



# Ohio Behavioral Health Housing Needs Assessment 2015

## A Brief Report on Statewide Housing Needs and Wait Time

May 2016

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### PURPOSE

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) has identified safe and affordable housing options as one of its top priorities in meeting the needs of persons living with mental health and addiction issues. This is in alignment with the Ohio's legislative mandate, which requires housing as a component of the state's continuum of care for persons with behavioral health disorders. OhioMHAS collaborated with the local Alcohol, Drug Addiction and Mental Health (ADAMH), County Mental Health (CMH), and Alcohol, Drug and Addiction Services (ADAS) Boards to launch the 2015 Ohio Behavioral Health Housing Needs Assessment to identify the housing and support needs of persons affected by mental health or addiction issues in Ohio. The findings are expected to enable OhioMHAS and the Board leadership to better prioritize funds, provide a full continuum of housing within the board regions, and to develop comprehensive housing plans in a few actionable areas. This report on housing needs and wait time is based on self-reported information by ADAMH, CMH and ADAS Boards and does not include housing funded outside of the local boards. Please view the companion publication, [A Statewide Housing Inventory, Resources and Geographic Scan](#).

### METHODS

#### Participants

The participants of the Ohio Behavioral Health Housing Needs Assessment are ADAMH, CMH and ADAS Boards (hereafter referred to as Board or Boards) in Ohio's publicly funded behavioral health system. The Excel-based survey instrument was emailed to 51 Boards; 45 Boards responded, thus yielding a response rate of 88.2%. This report is primarily based on 45 Board responses which would be assumed as representative of the statewide housing scenario within the public behavioral health system. As for the Housing Follow-up Questionnaire, 34 of the 51 Boards responded, a response rate of 67%.

#### Procedures

Early in 2015, OhioMHAS decided to collect more robust information on housing inventory, capacity and needs. OhioMHAS, in collaboration with the Boards, decided on the use of an Excel-based needs assessment survey instrument

to collect data in key areas of housing. Subsequently, OhioMHAS emailed all the Boards a spreadsheet, documents on OhioMHAS Housing Categories and Definitions, and Instructions. To encourage a higher response rate and accurate data, OhioMHAS held a conference call on May 14, 2015, and shared responses to survey-related questions. The Department made additional efforts to collect responses from Boards who were not able to respond by the original deadline (May 27). OhioMHAS compiled the individual Board responses into one consolidated spreadsheet, entered all valid data in summary Excel files, and analyzed the data. OhioMHAS also administered a three-question Housing Follow-up Questionnaire to collect some information on Board contracts out of county and Board areas.

#### Measurement

The survey estimated the Board area's current need of housing resources and wait time for four types of housing: Residential Treatment, Residential Care, Permanent Housing and Time-Limited Temporary, as defined by OhioMHAS Housing Crosswalk.<sup>1</sup> Housing needs were measured across four domains: Residential

<sup>1</sup>For OhioMHAS Housing Definitions, visit: <http://mha.ohio.gov/Portals/0/assets/Supports/Housing/201407-Housing-Crosswalk.pdf>

Treatment (licensed 24/7 staffed facility providing room, board, personal care and clinical services as part of the treatment stay); Residential Care (Adult Care Facilities [ACF]/Group Home; Residential Care facility licensed by the Ohio Department of Health (DOH) or the Ohio Department of Developmental Disabilities (DODD); and child Residential Care/groups homes); Permanent Housing (permanent supportive housing, community residence, recovery residence--level I, II or III; private apartment and home ownership); and Time-Limited Temporary (respite, foster, crisis, temporary or transitional). For all domains and sub-categories, responses were collected across mental health (MH), alcohol and other drug addiction (AoD), dual, adult, family, youth, criminal justice (CJ) and sex offender. The Boards would check (X) those that they have a need for; all those checked thus were converted to "1"s (Yes); and those that were not checked were counted as "0"s (No). Waiting list data were solicited in terms of days, weeks, months, years, or "no waiting list" for various housing or subsidy identified categories such as: Section 8; shelter plus care, Board subsidy; Board housing; ACF; ACF subsidy; AoD residential treatment; and AoD recovery housing. Wait time is defined as number of days between initial contract with treatment program and admission.

