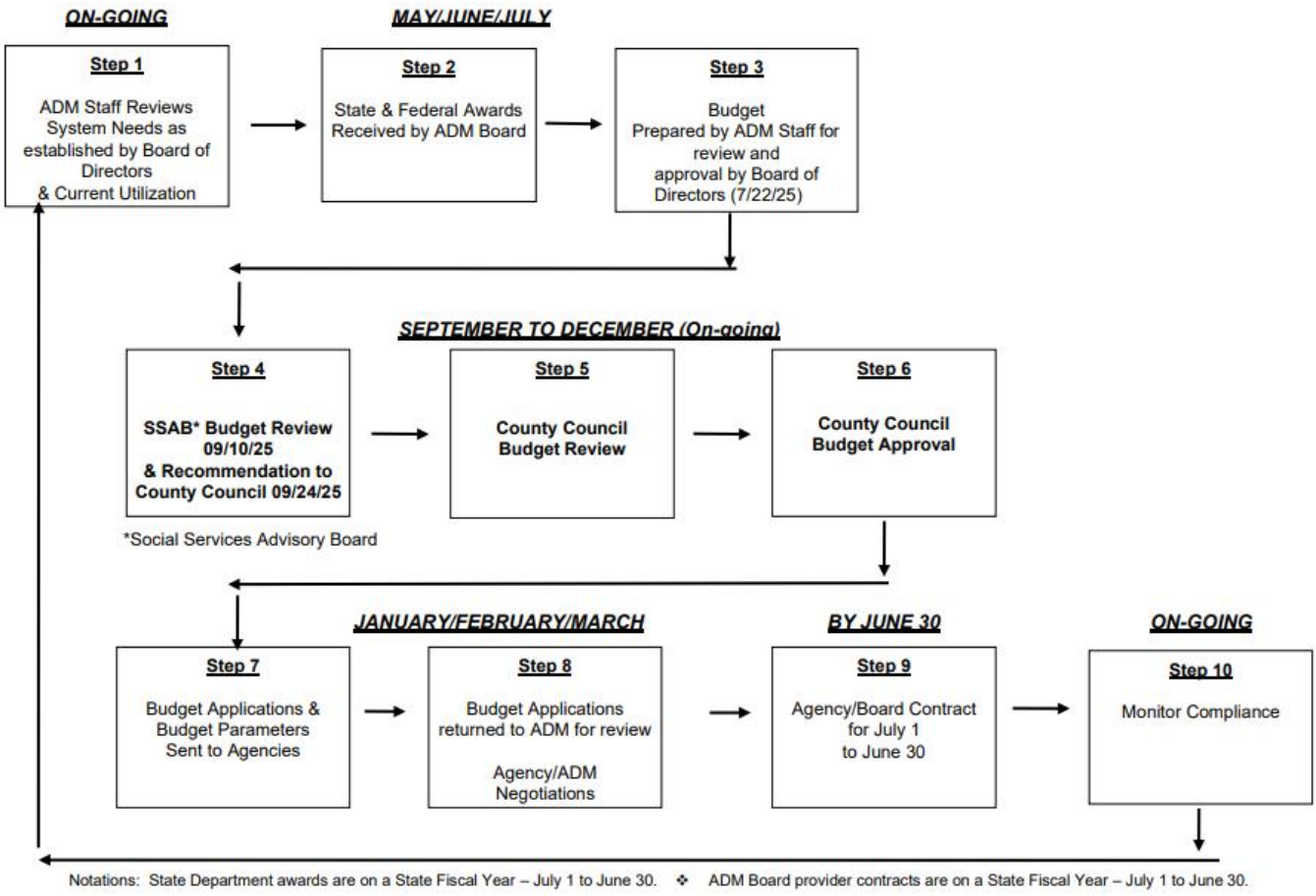
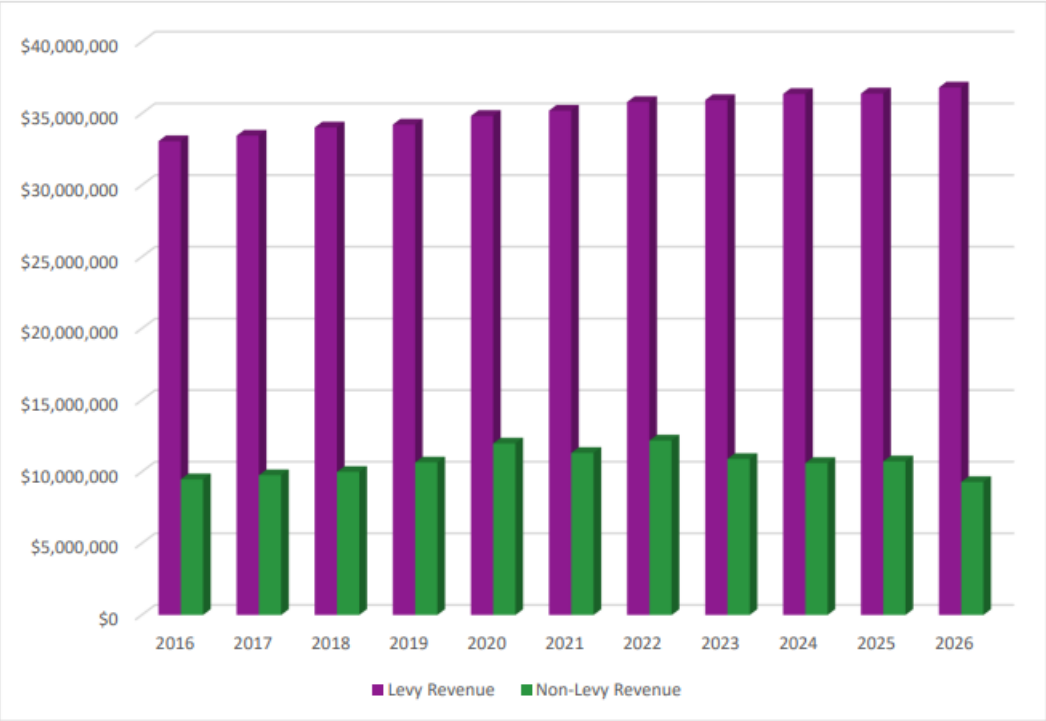


