

Please complete the following ODMH Service Level Checklist noting anticipated changes in service availability in SFY 2012:

**ODMH SERVICE LEVEL CHECKLIST:** This checklist relates to your plan for SFY 2012. The alignment between your planned and actual service delivery will be determined using MACSIS and Board Annual Expenditure Report (FIS-040) data during February 2012.

**Instructions - In the table below, provide the following information:**

1. For SFY 2011 Offered Service: what services did you offer in FY 2011?
2. For SFY 2012, Plan to: What services do you plan to offer?
3. For SFY 2012 Medicaid Consumer Usage: how do you expect Medicaid Consumer usage to change?
4. For SFY 2012 Non-Medicaid Client Usage: how do you expect Non-Medicaid Consumer usage to change?
5. For SFY 2012 Number of Units and Beds for the Adults who are SPMI/SMI.

Service Category	SFY 2011	SFY 2012		
	(Question 1) Offered Service Yes/No/Don't Know <i>Circle the answer for each category</i>	(Question 2) Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	(Question 3) Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	(Question 4) Non-Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>
Pharmacological Mgt.	Yes	NC	I	NC
Mental Health Assessment (non-physician)	Yes	NC	I	NC
Psychiatric Diagnostic Interview (Physician)	Yes	NC	I	NC
BH Counseling and Therapy (Individual)	Yes	NC	I	NC
BH Counseling and Therapy (Group)	Yes	NC	I	NC
<b>Crisis Resources &amp; Coordination</b>				
24/7 Hotline	Yes	NC	DK*	DK*
24/7 Warmline	Yes	NC	DK*	DK*
Police Coordination/CIT	Yes	NC	DK*	DK*
Disaster Preparedness	Yes	DK	DK*	DK*
School Response	Yes	NC	DK*	DK*

\* The Board does not track Medicaid or non-Medicaid usage for the Crisis Resources and Coordination services noted above. Where applicable, services are provided to clients referred for the service with no determination based on Medicaid eligibility.

	SFY 2011	SFY 2012		
	(Question 1)	(Question 2)	(Question 3)	(Question 4)
	Offered Service Yes/No/Don't Know <i>Circle the answer for each category</i>	Plan to: Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	Non-Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>
<b>Service Category</b>				
Respite Beds for Adults	Yes	NC	NC	NC
Respite Beds for Children & Adolescents (C&A)	Yes	NC	NC	NC
<b>Crisis Face-to-Face Capacity for Adult Consumers</b>				
24/7 On-Call Psychiatric Consultation	Yes	NC	DK	DK
24/7 On-Call Staffing by Clinical Supervisors	No	NC	DK	DK
24/7 On-Call Staffing by CPST Staff	Yes	NC	DK	DK
Mobile Response Team	Yes	NC	DK	DK
<b>Crisis Central Location Capacity for Adult Consumers</b>				
Crisis Care Facility	Yes	NC	DK	DK
Hospital Emergency Department	Yes	NC	DK	DK
Hospital Contract for Crisis Observation Beds	No	NC	DK	DK
Transportation Service to Hospital or Crisis Care Facility	No	NC	DK	DK
<b>Crisis Face-to-Face Capacity for C&amp;A Consumers</b>				
24/7 On-Call Psychiatric Consultation	Yes	NC	DK	DK

	SFY 2011	SFY 2012		
	(Question 1)  Offered Service Yes/No/Don't Know <i>Circle the answer for each category</i>	(Question 2)  Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	(Question 3)  Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	(Question 4)  Non-Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>
<b>Service Category</b>				
24/7 On-Call Staffing by Clinical Supervisors	No	NC	DK	DK
24/7 On-Call Staffing by CPST Staff	Yes	NC	DK	DK
Mobile Response Team	Yes	NC	DK	DK
<b>Crisis Central Location Capacity for C&amp;A Consumers</b>				
Crisis Care Facility	Yes	NC	DK	DK
Hospital Emergency Department	Yes	NC	DK	DK
Hospital Contract for Crisis Observation Beds	No	NC	DK	DK
Transportation Service to Hospital or Crisis Care Facility	No	NC	DK	DK
Partial Hospitalization, Less than 24 hr.	Yes	NC	I	NC
Community Psychiatric Supportive Treatment (Individual)	Yes	NC	I	NC
Community Psychiatric Supportive Treatment (Group)	Yes	NC	I	NC
Assertive Community Treatment (Clinical Activities)	Yes	NC	I	NC
Assertive Community Treatment (Non-Clinical Activities)	Yes	NC	I	NC
Intensive Home Based Treatment (Clinical Activities)	Yes	NC	I	NC

