

**MENTAL HEALTH AND RECOVERY
SERVICES BOARD OF LUCAS COUNTY**

COMMUNITY PLAN FOR SFY 2012-2013

[AUGUST 19, 2011]

MISSION STATEMENT

The Mental Health and Recovery Services Board of Lucas County exists to enhance the well-being of our residents by promoting mental health, preventing substance abuse and facilitating a process of recovery for persons experiencing mental illness and/or alcohol and other drug disorders.

VISION STATEMENT

Our vision is a community that empowers individuals and families impacted by drug and alcohol abuse or mental illness to recover.

VALUE STATEMENTS

We value the dignity of all individuals experiencing mental illness or drug and alcohol use disorders.

We value the elimination of the stigmas associated with the diseases of mental illness and drug and alcohol use disorders.

We value personal recovery and resiliency that empowers individuals to live and work in the community.

We value consumer and family participation in their treatment planning, provider selection and in the overall system development.

We value integrated services that are culturally sensitive, based on best practices, quality driven, cost effective, professionally delivered and that empower individuals to live and work in the community.

We value cultural diversity in Board and staff composition, both at the Board and funded agencies, that reflects the populations that are served.

We value a wellness model that focuses on preventing the use of substances and promoting mental health.

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SECTION I: LEGISLATIVE AND ENVIRONMENTAL CONTEXT

Legislative Context of the Community Plan

Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards, Alcohol and Drug Addiction Services (ADAS) Boards and Community Mental Health Services (CMH) Boards are required by Ohio law to prepare and submit to the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) and/or the Ohio Department of Mental Health (ODMH) a plan for the provision of alcohol, drug addiction and mental health services in its service area. Three ADAS Boards submit plans to ODADAS, three CMH Boards submit plans to ODMH, and 47 ADAMHS Boards submit their community plan to both Departments. The plan, which constitutes the Board's application for funds, is prepared in accordance with procedures and guidelines established by ODADAS and ODMH. This plan covers state fiscal years (SFY) 2012 – 2013 (July 1, 2011 through June 30, 2013).

The requirements for the community plan are broadly described in state statute. In addition, federal requirements that are attached to state block grant dollars regarding allocations and priority populations also influence community planning.

Ohio Revised Code (ORC) 340.03 and 340.033 – Board Responsibilities

Section 340.03(A) of the Ohio Revised Code (ORC) stipulates the Board's responsibilities as the planning agency for mental health services. Among the responsibilities of the Board described in the legislation are as follows:

- 1) Identify community mental health needs;
- 2) Identify services the Board intends to make available including crisis intervention services;
- 3) Promote, arrange, and implement working agreements with social agencies, both public and private, and with judicial agencies;
- 4) Review and evaluate the quality, effectiveness, and efficiency of services; and
- 5) Recruit and promote local financial support for mental health programs from private and public sources.

Section 340.033(A) of the Ohio Revised Code (ORC) stipulates the Board's responsibilities as the planning agency for alcohol and other drug addiction services. Among the responsibilities of the Board described in the legislation are as follows:

- 1) Assess service needs and evaluate the need for programs;
- 2) Set priorities;
- 3) Develop operational plans in cooperation with other local and regional planning and development bodies;
- 4) Review and evaluate substance abuse programs;
- 5) Promote, arrange and implement working agreements with public and private social agencies and with judicial agencies; and
- 6) Assure effective services that are of high quality.

ORC Section 340.033(H)

Section 340.033(H) of the ORC requires ADAMHS and ADAS Boards to consult with county commissioners in setting priorities and developing plans for services for Public Children Services Agency (PCSA) service recipients referred for alcohol and other drug treatment. The plan must identify monies the Board and County Commissioners have available to fund the services jointly. The legislation prioritizes services, as outlined in Section 340.15 of the ORC, to parents, guardians and care givers of children involved in the child welfare system.