Figure 17. Budget Cycle

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	
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	$35,799,126	75%	$12,181,173	25%	$47,980,299	A
2023	$35,934,627	77%	$10,896,870	23%	$46,831,497	A
2024	$36,360,162	77%	$10,612,584	23%	$46,972,746	A
2025	$36,392,311	77%	$10,724,621	23%	$47,116,932	P
2026	$36,812,802	80%	$9,285,787	20%	$46,098,589	B

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

Figure 18. Levy v. Non-Levy Ten Year History (2016-2026)

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

Financial Statement - Revenues

	2023 Actual	2024 Actual	2025 Present Year Budget	YTD Actual as of 6/30/2025	2026 Proposed Budget	Dollar Increase (Decrease) Present to Proposed	Percentage Increase (Decrease) Present to Proposed	
Revenues								
Levy	$35,934,627	$36,360,162	$36,392,311	$18,804,179	$36,812,802	$420,491	1%	
Federal:								
ODADAS	$0	$0	$0	$0	$0	$0	0%	
ODMH	0	0	0	0	0	0	0%	
OhioMHAS	4,742,775	4,667,841	4,030,767	2,636,747	3,038,147	-992,620	-25%	A.
Medicaid	0	0	0	0	0	0	0%	
Other	0	0	0		0	0	0%	
Subtotal Federal	$4,742,775	$4,667,841	$4,030,767	$2,636,747	$3,038,147	-$992,620	-25%	
State:								
ODADAS	$0	$0	$0	$0	$0	$0	0%	
ODMH	0	0	0	0	0	0	0%	
OhioMHAS	6,062,845	5,892,593	6,287,203	2,907,982	6,017,914	-269,289	-4%	B.
Other:	65,149	30,407	30,408	0	30,408	0	0%	
Subtotal State	$6,127,994	$5,923,000	$6,317,611	$2,907,982	$6,048,322	-$269,289	-4%	
Other Local	26,101	21,743	376,243	10,518	199,318	-176,925	-47%	C.
Total Revenues	$46,831,497	$46,972,746	$47,116,932	$24,359,426	$46,098,589	-$1,018,343	-2%	

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

Variance greater than 10% and $10,000.