	SFY 2011	SFY 2012		
	(Question 1) Offered Service Yes/No/Don't Know <i>Circle the answer for each category</i>	(Question 2) Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	(Question 3) Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	(Question 4) Non-Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>
<b>Service Category</b>				
Intensive Home Based Treatment (Non- Clinical Activities)	Yes	NC	NC	NC
Behavioral Health Hotline Service	Yes	NC	NC	NC
Other MH Svc, Not Otherwise Specified (Healthcare Services)	Yes	NC	NC	NC
Other MH Svc., (Non-healthcare Services)	Yes	NC	NC	NC
Self-Help/Peer Services. (Peer Support)	Yes	NC	NC	NC
Adjunctive Therapy	No	NC	NC	NC
Adult Education	No	NC	NC	NC
Consultation	Yes	NC	NC	NC
Consumer Operated Service	Yes	NC	NC	NC
Employment/Vocational Information and Referral	Yes	NC	NC	NC
Mental Health Education	Yes	NC	NC	NC
Occupational Therapy Service	No	NC	NC	NC
Prevention	Yes	NC	NC	NC
School Psychology	No	NC	NC	NC
Social & Recreational Service	Yes	NC	NC	NC
Community Residence	Yes	NC	NC	NC
Crisis Care/Bed <b>Adult</b> [see service definition below]	Yes	NC	NC	NC

	SFY 2011	SFY 2012		
Service Category	(Question 1) Offered Service Yes/No/Don't Know <i>Circle the answer for each category</i>	(Question 2) Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	(Question 3) Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>	(Question 4) Non-Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) <i>Circle the answer for each category</i>
Crisis Care/Bed Youth [see service definition below]	Yes	NC	NC	NC
Foster Care <b>Adult</b>	No	NC	NC	NC
Foster Care <b>Youth</b> [see service definition below]	Yes	NC	NC	NC
Residential Care <b>Adult</b> (ODMH Licensed) [see service definition below]	Yes	NC	NC	NC
Residential Care <b>Adult</b> (ODH Licensed) [see service definition below]	Yes	NC	NC	NC
Residential Care <b>Youth</b> [see service definition below]	Yes	NC	NC	NC
Respite Care/Bed <b>Adult</b> [see service definition below]	Yes	NC	NC	NC
Respite Care/Bed <b>Youth</b> [see service definition below]	Yes	NC	NC	NC
Permanent Supportive Housing (Subsidized Supportive Housing) <b>Adult</b> [see service definition below]	Yes	NC	NC	NC
Independent Community Housing <b>Adult</b> (Rent or Home Ownership) [see service definition below]	Yes	NC	NC	NC
Temporary Housing <b>Adult</b> [see service definition below]	Yes	NC	NC	NC
Forensic Service	Yes	NC	NC	NC
Inpatient Psychiatric Service <b>Adult</b> (Private hospital only)	Yes	NC	NC	NC
Inpatient Psychiatric Service <b>Youth</b> (Private hospital only)	Yes	NC	NC	NC

### ODMH 2012 Community Plan Adult Housing Categories

Please answer each category for your SPMI/SMI population.

ODMH is also interested in knowing for each category how many beds/units are set-aside for the forensic sub-population and for those sex offenders who are a sub-population of SPMI/SMI.