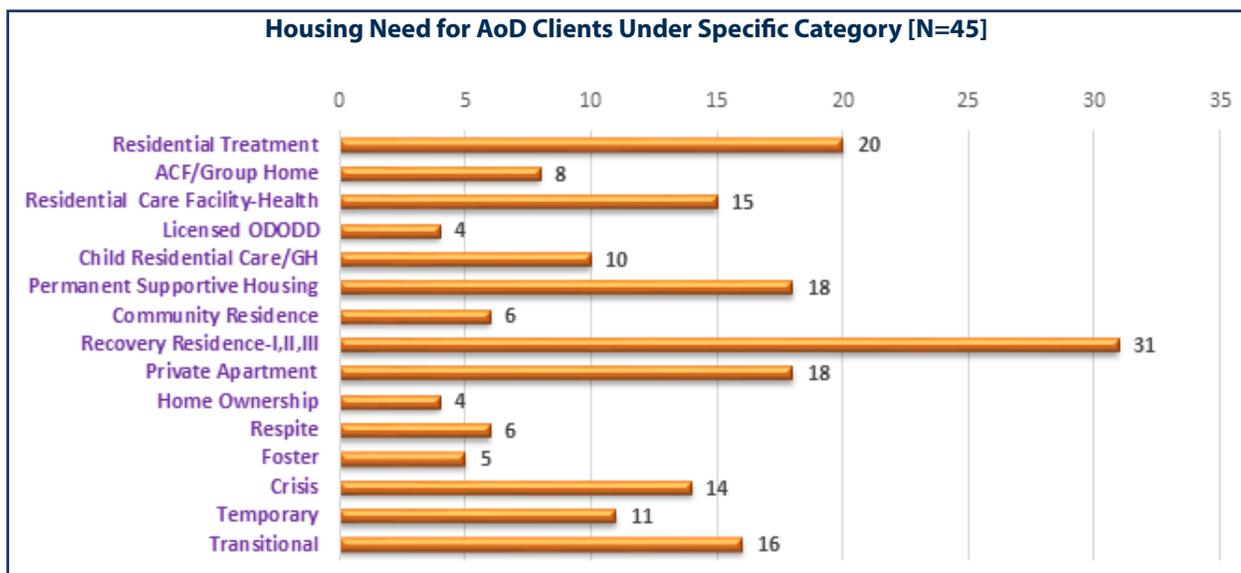
### Analysis

Data were analyzed for housing needs across four housing settings and sub-categories: Residential Treatment, Residential Care; Permanent Housing; and Time-Limited Temporary. Analysis compiled "yes" responses for eight types of clientele, such as: MH, AoD, dual, adult, family, youth, CJ and sex offender. Descriptive statistics include percentages. Graphs and summary matrix tables are used to graphically depict the data.

## HOUSING RESOURCES NEEDED

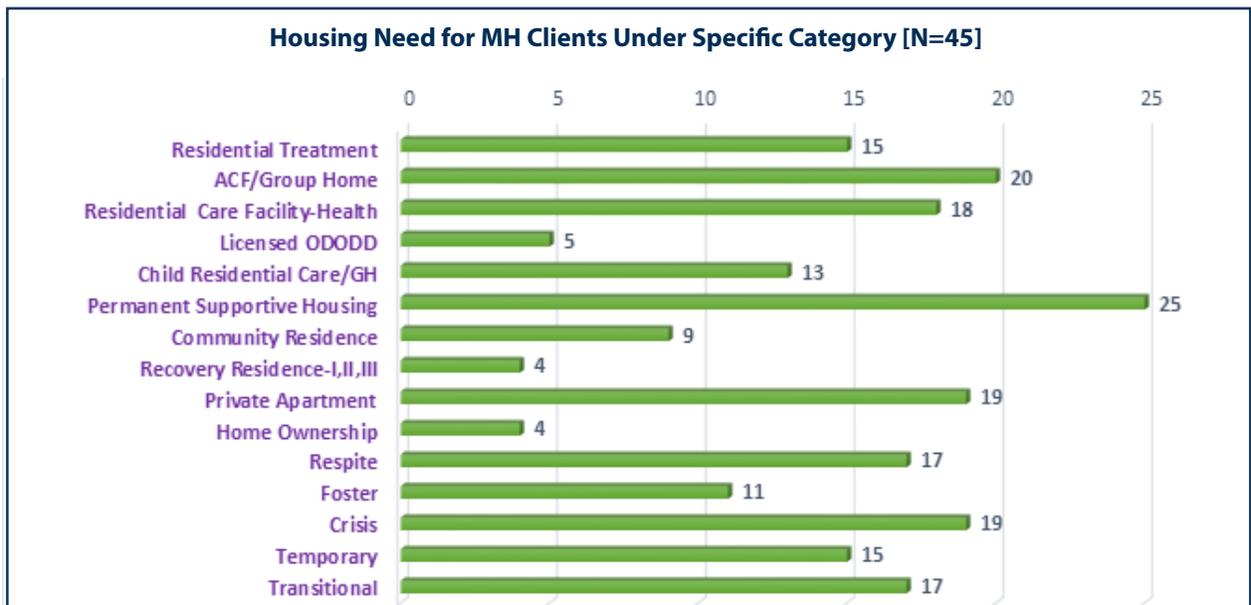
The following text captures key highlights for each of the four housing categories, corresponding to eight types of clientele: MH, AoD, dual, adult, family, youth, CJ and sex offenders (refer to consolidated table in Appendix A). In addition, there is discussion of the two topmost sub-categories and top five needs for each housing category, as well as brief reflections on select populations, AoD, mental health, CJ and sex offender clients.