A. OhioMHAS Federal: decrease primarily due to OhioMHAS direct funding providers versus passing grant funds through ADAMHS Boards. This change was effective across Ohio.

B. OhioMHAS State: decrease primarily due to OhioMHAS gambling addiction funding and pass through funding that appears to be discontinued.

C. Other Local: decrease to reflect a conservative projection for additional levy collection

Figure 19. Financial Statement Revenues

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

Financial Statement - Expenditures

	2023 Actual	2024 Actual	2025 Present Year Budget	YTD Actual as of 6/30/2025	2026 Proposed Budget	Dollar Increase (Decrease) Present to Proposed	Percentage Increase (Decrease) Present to Proposed	
Expenditures								
Board Administration:								
Salaries	$1,919,984	$2,055,309	$2,347,075	$1,076,899	$2,550,131	$203,056	9%	A.
Fringe Benefits	548,000	610,244	761,178	343,111	799,659	38,481	5%	
Professional Services	29,230	35,005	43,380	20,190	49,874	6,494	15%	
Supplies	21,867	58,328	82,255	37,413	89,845	7,590	9%	
Travel	127,150	198,035	183,950	24,678	187,871	3,921	2%	
Insurance	60,489	55,857	80,000	17,667	80,800	800	1%	
Utilities	9,278	10,285	23,057	5,366	23,288	231	1%	
Rentals	95,266	94,077	103,478	50,151	109,281	5,803	6%	
Advertising/Printing	6,432	0	7,500	0	7,828	328	4%	
Other Expenses	3,216	4,865	5,150	2,014	2,928	-2,222	-43%	
Equipment	25,234	44,105	22,000	28,311	22,220	220	1%	
Contract	39,629	90,374	72,500	56,670	93,371	20,871	29%	B.
Total Board Administration	$2,885,775	$3,256,483	$3,731,523	$1,662,471	$4,017,096	$285,573	8%	
Operational Accounts:								
Mental Health Non-Medicaid	$17,694,153	$20,146,335	$21,692,879	$11,107,326	$22,182,311	$489,432	2%	C.
Alcohol Drug Non-Medicaid	9,001,459	10,304,037	11,051,820	5,295,464	10,585,260	-466,560	-4%	
Other	14,839,384	14,712,241	15,924,917	6,347,759	15,382,937	-541,980	-3%	D.
Total Operational Accounts	$41,534,995	$45,162,613	$48,669,616	$22,750,548	$48,150,508	-$519,108	-1%	
Total Expenditures	$44,420,770	$48,419,096	$52,401,139	$24,413,019	$52,167,604	-$233,535	0%	
Grand Total	$44,420,770	$48,419,096	$52,401,139	$24,413,019	$52,167,604	-$233,535	0%	

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, 1 possible retirement
B. Additional expenditures for I.T. contracts (Microsoft 365 implementation/integration)
C. Mental Health and Alcohol Drug Non-Medicaid service expenditures increase for new programs and service volume
OMHAS funding change from pass-through to direct provider funding
D. Other expenditures decrease for adjustments to align contracts more equitably between providers. Over $2.M planned for behavioral health workforce development and retention inititiatives.