OAC Section 5122-29-10(B)

A section of Ohio Administrative Code (OAC) addresses the requirements of crisis intervention mental health services. According to OAC Section 5122-29-10(B), crisis intervention mental health service shall consist of the following required elements:

- (1) Immediate phone contact capability with individuals, parents, and significant others and timely face-to-face intervention shall be accessible twenty-four hours a day/seven days a week with availability of mobile services and/or a central location site with transportation options. Consultation with a psychiatrist shall also be available twenty-four hours a day/seven days a week. The aforementioned elements shall be provided either directly by the agency or through a written affiliation agreement with an agency certified by ODMH for the crisis intervention mental health service;
- (2) Provision for de-escalation, stabilization and/or resolution of the crisis;
- (3) Prior training of personnel providing crisis intervention mental health services that shall include but not be limited to: risk assessments, de-escalation techniques/suicide prevention, mental status evaluation, available community resources, and procedures for voluntary/involuntary hospitalization. Providers of crisis intervention mental health services shall also have current training and/or certification in first aid and cardio-pulmonary resuscitation (CPR) unless other similarly trained individuals are always present; and
- (4) Policies and procedures that address coordination with and use of other community and emergency systems

Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant

The federal Substance Abuse Prevention and Treatment (SAPT) Block Grant requires prioritization of services to several groups of recipients. These include: pregnant women, women, injecting drug users, clients and staff at risk of tuberculosis, and early intervention for individuals with or at risk for HIV disease. The Block Grant requires a minimum of twenty (20) percent of federal funds be used for prevention services to reduce the risk of alcohol and other drug abuse for individuals who do not require treatment for substance abuse.

Federal Mental Health Block Grant

The federal Mental Health Block Grant (MHBG) is awarded to states to establish or expand an organized community-based system for providing mental health services for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). The MHBG is also a vehicle for transforming the mental health system to support recovery and resiliency of persons with SMI and SED. Funds may also be used to conduct planning, evaluation, administration and educational activities related to the provision of services included in Ohio's MHBG Plan.

Environmental Context of the Community Plan

Lucas County, the sixth largest (by population) Board area in Ohio has been dramatically affected by the downturn in the State economy and perhaps even more so by the continual decline of its own economy. The unemployment rate (April 2011) for Lucas County was 9.3% compared to the statewide average of 8.4%. The percentage of people living in poverty in Lucas County is forty percent higher than the state percentage (18.6% vs. 13.3%) and the median income of Lucas County households is \$6,700 (14%) less than the state average. This community has historically been linked to automotive manufacturing and the decline in that industry has been particularly detrimental to Toledo, the largest city in Lucas County.

The Mental Health and Recovery Services Board has experienced a reduction of State funding over the last two years totaling \$3,100,000 or 16.4% of the total budget. Similarly, because of declining property values, the levy income for FY 2012 and FY 2013 is projected to be down by \$980,000. Those decreases in discretionary funding have been compounded by a continually increasing demand for Medicaid match as numbers of clients, services, and providers continues to grow without constraint. On top of the growth in demand, the Departments have made it possible for agencies to raise the unit rates of Medicaid services without cost justification. As a result, match dollars now fund fewer services, so the requirement for Medicaid match is growing because of higher rates.

In FY 2009, the Board reported the closure of a primary child serving agency. In FY 2011, one of the leading prevention agencies in the County ceased operations. While indicative of the difficulties of operating in these times of constricting resources, this Board notes that the system has responded well. The youth services have been absorbed into the remaining primary youth providers, and there have been no negative repercussions related to children or adolescents not being able to receive services. The building that was vacated was purchased by a community

mental health center and has been reopened to house the majority of the County's AOD services for youth as well as some programming that was moved from a less accessible site. With the closure of The Community Partnership, the Board decided to rebid the allocation to the 13 certified prevention agencies and after a review process, an agency was selected to deliver a social media campaign.