For Residential Treatment, the top five housing needs reported (n=46) were: AoD (43%), adult (41%), dual (37%), and MH (33%), and CJ (30%). For Residential Care, two sub-categories with the highest Board responses were: ACF/Group Home and Residential Care facility-DOH. Within ACF/Group Home, the top five housing needs reported (n=46) were: MH (43.5%), adult (41.3%), dual (28.3%), sex offenders (26.1%), and 17.4% each for CJ and AoD. Within Residential Care Facility-DOH, the top five housing needs were: MH (39.1%); adult (37%); followed by 32.6% each for AoD, dual and youth. For Permanent Housing, supportive housing and private apartment had the highest Board responses. Within Permanent Housing, the top five housing needs were: adult (63%); MH (54.3%); dual (50%); AoD (39.1%) and sex offenders (37%). Within private apartment, the top five housing needs were: adult (45.6%); dual (43.5%); MH (41.3%); and 39.1% each, AoD and sex offenders. As for Time-Limited Temporary, crisis and transitional types had the highest number of responses. Within crisis housing, the five top housing need were: MH and adult with 41.3 % Board responses; dual (34.8%); youth (32.6%) and AoD (30.4%). Within transitional housing, the top five Board responses were: MH and adult (36.9% each); followed by AoD (34.8%); youth (32.6%); and 26% each for dual and family.



Source: Ohio Behavioral Health Housing Needs Assessment Survey 2015

Figure 1: Housing Need for AoD Clients



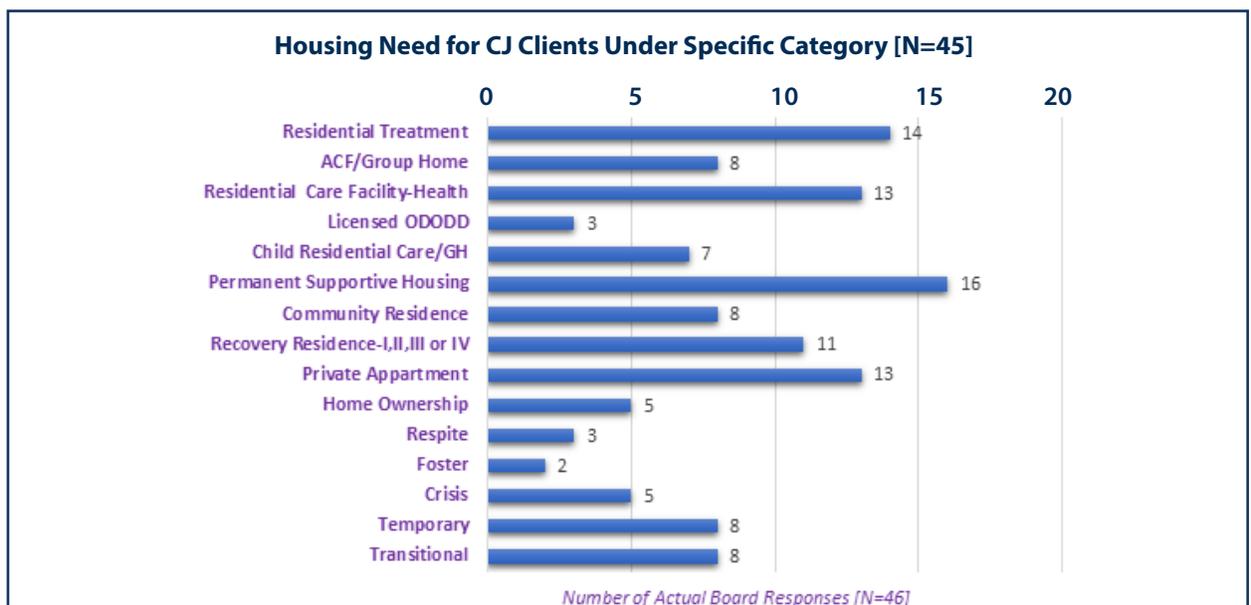
Source: Ohio Behavioral Health Housing Needs Assessment Survey 2015