Figure 20. Financial Statement Expenditures

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

Reconciliation of Proposed Budget with Levy Plan

	2026 Levy Plan	2026 Budget Proposal	Difference Over/(Under)	Percentage Increase/ (Decrease)	Footnote
Revenues					
Levy	$34,043,830	$36,812,802	$2,768,972	8%	A.
Federal:					
OhioMHAS	3,772,291	3,038,147	-734,144	-19%	B.
Other	0	0	0	0%	
Subtotal Federal	$3,772,291	$3,038,147	-$734,144	-19%	
State:					
OhioMHAS	5,168,440	6,017,914	849,474	16%	C.
Other	388,750	30,408	-358,342	-92%	D.
Subtotal State	$5,557,190	$6,048,322	$491,132	9%	
Other Local	151,940	199,318	47,378	31%	E.
Total Revenue	$43,525,251	$46,098,589	$2,573,338	6%	
Operating Expenditures					
Board Administration:					
1. Salaries & Fringe	$2,893,116	$3,349,790	$456,674	16%	F.
2. Other Administrative	451,080	667,306	216,226	48%	G.
Total Board Administration	$3,344,196	$4,017,096	$672,900	20%	
Operational Accounts:					
1. Provider Non-Medicaid	$31,595,114	$32,767,571	$1,172,457	4%	H.
2. Other Contracts/Allocations	11,042,205	15,382,937	4,340,732	39%	I.
Total Operational Accounts	$42,637,319	$48,150,508	$5,513,189	13%	
Total Expenditures	$45,981,515	$52,167,604	$6,186,089	13%	
Capital Improvements	0	0	0	0%	
Grand Total	$45,981,515	$52,167,604	$6,186,089	13%	

Foot Notes:

Revenues:

A. Most recent certificate from SC Fiscal Office (February 3, 2025)
B. OhioMHAS moving to direct funding federal grants rather than passing these funds through ADAMHS Board (State-wide change for SFY2026)
C. Additional funding; Forensic Center, 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. Four new staff positions added to build internal capacity
G. Increase 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 21. Proposed Budget and Levy Plan Reconciliation