**(QUESTION 5)**

Housing Categories	Definition	Examples	#SPMI/SMI	# Units	# Beds
<b>Crisis Care</b>	Provision of short-term care to stabilize person experiencing psychiatric emergency. Offered as an alternative to inpatient psychiatric unit. Staffed 24 hours day/7 days a week. Treatment services are billed separately.	<ul style="list-style-type: none"> <li>• Crisis bed</li> <li>• Crisis residential</li> <li>• Crisis Stabilization Unit</li> </ul>	N/A	2	16
<b>ODMH Licensed Residential Care</b>	Includes room and board, and personal care 24/7 if specified in license. Rules in program or service agreement attached to housing are applicable. Treatment services are billed separately. Usually agency operated and staffed; provides 24-hour supervision in active treatment oriented or structured environment. <u>Type 1</u> : Room & board; personal care; mental health services <u>Type 2</u> : Room & board; personal care <u>Type 3</u> : Room & board	<ul style="list-style-type: none"> <li>• Licensed as Type I, II or III (Residential Facility Care)</li> <li>• Residential support</li> <li>• Supervised group living</li> <li>• Next-step housing from psychiatric hospital and/or prison</li> </ul>	*Homes may be located in sex offender friendly neighborhoods, may house sex offender population but is not designated.	9	65
<b>ODH Licensed Residential Care</b>	Includes room and board, and personal care 24/7 if specified in license. Rules in program or service agreement attached to housing are applicable. Treatment services are billed separately. Usually operator owned and staffed; provides 24-hour supervision in structured environment.	<ul style="list-style-type: none"> <li>• Adult care facilities</li> <li>• Adult family homes</li> <li>• Group homes</li> </ul>	*24 Homes approved by City of Cincinnati may house sex offender population but are not designated.	78	415

<b>Respite Care</b>	Short-term living environment, there may or may not be 24-hour care. Reasons for this type of care are more environmental in nature. May provide supervision, services and accommodations. Treatment services are billed separately	<ul style="list-style-type: none"> <li>• Placement during absence of another caretaker where person usually resides</li> <li>• Respite care</li> </ul>	N/A	1	4
<b>Temporary Housing</b>	Non-hospital, time limited residential program with an expected length of occupancy and goals to transition to permanent housing. Includes room & board, with referral and access to treatment services that are billed separately.	<ul style="list-style-type: none"> <li>• Commonly referred to and intended as time-limited, short term living</li> <li>• Transitional housing programs</li> <li>• Homeless county residence currently receiving services</li> <li>• Persons waiting for housing</li> <li>• Boarding homes</li> <li>• YMCA/YWCA (not part of a supportive housing program)</li> </ul>	*One unit with 8 beds is sex offender friendly.	4	34
<b>Board/Agency Owned Community Residence</b>	Persons living in an apartment where they entered into an agreement that is NOT covered by Ohio tenant landlord law. Rules in program or service agreement attached to housing. Refers to financial sponsorship and/or provision of some degree of on-site supervision for residents living in an apartment dwelling. Treatment services are billed separately.	<ul style="list-style-type: none"> <li>• Service enriched housing</li> <li>• Apartments with non-clinical staff attached</li> <li>• Supervised apartments</li> <li>• No leases: NOT covered by Ohio tenant landlord law</li> </ul>	N/A	6	25
<b>Permanent Supportive Housing (Subsidized Supportive Housing) with Primary Supportive Services On-Site</b>	Persons living in an apartment where they entered into a lease in accordance to Ohio tenant landlord law or a mortgage and, in instances where ODMH allocated funds have been used, an exit strategy for the subsidy has been developed. Treatment services are billed separately. (The landlord may be a housing agency that provides housing to mental health clients.)	<ul style="list-style-type: none"> <li>• HAP</li> <li>• Housing as housing</li> <li>• Supervised apartments</li> <li>• Supportive housing</li> <li>• Person with Section 8 or Shelter Plus Care voucher</li> <li>• Tenant has lease</li> </ul> <p><b>Supportive services staff primary offices are on-site and their primary functions are to deliver supportive services on-site; these staff may accompany residents in the community to</b></p>	N/A	N/A	N/A