Figure 2: Housing Need for Mental Health Clients

**Analysis of Housing Need by Select Client Population**

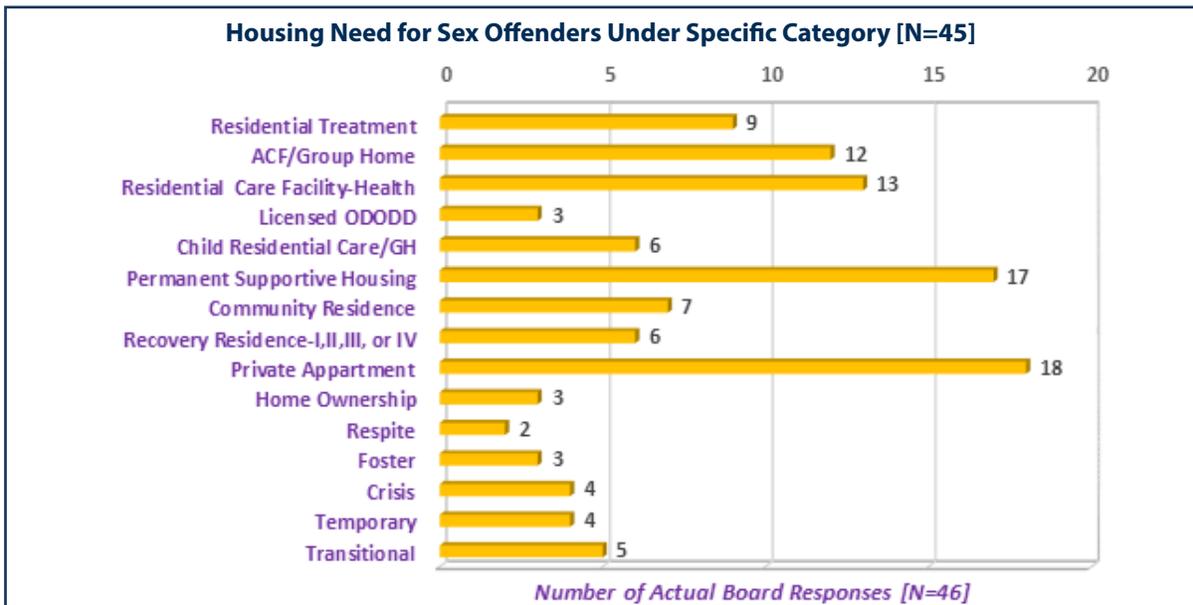
Regarding AoD clients, among the 45 Board responses (not mutually exclusive), the top five housing needs were: Recovery residence (I,II,III) (31; 69%); Residential Treatment (20; 44%); permanent supportive housing (18; 40%); private apartment (18; 40%); and transitional (16; 36%) (Figure 1). As for mental health clients, among the 45 Board responses (not mutually exclusive), the top five housing needs were: permanent supportive housing (25; 56%); ACF/Group Home (20; 44%); crisis care (19; 42%); private apartment (19; 42%); transitional care (17; 38%) and respite care (17; 38%) (Figure 2).

Additional analysis also looked at CJ and sex offender clients. Among the 45 Board responses, the top five types of housing need for CJ clients were: permanent supportive housing (16; 35%); Residential Treatment (14; 30%); private apartment (13; 28%); Residential Care facility-DOH (13; 28%); and recovery housing (12; 26%) (Figure 3). Board responses related to housing for sex offender clients indicated the top five needs were: private apartment (18; 39%); permanent supportive housing (17; 37%); Residential Care facility-DOH (13; 28%); ACF/GH (12; 26%); and Residential Treatment (9; 19%) (see Figure 4).



Source: Ohio Behavioral Health Housing Needs Assessment Survey 2015

Figure 3: Housing Need for CJ Clients



Source: Ohio Behavioral Health Housing Needs Assessment Survey 2015

Figure 4: Housing Need for Sex Offender Clients

### ESTIMATED WAIT TIME BY HOUSING

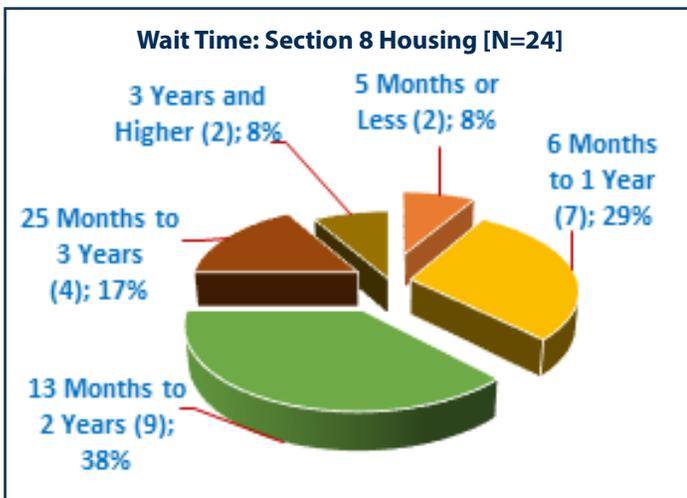
Among estimated wait time responses by Boards, Section 8 housing appeared to be the type of housing that had the highest wait time recorded. Of the 24 Boards who indicated wait time for Section 8 housing, close to 38% (37.5%) estimated wait time anywhere between 13 months to 2 years, followed by 17% estimating wait time of more than 2 years to 3 years; and 8% reported 3 years and higher (Figure 5). As for waiting time regarding Shelter Plus Care, of the 17 Boards that responded, 41% reported wait time of one year and more; and 24% estimated wait time of 6 to 11 months (Figure 6).