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

Cash Balance Forecast Summary
Current Levy Period: 2021 - 2026

	2022 Actual	2023 Actual	2024 Actual	2025 Budget	2025 Projected	2026 Projection	2027 Projection	2028 Projection	2029 Projection	2030 Projection	2031 Projection	2032 Projection
						NEXT LEVY CYCLE - Renewal 2.95 + .50 Mill						
Beginning Cash Balance	$ 60,133,459	$ 67,659,738	$ 70,070,465	$ 29,270,055	$ 29,270,055	$ 23,435,524	$ 17,366,509	$ 20,524,045	$ 23,077,376	$ 24,860,447	$ 25,728,844	$ 25,448,879
Revenue Receipts												
FEDERAL												
1. OhioMHAS	5,448,773	4,742,775	4,667,841	4,030,767	4,155,820	3,038,147	3,038,147	2,952,294	2,694,736	2,694,736	2,694,736	2,694,736
Subtotal OhioMHAS	$ 5,448,773	$ 4,742,775	$ 4,667,841	$ 4,030,767	$ 4,155,820	$ 3,038,147	$ 3,038,147	$ 2,952,294	$ 2,694,736	$ 2,694,736	$ 2,694,736	$ 2,694,736
2. Other Federal	81,665	-	-	-	-	-	-	-	-	-	-	-
Subtotal Federal	$ 5,530,438	$ 4,742,775	$ 4,667,841	$ 4,030,767	$ 4,155,820	$ 3,038,147	$ 3,038,147	$ 2,952,294	$ 2,694,736	$ 2,694,736	$ 2,694,736	$ 2,694,736
STATE												
1. OhioMHAS	5,523,771	6,062,845	5,892,593	6,287,203	5,353,102	6,017,914	6,017,914	6,017,914	6,017,914	6,017,914	6,017,914	6,017,914
Subtotal OhioMHAS	$ 5,523,771	$ 6,062,845	$ 5,892,593	$ 6,287,203	$ 5,353,102	$ 6,017,914	$ 6,017,914	$ 6,017,914	$ 6,017,914	$ 6,017,914	$ 6,017,914	$ 6,017,914
2. Other State	71,890	65,149	30,407	30,408	52,357	30,408	30,408	30,408	30,408	30,408	30,408	30,408
Subtotal State	$ 5,595,661	$ 6,127,994	$ 5,923,000	$ 6,317,611	$ 5,405,459	$ 6,048,322	$ 6,048,322	$ 6,048,322	$ 6,048,322	$ 6,048,322	$ 6,048,322	$ 6,048,322
Other Local	$ 15,615	$ 26,101	$ 21,743	$ 376,243	$ 189,747	$ 199,318	$ 250,212	$ 251,375	$ 251,381	$ 251,381	$ 251,381	$ 251,381
Operating Levy	$ 35,779,909	$ 35,934,627	$ 36,360,162	$ 36,392,311	$ 36,392,311	$ 36,812,802	$ 46,539,000	$ 46,539,000	$ 46,539,000	$ 46,539,000	$ 46,539,000	$ 46,539,000
Total Revenue Receipts	$ 46,921,621	$ 46,831,497	$ 46,972,746	$ 47,116,932	$ 46,143,337	$ 46,098,589	$ 55,875,681	$ 55,790,992	$ 55,533,439	$ 55,533,439	$ 55,533,439	$ 55,533,439
Expenditures:												
Agency - Non-Medicaid	$ 24,894,348	$ 26,695,611	$ 30,450,372	$ 32,744,699	$ 34,198,105	$ 32,767,571	$ 33,655,464	$ 34,640,180	$ 35,654,437	$ 36,699,122	$ 37,775,148	$ 38,883,454
Other contracts and allocations	11,809,045	14,839,384	14,712,241	15,924,917	14,276,424	15,382,937	15,048,432	14,464,433	13,839,924	13,582,627	13,523,176	13,376,312
Other Administration	359,199	417,791	590,931	623,270	539,838	667,306	673,924	680,608	687,359	694,178	701,065	708,020
Salary and Fringe	2,332,750	2,467,984	2,665,552	3,108,253	2,963,500	3,349,790	3,340,325	3,452,440	3,568,647	3,689,115	3,814,016	3,943,533
Transfer Out - Permanent Improvement Fund	-	-	39,354,061	-	-	-	-	-	-	-	-	-
Total Expenditures	$ 39,395,342	$ 44,420,770	$ 87,773,156	$ 52,401,139	$ 51,977,867	$ 52,167,604	$ 52,718,146	$ 53,237,660	$ 53,750,368	$ 54,665,042	$ 55,813,404	$ 56,911,320
Projected Revenue Over/(Under Expenditures)	$ 7,526,279	$ 2,410,727	$ (40,800,410)	$ (5,284,207)	$ (5,834,530)	$ (6,069,015)	$ 3,157,535	$ 2,553,331	$ 1,783,071	$ 868,397	$ (279,965)	$ (1,377,881)
Ending Operating Cash Balance	$ 67,659,738	$ 70,070,465	$ 29,270,055	$ 23,985,848	$ 23,435,524	$ 17,366,509	$ 20,524,045	$ 23,077,376	$ 24,860,447	$ 25,728,844	$ 25,448,879	$ 24,070,998
Months of Operating Cash on Hand	**20.6**	**18.9**	**7.3**	**5.5**	**5.4**	**4.0**	**4.7**	**5.2**	**5.6**	**5.6**	**5.5**	**5.1**
ADM Permanent Improvement Fund	$ -	$ 1,832,199	$ 40,594,556	$ 31,123,743	$ 30,640,447	$ 13,323,743	$ 823,743	$ 823,743	$ 823,743	$ 823,743	$ 823,743	$ 823,743
Total Cash (Operating + Improvement	$ 67,659,738	$ 71,902,664	$ 69,864,611	$ 55,109,591	$ 54,075,971	$ 30,690,252	$ 21,347,788	$ 23,901,119	$ 25,684,190	$ 26,552,587	$ 26,272,622	$ 24,894,741

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 07/18/2025, 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 2025 Projected column was added to highlight the possible transaction totals for 2025 and the possible effect on cash in the fund balance.

ADM Permanent Improvement Funds totaling $39,770,813 are projected expenditures for calendar year 2025 through calendar 2027 for construction of the Dr. Fred Frese Residential Center and the Behavioral Health Wellness Center.

Revenue Assumptions:
Federal and State funding was adjusted based on preliminary awards for SFY2026.
Levy rate = 2.95 mill, no increase; beginning in 2021. Levy projected collections received from County of Summit Fiscal Office on February 3, 2025.
The next levy cycle for 2027 through 2032 is projected at 3.45 mill collection (2.95 mill + .5 mill increase).