		access resources.			
<b>Permanent Supportive Housing (Subsidized Supportive Housing) with Supportive Services Available</b>	Persons living in an apartment where they entered into a lease in accordance to Ohio tenant landlord law or a mortgage and, in instances where ODMH allocated funds have been used, an exit strategy for the subsidy has been developed. Treatment services are billed separately. (The landlord may be a housing agency that provides housing to mental health clients.)	<ul style="list-style-type: none"> <li>• HAP</li> <li>• Housing as housing</li> <li>• Supervised apartments</li> <li>• Supportive housing</li> <li>• Person with Section 8 or Shelter Plus Care voucher</li> <li>• Tenant has lease</li> <li>• <b>Supportive services staff <u>primary offices</u> are <u>not on-site</u>; supportive serve staff may come on-site to deliver supportive services or deliver them off-site.</b> (In this model a primary mental health CPST worker may be delivering the supportive services related to housing in addition to treatment services.</li> </ul>	*Apartments may be located in sex offender friendly neighborhoods, may house sex offender population but are not designated. 37 buildings are sex offender friendly.  The Board has one building with 7 units/7 beds designated to house the forensic population.	178	523
<b>Independent Community Housing (Rent or Home Ownership)</b>	Refers to house, apartment, or room that anyone can own/rent, that is not sponsored, licensed, supervised, or otherwise connected to the mental health system. Person is the designated head of household or in a natural family environment of own choice.	<ul style="list-style-type: none"> <li>• Own home</li> <li>• Person with Section 8 voucher (not Shelter Plus Care)</li> <li>• Adult with roommate with shared household expenses</li> <li>• Apartment without any public assistance</li> <li>• Housing in this model is not connected to the mental health system in any way. Anyone can apply for and obtain this housing.</li> </ul>	N/A	N/A	N/A

\*In the Board area in order to receive housing services, the client must present with a SMD, SMPI or SMI diagnosis. The Board does not set aside housing for the sex offender population, however, there are numerous sex offender friendly neighborhoods where a SMD/SMPI/SMI client designated as a sex offender may live.

## ODADAS Waivers

### A. Waiver Request for Inpatient Hospital Rehabilitation Services

Funds disbursed by or through ODADAS may not be used to fund inpatient hospital rehabilitation services. Under circumstances where rehabilitation services cannot be adequately or cost-efficiently produced, either to the population at large such as rural settings, or to specific populations, such as those with special needs, a Board may request a waiver from this policy for the use of state funds.

Complete this form providing a brief explanation of services to be provided and a justification for this requested waiver. **Medicaid-eligible recipients receiving services from hospital-based programs are exempt from this waiver.**

A. HOSPITAL	ODADAS UPID #	ALLOCATION
N/A	N/A	N/A

### B. Request for Generic Services

Generic services such as hotlines, urgent crisis response, referral and information that are not part of a funded alcohol and other drug program may not be funded with ODADAS funds without a waiver from the Department. Each ADAMHS/ADAS Board requesting this waiver must complete this form and provide a brief explanation of the services to be provided

B. AGENCY	ODADAS UPID #	SERVICE	ALLOCATION
N/A	N/A	N/A	N/A

## SFY 2012 & 2013 ODMH Budget Templates

The final budget template, narrative template and instructions will be posted on the ODMH website (<http://mentalhealth.ohio.gov>) on December 1, 2010. (ORC Section 340.03)