For Board and/or subsidized housing (combined), of the 24 Boards who responded, 42% reported wait time of one year and higher and 23% reported 6 to 11 months (Figure 7). As for AoD Residential Treatment housing, of the 20 Board responses, 70% reported wait time of one month or less (Figure 8). Board contracts out of county or Board

area. Based on the information from the housing follow-up questionnaire conducted in 2015, close to 53% (n=18) of 34 Board respondents were contracting out of county or their Board area. Out of 16 Board responses to each of the four housing categories, an overwhelming number of Boards (87%; 14) were contracting out for Residential Treatment. As for other housing categories, 50% of the Board respondents were contracting for residential housing and Residential Care; only 25% were contracting out for temporary crisis.

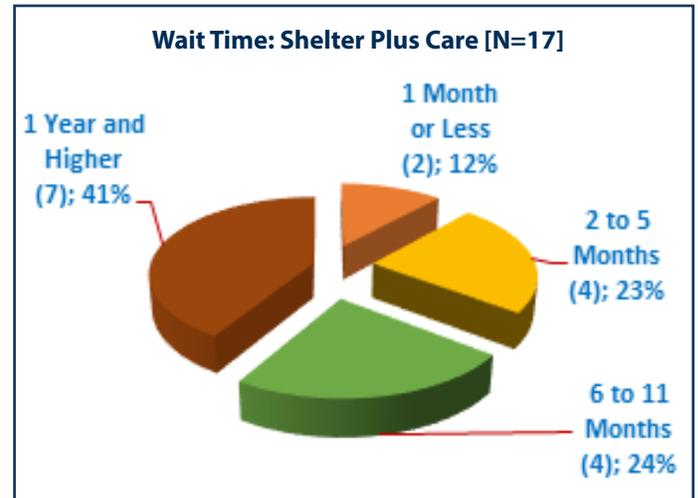
### DISCUSSION

This study sought to investigate the housing needs and wait time in the ADAMH, CMH and ADAS Board system. Regarding housing need, Board continue to rank housing for AoD and mental health clients among their top needs with high need indicated for Adult Care Facility/Group Home and Residential Care. Given that 87% (n=14) of 18



Source: Ohio Behavioral Health Housing Needs Assessment Survey 2015

Figure 5: Estimated Wait Time—Section 8 Housing



Source: Ohio Behavioral Health Housing Needs Assessment Survey 2015

Figure 6: Shelter plus Care Housing

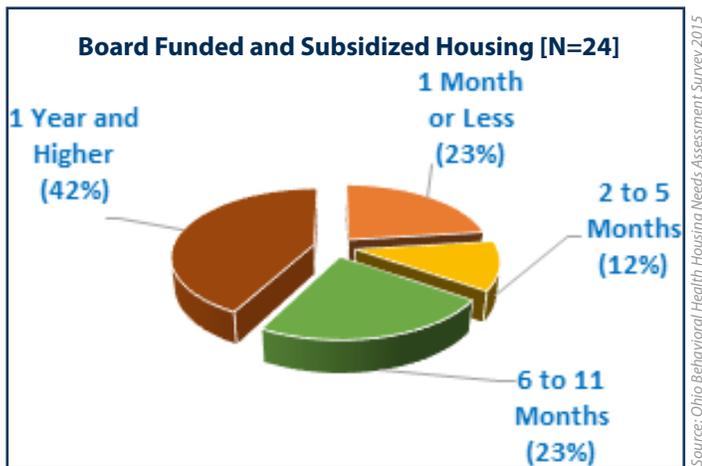


Figure 7: Estimated Wait Time—Board Housing

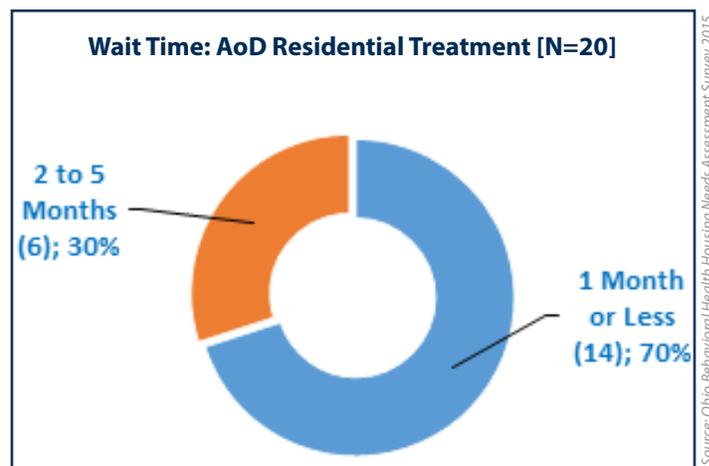


Figure 8: AoD Residential Treatment Housing

Boards indicated out-of-Board-area contracts, Boards appear to lack the capacity to provide Residential Treatment as needed. There is a critical need for stepped-up supervised care and care for clients who are severely mentally disabled.<sup>2</sup>