As resources continue to contract, one possible response may be a smaller provider network. There have been some preliminary discussions regarding the consolidation of providers. Similarly discussions are focusing on the necessity to either limit the number of persons that the system can treat or to limit the benefit the benefits/services that persons can receive. A third discussion centers on the possibility or appropriateness of requiring greater participation by consumers who may have the ability to pay for some of their own services. In late FY 11, the Board implemented an RFP process for AOD services to look for proposals from providers as to possible ways to make the system more efficient relative to the delivery of AOD services.

The vast majority of clients enrolled in MACSIS are identified as SED or SPMI (this Board does not have a plan for SMD/SMI). During the last year, however, the Board and providers have made strides toward finding ways to divert clients whose symptoms are not so severe to intervention groups that do not require the same levels of documentation or individual interaction in lieu of "formal treatment." This has been done for both AOD and MH clients, and to this point has made a noticeable difference in the numbers of clients being referred to providers for treatment. The Board is monitoring the long term effects of this course, and so far there are promising indicators. Medicaid clients continue to receive the benefits to which they are entitled.

Among other measures to cope with shrinking budgets, the Board decided to eliminate a 12-bed group home that had operated for years as a CSN and more recently as a program of a local agency. Clients were moved successfully to ACF homes, and preliminary reports are that the clients are very satisfied with their new environments. The agency has surrounded them with supports during the transition and the move seems to be very successful.

When the Community Plan for FY 2010-2011 was being prepared, the Board's administrative staff had 5 more positions filled than exist today. There are currently fourteen full-time staff members, a part time (20 hours per week) contractor, and a part-time medical director. The 26% reduction in staff has been a cost savings for the system. The staff operated under an Interim Executive Director from May through December, 2010 when Scott A. Sylak was appointed the new Executive Director.

The Affordable Care Act includes coverage expansions, integration projects, payment and delivery system reforms, quality requirements, and comparative effectiveness research programs that will all impact the behavioral health system. As the federal government develops rules and regulations and as the state government makes implementation decisions, the behavioral health system must remain involved to ensure that these decisions are made in the best interest of the consumers. However, with the results of the recent election, changes in health care reform can be expected at both the federal and state level.

Health Care Reform will impact the Board's system of care as many individuals that we provide treatment services to with non-Medicaid dollars will become Medicaid eligible and many will be eligible to purchase insurance through the health benefit exchange. These new coverage options will include alcohol, drug addiction and mental health treatment services, but the benefit package is not yet known. The coverage expansions will impact how treatment services are financed, but will not fund recovery support services. As we position ourselves for changes with health care reform, we will need to address how the community will continue to provide necessary recovery support services to individuals in need. Additionally, the Affordable Care Act provides incentives that focus on the integration of physical and behavioral health care and begins to look at the workforce capacity necessary to serve individuals in need of behavioral health services. Demographically, Lucas County reflects the characteristics of many urban centers that are in decline. The minority population in this county is significantly higher than the state average as is the poverty and unemployment levels. The population of Lucas County is slightly younger than the state average, though not significantly. Likewise females are 51.6% of the population which is fairly consistent with the statewide average.

Providers continue to refer to an increase in the need for dual disorder treatment. It is unclear if the needs are increasing or if providers are increasingly assessing a co-occurring disorder. This trend has been identified for both youth and adults.

Family Drug Court, a program that works with parents at risk of losing their children due to the parents' substance abuse, reports that the average age of the clients is lowering and that there is a swing away from alcohol as the primary drug to opiates and/or marijuana. This is consistent with the state's observation identifying opiate abuse as an epidemic in parts of Ohio.

Though there has been no noticeable increase in clients desiring treatment for gambling addictions, the Board will be paying attention to the opening of a new casino in the next couple of years.

Major Achievements and Significant Unrealized Goals of the SFY 2010-2011 Community Plan

The 2010-11 Biennium has been a period of major change for this Board. To begin with, the Board made a concerted effort to improve the relationship between the Board and Providers. Agency personnel, who previously have not attended Board Committee meetings, were not only invited but encouraged to attend and participate in all committee meetings (except Personnel). The greatly increased transparency and interaction between Board members and agency staff has been acclaimed by stakeholders as a major accomplishment (if not a measurable one). This new dynamic in the system has provided a framework that has resulted in allowing the system to work together to accomplish a number of things.