**Additional ODMH Requirements  
(Formerly Community Plan – Part B)**

## Board Membership Catalog for ADAMHS/CMHS Boards

Board Name <b>Hamilton County Mental Health and Recovery Services Board</b>		Date Prepared 10/04/10
Board Member S. Gregory Baker		<u>Appointment</u> <u>Sex</u> <u>Ethnic Group</u> County Commission    M      African American
Mailing Address (street, city, state, zip) 4687 Stone Chapel Lane Cincinnati, OH 45223		<u>Officer</u> <u>Hispanic or Latino (of any race)</u> Member      No
Telephone (include area code) 513-352-2977	County of Residence Hamilton	<u>Representation: select all that apply:</u>
Occupation Cincinnati Police Department		<u>Mental Health</u> <u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Advocate <input type="checkbox"/> Other Physician
Term First Full Term	Year Term Expires 2013	
Board Name <b>Hamilton County Mental Health and Recovery Services Board</b>		Date Prepared 10/04/10
Board Member Mark Davis		<u>Appointment</u> <u>Sex</u> <u>Ethnic Group</u> ODADAS      M      White
Mailing Address (street, city, state, zip) 9229 Gourmet Lane Loveland, OH 45140		<u>Officer</u> <u>Hispanic or Latino (of any race)</u> Member      No
Telephone (include area code) 513-677-8470	County of Residence Hamilton	<u>Representation: select all that apply:</u>
Occupation Department Manager, Bethesda Alcohol and Drug Treatment Program		<u>Mental Health</u> <u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input checked="" type="checkbox"/> Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Advocate <input type="checkbox"/> Other Physician
Term Second Full Term	Year Term Expires 2014	
Board Name <b>Hamilton County Mental Health and Recovery Services Board</b>		Date Prepared 10/04/10
Board Member Gwen DiMeo		<u>Appointment</u> <u>Sex</u> <u>Ethnic Group</u> County Commission    F      White
Mailing Address (street, city, state, zip) 3574 Outlook Dr. Cincinnati, OH 45208		<u>Officer</u> <u>Hispanic or Latino (of any race)</u> Member      No
Telephone (include area code) 513-483-6689	County of Residence Hamilton	<u>Representation: select all that apply:</u>
Occupation Finance		<u>Mental Health</u> <u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Advocate <input type="checkbox"/> Other Physician
Term First Full Term	Year Term Expires 2013	

Board Name <b>Hamilton County Mental Health and Recovery Services Board</b>		Date Prepared 10/04/10
Board Member Kristina Egbers-Andrew		Appointment ODMH
Mailing Address (street, city, state, zip) 6262 Robinson Road Cincinnati, OH 45213		Sex F
Telephone (include area code) 513-731-9078		Ethnic Group White
County of Residence Hamilton	Officer Member	
Occupation	Hispanic or Latino (of any race) No	
Term First Full Term	Year Term Expires 2012	Representation: select all that apply:
		Mental Health
		<input checked="" type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		Alcohol Other Drug Addiction
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate

  

Board Name <b>Hamilton County Mental Health and Recovery Services Board</b>		Date Prepared 10/04/10
Board Member Patrick Fischer		Appointment ODADAS
Mailing Address (street, city, state, zip) Keating, Muething & Klekamp One E. Fourth Street, Suite 1400 Cincinnati, OH 45202		Sex M
Telephone (include area code) 513-579-6459		Ethnic Group White
County of Residence Hamilton	Officer Member	
Occupation Attorney	Hispanic or Latino (of any race) No	
Term Second Full Term	Year Term Expires 2014	Representation: select all that apply:
		Mental Health
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		Alcohol Other Drug Addiction
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input checked="" type="checkbox"/> Advocate

  

Board Name <b>Hamilton County Mental Health and Recovery Services Board</b>		Date Prepared 10/04/10
Board Member Constance Fox, MD		Appointment ODMH
Mailing Address (street, city, state, zip) 58 E. Hollister Street Cincinnati, OH 45219		Sex F
Telephone (include area code) 513-721-1737		Ethnic Group White
County of Residence Hamilton	Officer Member	
Occupation Physician	Hispanic or Latino (of any race) No	
Term First Full Term	Year Term Expires 2013	Representation: select all that apply:
		Mental Health
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input checked="" type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		Alcohol Other Drug Addiction
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate

Board Name <b>Hamilton County Mental Health and Recovery Services Board</b>		Date Prepared 10/04/10
Board Member Thomas Gabelman		<u>Appointment</u> <u>Sex</u> <u>Ethnic Group</u> County Commission   M      White
Mailing Address (street, city, state, zip) Vorys, Sater, Seymour and Pease LLP 221 East Fourth Street Cincinnati, OH 45201-0236		<u>Officer</u> <u>Hispanic or Latino (of any race)</u> Chair      No
Representation: select all that apply:		
Telephone (include area code) 513-723-8580	County of Residence Hamilton	<u>Mental Health</u> <u>Alcohol Other Drug Addiction</u>
Occupation Attorney		<input type="checkbox"/> Consumer <input type="checkbox"/> Consumer
Term Second Full Term		<input type="checkbox"/> Family Member <input type="checkbox"/> Family Member
Year Term Expires 2014		<input type="checkbox"/> MH Professional <input type="checkbox"/> Professional
		<input type="checkbox"/> Psychiatrist <input type="checkbox"/> Advocate
		<input type="checkbox"/> Other Physician
Board Name <b>Hamilton County Mental Health and Recovery Services Board</b>		Date Prepared 10/04/10
Board Member Sharon Keefer		<u>Appointment</u> <u>Sex</u> <u>Ethnic Group</u> ODMH      F      White
Mailing Address (street, city, state, zip) 6031 St. Regis Cincinnati, OH 45236		<u>Officer</u> <u>Hispanic or Latino (of any race)</u> Member      No
Representation: select all that apply:		
Telephone (include area code) 513-561-4100	County of Residence Hamilton	<u>Mental Health</u> <u>Alcohol Other Drug Addiction</u>
Occupation Realtor		<input type="checkbox"/> Consumer <input type="checkbox"/> Consumer
Term First Full Term		<input checked="" type="checkbox"/> Family Member <input type="checkbox"/> Family Member
Year Term Expires 2012		<input type="checkbox"/> MH Professional <input type="checkbox"/> Professional
		<input type="checkbox"/> Psychiatrist <input type="checkbox"/> Advocate
		<input type="checkbox"/> Other Physician
Board Name <b>Hamilton County Mental Health and Recovery Services Board</b>		Date Prepared 10/04/10
Board Member C. Michael Lemon		<u>Appointment</u> <u>Sex</u> <u>Ethnic Group</u> County Commission   M      White
Mailing Address (street, city, state, zip) 3958 Miami Road Cincinnati, OH 45227		<u>Officer</u> <u>Hispanic or Latino (of any race)</u> Member      No
Representation: select all that apply:		
Telephone (include area code) 513-561-6046	County of Residence Hamilton	<u>Mental Health</u> <u>Alcohol Other Drug Addiction</u>
Occupation Township Administrator		<input type="checkbox"/> Consumer <input type="checkbox"/> Consumer
Term First Full Term		<input type="checkbox"/> Family Member <input type="checkbox"/> Family Member
Year Term Expires 2013		<input type="checkbox"/> MH Professional <input type="checkbox"/> Professional
		<input type="checkbox"/> Psychiatrist <input type="checkbox"/> Advocate
		<input type="checkbox"/> Other Physician

Board Name <b>Hamilton County Mental Health and Recovery Services Board</b>		Date Prepared 10/04/10
Board Member Mary Ellen Malas		<u>Appointment</u> <u>Sex</u> <u>Ethnic Group</u> County Commission    F      White
Mailing Address (street, city, state, zip) Keating, Muething & Klekamp One E. Fourth Street 1400 Provident Tower Cincinnati, OH 45202		<u>Officer</u> <u>Hispanic or Latino (of any race)</u> Secretary      No
Telephone (include area code) 513-579-6542	County of Residence Hamilton	<u>Representation: select all that apply:</u>
Occupation Attorney		<u>Mental Health</u> <u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Advocate <input type="checkbox"/> Other Physician
Term First Full Term	Year Term Expires 2013	
Board Name <b>Hamilton County Mental Health and Recovery Services Board</b>		Date Prepared 10/04/10
Board Member Barbara McManus		<u>Appointment</u> <u>Sex</u> <u>Ethnic Group</u> County Commission    F      White
Mailing Address (street, city, state, zip) 4042 Clifton Ridge Dr. Cincinnati, OH 45220		<u>Officer</u> <u>Hispanic or Latino (of any race)</u> Member      No
Telephone (include area code) 513-281-1642	County of Residence Hamilton	<u>Representation: select all that apply:</u>
Occupation Attorney		<u>Mental Health</u> <u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Advocate <input type="checkbox"/> Other Physician
Term First Full Term	Year Term Expires 2013	
Board Name <b>Hamilton County Mental Health and Recovery Services Board</b>		Date Prepared 10/04/10
Board Member John O'Connor		<u>Appointment</u> <u>Sex</u> <u>Ethnic Group</u> County Commission    M      White
Mailing Address (street, city, state, zip) 1430 Wynburne Dr. Cincinnati, OH 45238		<u>Officer</u> <u>Hispanic or Latino (of any race)</u> Vice Chair      No
Telephone (include area code) 513-946-5826	County of Residence Hamilton	<u>Representation: select all that apply:</u>
Occupation Judge		<u>Mental Health</u> <u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Advocate <input type="checkbox"/> Other Physician
Term Second Full Term	Year Term Expires 2014	