Expenditure Assumptions:
Behavioral Health expenditures will range from $26.2M to $32.74M throughout the levy cycle: 2021-2026, $32.8M to $38.9M for 2027 - 2032.
Other contracts and allocations will range between $11.6M and $15.9M throughout the levy cycle 2021-2026, $13.4M to $15.4M for 2027 – 2032 which accommodates workforce-related system investments.
Other Administration is projected to increase by 1% annually over the levy cycle.
Salary and Fringe is projected to increase by an average of 2.77% annually over the levy cycle. This encompasses wage and fringe benefit increases.

7/29/2025

Figure 22. Cash Balance Forecast Carryover

APPENDIX

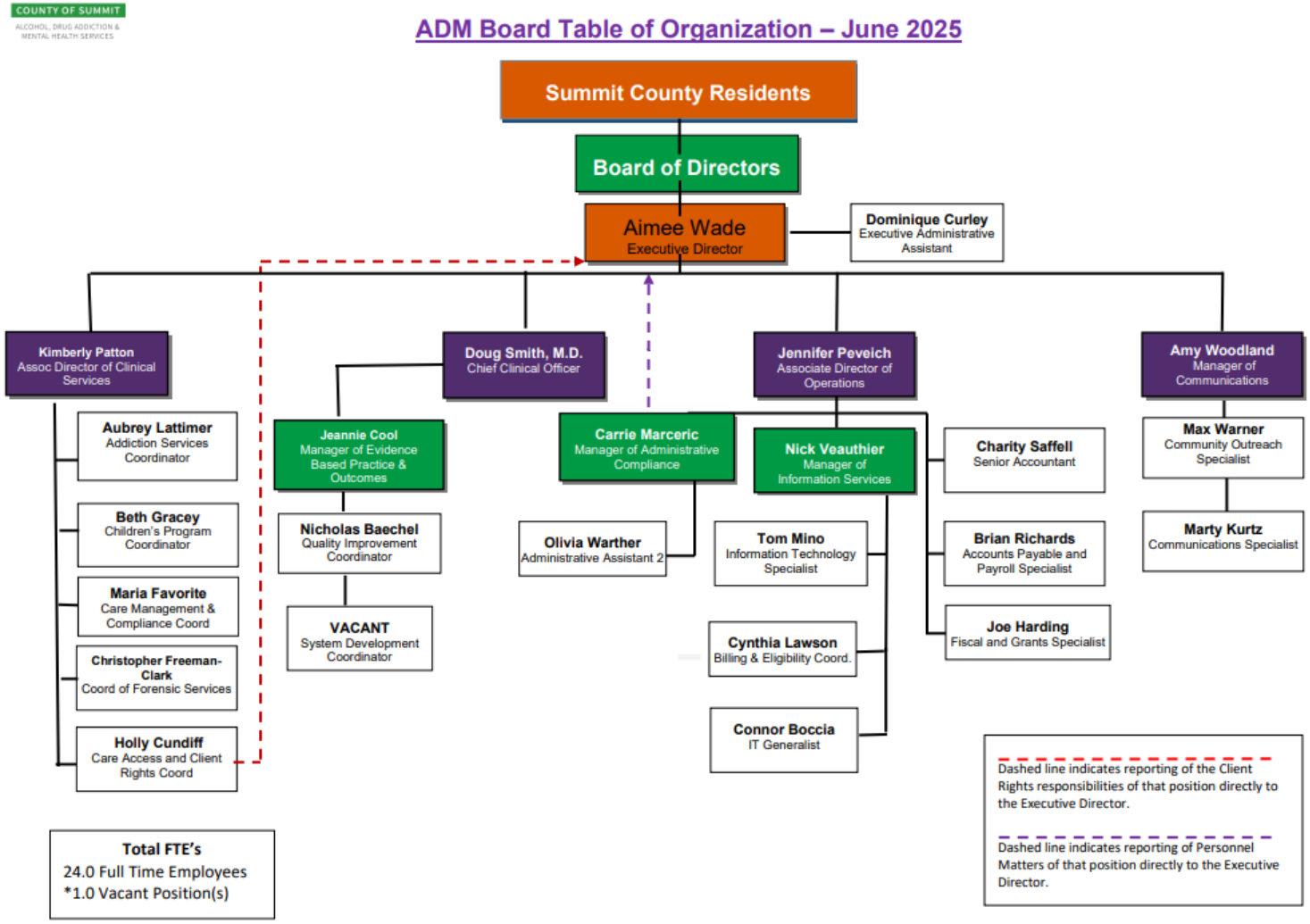


Figure 23. Table of Organization

3 Year Workforce Development Plan

What is the ADM Board's Role Within Workforce Development?