As for wait time, Board responses (n=17) on waiting time regarding Shelter plus Care, 41% reported wait time of one year and more; and 24% estimated wait time of 6 to 11 months.<sup>3</sup> When combined, 65% of the Boards have indicated a wait time of 6 months and higher. As for a longer wait time (one year and more), 54% of 13 Board respondents acknowledged this for Board-subsidized housing; and 45% of the 20 Board respondents (n=13) reported this for Board housing. As for federally supported Section 8 housing, it had the longest reported wait time (13 months to two years), thus impacting lower socioeconomic status and welfare recipient clients under subsidized housing.

## POLICY IMPLICATIONS

A few policy implications are discernible against the backdrop of current housing in Ohio and federal initiatives.

### Housing Needs

Housing need for MH, adult, AoD, and dual clients appear to be the most pronounced across eight types

of clientele. Housing need for family clientele were among the least reported across Residential Treatment, Residential Care and Permanent Housing. Especially high levels of housing need reported for recovery housing for CJ clients may also provoke further investigation of whether recovery housing is sufficient to meet the needs of special subpopulations.<sup>4</sup> The fact that the boards indicated higher needs for private apartment and permanent supportive housing for sex offender clients is interesting, especially in the context of the challenges and restrictive admission criteria/guidelines besetting housing for sex offender clients.<sup>5</sup>

### Current Housing Initiatives and Resources

Given Ohio's efforts in recent years to increase access to affordable housing to avoid institutional placements, there is much optimism for an enhanced housing environment in years to come.

The budget enacted in June 2015 sustains recent increases in state funding to support affordable housing for priority populations, including those: with behavioral health disorders; involved with the criminal justice system; at risk of entering an institution; and youth transitioning to adulthood. Over the next two years, the budget expands recovery housing capacity, funds.<sup>6</sup>

In Ohio, there are transitional housing options such as Community Residential Centers that provide field referrals for sex offender clients, whereby a supervising officer

<sup>2</sup> For ACF List by Counties in Ohio, visit: <http://mha.ohio.gov/Portals/0/assets/Regulation/LicensureAndCertification/acf-listing-by-county.pdf>. Accessed on December 18, 2015.

<sup>3</sup> Shelter Plus Care, Supportive Housing Program and Section 8 Moderate Rehabilitation SRO (Single Room Occupancy) program are known as Continuum of Care program. The former Shelter Plus Care (S+C) Program provides rental assistance in connection with matching supportive services. The S+C Program provides a variety of Permanent Housing choices, accompanied by a range of supportive services funded through other sources. Available at: <http://portal.hud.gov/hudportal/HUD?src=/hudprograms/spc>. Accessed on January 7, 2016.

<sup>4</sup> The availability of recovery housing in Ohio was found insufficient, especially housing tailored to the special needs of subpopulations (e.g., women and families; individuals with co-occurring mental health disorders; and individuals with criminal justice histories). For further information read: Ohio Council of Behavioral Health & Family Services Providers. 2013. Recovery Housing in the State of Ohio: Findings and Recommendations from an Environmental Scan. Available at: <https://obc.memberclicks.net/assets/OHRecoveryHousing/ohiorecoveryhousingjune2013%20final.pdf>. Accessed August 16th 2015.

<sup>5</sup> Some information on sex offender admissions or rejections is available at: [http://www.drc.ohio.gov/web/HWH\\_FactSheetGeographicalListing.pdf](http://www.drc.ohio.gov/web/HWH_FactSheetGeographicalListing.pdf). Accessed on December 21, 2015.

<sup>6</sup> Governor's Office of Health Transformation. 2015 Year-in-Review. Visit: <http://healthtransformation.ohio.gov/LinkClick.aspx?fileticket=cljsTvFEE2l%3d&tabid=194>.