Board Name <b>Hamilton County Mental Health and Recovery Services Board</b>		Date Prepared 10/04/10
Board Member Mary Oden		Appointment      Sex      Ethnic Group County Commission   F      African American
Mailing Address (street, city, state, zip) Veterans Administration Medical Center/14 3200 Vine Street Cincinnati, OH 45220		Officer <u>Hispanic or Latino (of any race)</u> Member      No
Telephone (include area code) 513-475-651	County of Residence Hamilton	Representation: select all that apply:
Occupation		Mental Health      Alcohol Other Drug Addiction
Term First Full Term	Year Term Expires 2012	<input type="checkbox"/> Consumer <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Advocate <input type="checkbox"/> Other Physician
Board Name <b>Hamilton County Mental Health and Recovery Services Board</b>		Date Prepared 10/04/10
Board Member Gary Powell		Appointment      Sex      Ethnic Group County Commission   M      White
Mailing Address (street, city, state, zip) Kroger Building, Suite 1919 1014 Vine St. Cincinnati, OH 45202		Officer <u>Hispanic or Latino (of any race)</u> Member      No
Telephone (include area code) 513-608-6225	County of Residence Hamilton	Representation: select all that apply:
Occupation Attorney		Mental Health      Alcohol Other Drug Addiction
Term Second Full Term	Year Term Expires 2014	<input type="checkbox"/> Consumer <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Advocate <input type="checkbox"/> Other Physician
Board Name <b>Hamilton County Mental Health and Recovery Services Board</b>		Date Prepared 10/04/10
Board Member James Slattery, Jr.		Appointment      Sex      Ethnic Group ODADAS      M      White
Mailing Address (street, city, state, zip) 506 East Forth Street, #408 Cincinnati, OH		Officer <u>Hispanic or Latino (of any race)</u> Member      No
Telephone (include area code) 513-503-5074	County of Residence Hamilton	Representation: select all that apply:
Occupation Attorney		Mental Health      Alcohol Other Drug Addiction
Term Attorney	Year Term Expires 2012	<input type="checkbox"/> Consumer <input checked="" type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Advocate <input type="checkbox"/> Other Physician
Board Name <b>Hamilton County Mental Health and Recovery Services Board</b>		Date Prepared 10/04/10
Board Member Jonathan Steinberg, Ph.D.		Appointment      Sex      Ethnic Group ODMH      M      White
Mailing Address (street, city, state, zip) 11520 Brattle Lane Cincinnati, OH 45249		Officer <u>Hispanic or Latino (of any race)</u> Member      No
Telephone (include area code) 513-475-6402	County of Residence Hamilton	Representation: select all that apply:
Occupation Staff Psychologist		Mental Health      Alcohol Other Drug Addiction
Term Second Full Term	Year Term Expires 2014	<input type="checkbox"/> Consumer <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Family Member <input checked="" type="checkbox"/> MH Professional <input type="checkbox"/> Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Advocate <input type="checkbox"/> Other Physician

## 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
Renata Meyer	909 Sycamore Street	Cincinnati	45202	513-618-4216	<a href="mailto:Cc129@ucmail.uc.edu">Cc129@ucmail.uc.edu</a>

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
Jackie Concodora	311 Albert Sabin Way	Cincinnati	45229	513-558-9001	<a href="mailto:mhap2@ucmail.uc.edu">mhap2@ucmail.uc.edu</a>