- **Convener:** To build relationships across agencies, communicate relevant information, and increase meaningful engagement related to workforce development within members of the Circle of Hope.
- **Build Capacity:** Mobilize resources and supports to strengthen the system's ability to deliver outcomes as defined by the ADM Board's Global Ends.
- **Foster Innovation:** Identify areas for potential improvement within the system of care and design engagement opportunities for collective learning and creative problem-solving among members of the Circle of Hope.
- **Market the Field:** Facilitate a Circle of Hope campaign to generate positive marketing of a behavioral health career.
- **Mobilize for Advocacy:** Facilitate collaboration with the Circle of Hope and other stakeholders to identify policy issues while developing collective strategies to help build system capacity.
- **Invest:** Support the Circle of Hope via resources as tools to accomplish the ADM Board's Global Ends.

What Will We Be Doing?

- **Wage Study:** Conduct a wage study that will assist the system in better understanding ways to compete. The study will include a 2-prong view: one from a comparison of the ADM Board's network of care while also comparing regional competitors.
- **Determine Feasibility of a Systemwide EAP:** As a means to prioritize and assist staff across the Circle of Hope and to collectively support agencies' efforts in backing their workforce.
- **HR Consultancy:** Explore the feasibility of connecting Circle of Hope providers with more human resource assets to better support workforce challenges.
- **Marketing Campaign:** Promote the greater workforce plan and integrate into the existing Circle of Hope campaign marketing strategies of a career within the system.
- **Enhance Prevention Services:** Address ways to enhance prevention services within the Circle of Hope, including incentives for advancing prevention credentials.
- **Exploration of Technology as Means to Support the Workforce:** As a commitment to innovation and investment in workforce, explore technology and ways it may be a value-add to workforce and client care.
- **Workforce Committee:** Development of a systemwide workforce committee designed for solution-focused implementation of the workforce plan and for conveying to agencies in order to provide direction and support of the Circle of Hope workforce.
- **Gallup Q12:** Systemwide implementation of Gallups Q12 as a means to utilize evidence-based practice in staff engagement and retention strategies. This would include insights from agency staff with the understanding of "nothing for us without us."
- **SERP:** Continue the investment of agencies Staff Engagement and Retention Plans (SERPs) for the next 3 years as a means to support agencies in developing a culture consistent with the Drivers of Engagement, which are evidence-based practices in staff engagement strategies.
- **Invest in Supervisors:** Understanding the manager's role in staff engagement and retention, the ADM Board will convene and facilitate best ways to support leadership within the Circle of Hope.
- **Systemwide Onboarding Program:** The ADM Board will convene and facilitate exploration of a systemwide onboarding program that will support agency onboarding efforts in a collective, strategic manner.
- **Develop the Pipeline:** The ADM Board will facilitate and support efforts to educate young adults regarding careers in behavioral health.
- **Professional Development:** In collaboration with the system to ensure that training and professional development meet staff and client needs, increase and enhance systemwide training efforts for the Circle of Hope as an investment in the workforce.

3 Year Schedule

Activity	Year 1	Year 2	Year 3
Wage Study			
Determine Feasibility of Systemwide EAP			
HR Consulting			
Marketing Campaign			
Enhance Prevention Services			
Exploration of Technology			
Workforce Committee			
Gallup Q12			
SERP			
Invest In Supervisors			
Systemwide Onboarding Program			
Develop the Pipeline			
Professional Development			

*This is a preliminary schedule and is subject to change as the project develops.

ADMBOARD COUNTY OF SUMMIT

Figure 24. 3-Year Workplan

Additional Resource

Each year, the ADM Board releases an annual report, showcasing the effects of the ADM Board's reach into the community.

The most recent impact report can be found here.

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