Accessed on January 7, 2016. Community residential center transitional housing directory. Available at: [http://drc.ohio.gov/web/ih\\_directory.pdf](http://drc.ohio.gov/web/ih_directory.pdf). Accessed on December 21, 2015

shall complete a referral form and forward it to the APA region's sex offender specialist where the Community Residential Center is located; the sex offender specialist shall determine if the offender is appropriate for referral, and if so, make the referral to the Community Residential Center.<sup>7</sup>

Some community level practices are noteworthy. For example, the Hamilton County ADAMH Board recommended the development of at least 50 to 100 additional units of this type of transitional housing. Along with this recommendation of the number of beds/units, the programming/housing has to be for at least two to four years for these individuals to obtain long-term Permanent Housing in our community.<sup>8</sup>

Some Boards have analyzed their CJ clientele and offered insightful findings. Cuyahoga County's analysis suggested that for every one person with mental illness or addiction disorder incarcerated in prison, ADAMH Board reentry programs could serve three to four individuals through successful community behavioral health services.<sup>9</sup> The analysis also found that it costs \$25,000 per year to incarcerate an inmate in prison (average cost not including all costs of behavioral health services). However, it costs less than \$7,500 per year on average to provide community behavioral health services; a potential savings of \$17,500 per individual over incarceration.

Ohio has a range of community options to support recovery and long-term needs. OhioMHAS is dedicated to enhancing supportive community living options for people in recovery. Working with federal, state and local partners, OhioMHAS leverages funds to invest in building new community housing or maintaining current housing stock for the recovery and community integration of people with mental health and addiction disabilities. Appropriate housing also is a key to rebalancing Ohio's long-term care options, saving taxpayer dollars and increasing independence for people who do not require institutional care. OhioMHAS advocates for individuals diagnosed with serious mental illnesses through federally mandated Pre-Admission Screening and Resident Review (PASRR). These evaluations ensure that individuals are placed in the setting that is most appropriate for their needs.<sup>10</sup>

## Wait Time

The reported higher waiting time for Shelter plus Care, Board-subsidized housing and Board housing is problematic for the publicly funded behavioral health housing, since clients seeking and needing treatment for behavioral health issues are not able to get housing and Residential Treatment expeditiously. Such delay or a more-than-anticipated wait time for such housing may lead to delayed treatment services and tend to exacerbate the client's morbidity as well as contribute to higher treatment and intervention costs.

## Wait Time: Current Initiatives and Resources

Some Boards in Ohio are pursuing various efforts to reduce wait list and increase the number of consumers who receive timely access. For example, acknowledging the current severe shortage of Permanent Housing, one county Board sought to reduce the number of consumers on a waitlist for Permanent Housing by at least 10% (160) from 1,600 to 1,440 by Jan. 1, 2014.<sup>11</sup> One study argues that being on a waiting list is a barrier, leading some people to give up on treatment and to continue using, while prompting others to view sobriety during the waiting period as proof they do not need treatment.<sup>12</sup> The study findings support the importance of system-oriented treatment interventions that are designed to reduce the waiting time before treatment entry. Financial incentives (performance contracting) has been found to have an impact on waiting time and length of stay in publicly funded addiction treatment.<sup>13</sup> Performance-based contracting in combination with NIATx Model of Process Improvement for Behavioral Health also had a positive impact on reducing the wait time for treatment and length of stay.<sup>14</sup>

## CONCLUSION

The baseline data/information provides an environmental scan of the current behavioral health housing in terms of the need and waiting time to drive future policy-making. It is expected that continued updates of these baseline data/information would be beneficial for OhioMHAS to have a more accurate and timely assessment of the need and resources available to address the unmet need.

<sup>7</sup>Community residential center transitional housing directory. Available at: [http://drc.ohio.gov/web/ih\\_directory.pdf](http://drc.ohio.gov/web/ih_directory.pdf) Accessed on December 21, 2015

<sup>8</sup>Hamilton County. Community-wide Ex-offenders Re-entry Task Force – Final Report Subcommittee: Housing Group Summary of Findings and Recommendations; August 2009. Available at: <http://reentrycoalition.ohio.gov/pages/coalitions/montgomery/Housing%20Final%20Report%205-19-09.pdf>. Accessed on December 21, 2015.

<sup>9</sup>Cuyahoga County receives almost 20% of statewide prison reentry (5,000 individuals annually); almost 10% of inmates that return have severe and persistent mental illness (500); over 60% of inmates that return have substance abuse/addiction disorders (3,000); approximately 800 of these will have dual disorders. For additional insights, visit: [http://adamhsc.org/pdf\\_adamhsc/en-US/April213CountyStatePresentation.pdf](http://adamhsc.org/pdf_adamhsc/en-US/April213CountyStatePresentation.pdf). Accessed December 21, 2015.

<sup>10</sup>For a summary on OhioMHAS recovery housing, visit: <http://mha.ohio.gov/Portals/0/assets/News/annual%20reports/SFY15-Annual-Report.pdf>. Accessed on January 4, 2016.

<sup>11</sup>[http://adamhsc.org/pdf\\_adamhsc/en-US/April213CountyStatePresentation.pdf](http://adamhsc.org/pdf_adamhsc/en-US/April213CountyStatePresentation.pdf) Accessed on December 18, 2015

<sup>12</sup><http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2396562/> Accessed on January 7, 2016.

