



Columbiana County Mental Health and Recovery Services Board

Patricia A. Baumgarter
Executive Director

August 29, 2011

Matthew Loncaric
Ohio Department of Mental Health
30 East Broad Street, 8th Floor
Columbus, Ohio 43215-3430

Dear Matt:

Attached are the following ODMH/ODADAS Community Plan documents:

- Two Copies of the Community Plan Signature Form
- Board Forensic, Linkage and Client Rights Contacts

The following items were submitted to you electronically:

- FY 2012-2013 Community Plan Final Document
- Board Membership Catalog
- Housing Chart
- ODMH Service Level Checklist
- Portfolio of Providers SFY 2012 - 2013

. Please let me know if you have any questions of if any additional items are required.

Sincerely,

A handwritten signature in black ink, appearing to read "Kathleen Chaffee". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Kathleen Chaffee, PCC-S
Executive Director

KC:pr

Enclosures

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SIGNATURE PAGE
◆-----◆

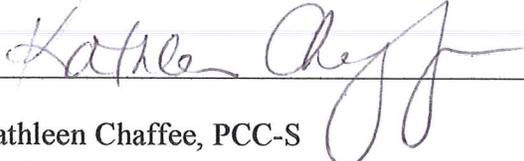
**Community Plan for the Provision of Alcohol, Drug Addiction and Mental Health Services
SFY 2012-2013**

Each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, Alcohol and Drug Addiction Services (ADAS) Board and Community Mental Health Services (CMHS) Board is required by Ohio law to prepare and submit to the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) and the Ohio Department of Mental Health (ODMH) a plan for the provision of alcohol drug addiction and mental health services in its area. The plan, which constitutes the Board's application for funds, is prepared in accordance with procedures and guidelines established by ODADAS and ODMH. The Community Plan is for State Fiscal Years (SFY) 2012 – 2013 (July 1, 2011 to June 30, 2013).

The undersigned is a duly authorized representative of the ADAMHS/ADAS/CMHS Board. The ADAMHS/ADAS Board hereby acknowledges that the information contained in this application for funding, the Community Plan for SFY 2012 - 2013, has been reviewed for comment and recommendations by the Board's Standing Committee on Alcohol and Drug Addiction Services, and is complete and accurate.

Columbiana County Mental Health and Recovery Services Board

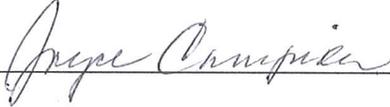
ADAMHS, ADAS or CMH Board Name (Please print or type)



Kathleen Chaffee, PCC-S
ADAMHS, ADAS or CMH Board Executive Director

8/25/11

Date



Joyce Campian
ADAMHS, ADAS or CMH Board Chair

8/23/2011

Date

[Signatures must be original or if not signed by designated individual, then documentation of authority to do so must be included (Board minutes, letter of authority, etc.)].

Board Forensic Monitor and Community Linkage Contacts

a. Please provide the name, address, phone number, and email of the Board's Forensic Monitor:

| Name | Street Address | City | Zip | Phone Number | Email |
|---|----------------------|------------|-------|--------------|--------------------------------|
| Vince Arduin Forensic Psychiatric Center of Northeast Ohio, Inc. | 5515 Mahoning Avenue | Youngstown | 44515 | 330-792-1918 | forensictvfa@choiceonemail.com |

b. Please provide the name, address, phone number, and email of the Board's Community Linkage Contact:

| Name | Street Address | City | Zip | Phone Number | Email |
|------------------------------------|---------------------------------------|--------|-------|--------------|----------------------|
| Todd Frampton Counseling Center | 40722 State Route 154 P.O. Box 429 | Lisbon | 44432 | 330-424-9573 | tframpton@colmhc.org |