<sup>13</sup><http://www.academyhealth.org/files/2009/tuesday/stewartm.pdf>

<sup>14</sup>For more information on NIATx, visit: <http://www.niatx.net/Home/Home.aspx> Accessed on January 11, 2016.

## APPENDIX A

Table 1: Board Responded Need for Various Housing Categories by Types of Clientele [n=45]

HOUSING CATEGORIES: Need by Clientele Type		MH	AOD	Dual	Adult	Family	Youth	Criminal Justice	Sex Offenders	
Residential Treatment	Yes (%)	15 (33%)	20 (44%)	17 (38%)	19 (42%)	4 (9%)	13 (29%)	14 (31%)	9 (20%)	
	No	30	25	28	26	41	32	31	36	
	Total	45	45	45	45	45	45	45	45	
Residential Care	ACF/ Group Home	Yes (%)	20 (44%)	8 (18%)	13 (29%)	19 (42%)	2 (4%)	5 (11%)	8 (18%)	12 (27%)
		No	25	37	32	26	41	40	37	33
		Total	45	45	45	45	45	45	45	45
	Residential Care Facility-Health	Yes (%)	18 (40%)	15 (33%)	15 (33%)	17 (38%)	2 (4%)	15 (33%)	13 (29%)	13 (29%)
		No	27	30	30	28	43	30	32	32
		Total	45	45	45	45	45	45	45	45
	Licensed ODODD	Yes (%)	5 (11%)	4 (9%)	7 (16%)	5 (11%)	1 (2%)	4 (9%)	3 (7%)	3 (7%)
		No	40	41	38	40	44	41	42	42
		Total	45	45	45	45	45	45	45	45
	Child Residential Care/GH	Yes (%)	13 (29%)	10 (22%)	6 (13%)	2 (4%)	2 (4%)	11 (24%)	7 (16%)	6 (13%)
		No	32	35	39	43	43	34	38	39
		Total	45	45	45	45	45	45	45	45
Permanent Housing	Permanent Supportive Housing	Yes (%)	25 (56%)	18 (40%)	23 (51%)	29 (64%)	16 (36%)	10 (22%)	16 (36%)	17 (38%)
		No	20	27	22	16	29	35	29	28
		Total	45	45	45	45	45	45	45	45
	Community Residence	Yes (%)	9 (20%)	6 (13%)	6 (13%)	9 (20%)	6 (13%)	4 (9%)	8 (18%)	7 (16%)
		No	36	39	39	36	39	41	37	38
		Total	45	45	45	45	45	45	45	45
	Recovery Residence-I, II, III	Yes (%)	4 (9%)	31 (69%)	12 (27%)	21 (47%)	9 (20%)	4 (9%)	11 (24%)	6 (13%)
		No	41	14	33	24	36	41	34	39
		Total	45	45	45	45	45	45	45	45
	Private Apartment	Yes (%)	19 (42%)	18 (40%)	20 (44%)	21 (47%)	15 (33%)	11 (24%)	13 (29%)	18 (40%)
		No	26	27	25	24	30	34	32	27
		Total	45	45	45	45	45	45	45	45
Home Ownership	Yes (%)	4 (9%)	4 (9%)	3 (7%)	4 (9%)	4 (9%)	3 (7%)	5 (11%)	3 (7%)	
	No	41	41	42	41	41	42	40	42	
	Total	45	45	45	45	45	45	45	45	
Time-Limited Temporary	Respite	Yes (%)	17 (38%)	6 (13%)	9 (20%)	9 (20%)	7 (16%)	16 (36%)	3 (7%)	2 (4%)
		No	28	39	36	36	38	29	42	43
		Total	45	45	45	45	45	45	45	45
	Foster	Yes (%)	11 (24%)	5 (11%)	5 (11%)	4 (9%)	3 (7%)	13 (29%)	2 (4%)	3 (7%)
		No	34	40	40	40	41	42	32	43
		Total	45	45	45	45	45	45	45	45
	Crisis	Yes (%)	19 (42%)	14 (31%)	16 (36%)	19 (42%)	7 (16%)	15 (33%)	5 (11%)	4 (9%)
		No	26	31	29	26	38	30	40	41
		Total	45	45	45	45	45	45	45	45
	Temporary	Yes (%)	15 (33%)	11 (24%)	9 (20%)	12 (27%)	11 (24%)	10 (22%)	8 (18%)	4 (9%)
		No	30	34	36	33	34	35	37	41
		Total	45	45	45	45	45	45	45	45
Transitional	Yes (%)	17 (38%)	16 (36%)	12 (27%)	17 (38%)	12 (27%)	15 (33%)	8 (18%)	5 (11%)	
	No	28	29	33	28	33	30	37	40	
	Total	45	45	45	45	45	45	45	45	

## ACKNOWLEDGMENTS

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