One collaboration, with the Juvenile Justice System and Lucas County Family Council resulted in a \$457,806 BHJJ Grant awarded to the Board to implement Multi-systemic Therapy (MST) and a Wraparound Initiative for behavioral health clients at risk of being placed in DYS. These two evidence based programs have long been identified as a desired service in the Community,

but funding has always been a barrier. The Juvenile Court, Family Council, Zepf Community Mental Health Center, NAMI, the Board, Neil Brown Consulting and the Center of Excellence have all partnered to successfully implement these valuable services. The grant was funded for a second year in FY 2011 and we anticipate that we will receive funding for FY 2012. We are now considering how to sustain these services in the community. The project has met the prescribed outcomes of fewer admissions to DYS and improved intersystem collaboration.

As part of the above initiative, Lucas County public systems collectively adopted an inter-system framework which incorporates; the use of informal and non-traditional supports, better coordination of care, reduction of duplication, and measuring outcomes. This resulted in the transition from a traditional Cluster Model to Wraparound as the model for care coordination.

Another example of collaboration came as the result of an unfortunate incident of a consumer being fatally shot by a police officer in Toledo. The CIT program, which had been established 9 years ago, became a focal point. An advisory committee was formed, and an additional training class was added in May 2010. The Board asked for its program to be subject to a Peer Review by the CIT Criminal Justice Coordinating Center of Excellence at Northeastern Ohio University. A one-day refresher class was added for December 2010 to provide updates to already trained officers on autism, suicidal behaviors, and post-traumatic stress syndrome.

The Futures Committee, formed as a part of the needs assessment process, is a third example of collaborative success. This group includes prevention providers, community stakeholders and Board staff. Their assignment was to identify target populations into which the Board would invest its prevention dollars. The Committee identified four specific target populations, the percentage of investment for each population, and desired prevention strategies to be employed to reach each group.

In order to fully accomplish the recommendations of the Futures Group, The Board issued RFP's for the entire allocation of its prevention dollars. This was a process improvement since it is the first time since the merger of the MH and ADAS Boards that new prevention programs were solicited. Existing providers as well as any other certified prevention providers were invited to compete within the framework of the recommendations. Because it was community driven, not just Board directed, the RFP process was a success, and will provide a model for the Board to use in procuring other programs and services in the future.

One major change the Board has implemented beginning in FY 2011 is the method by which non-Medicaid clients are being prioritized into the system. A matrix has been designed that considers client risk factors, GAF scores and prognoses for the purpose of assigning clients to a level of care and a time frame for access. In conjunction a new level of care has been added to the continuum to facilitate immediate access to support groups that target conditional mental health or AOD issues. For persons who are not at immediate risk, and for whom some brief interventions or issue specific group therapy may be all that is required, it is anticipated this may be a less costly and more effective way of meeting their needs. For others, the more traditional treatment tracks are still available. Initial observations confirm that referrals to existing treatment programs are down significantly as persons deemed appropriate are directed to the

support groups that have been provided.

The Board initiated several cost reduction measures that were successful, including the reduction of its own administrative staff. Early in the Biennium, the Board consolidated the functions of its inpatient doctor network at three CMHC's into a single group operating from the local Crisis Center (Rescue, Inc.). This move saved the system over \$300,000 per year. Another action step was the closure of a 12 bed residential unit and relocation of its clients to ACF group homes. It is anticipated that this action will save between \$200,000 and \$300,000 per year.

The provider network also responded to increasing financial pressures in several ways. Neighborhood Properties, with advocacy from the Board, applied for and secured a significant number of project based vouchers that will dramatically help the system house persons with mental illness. Unison Behavioral Health Group purchased the old Connecting Point facility and has moved its youth AOD programming from East Toledo to the Cherry Street location which provides arguably better access for the clients. The facility also houses programming for Lucas County Children Services and Family Drug Court.

The Board made an initial investment in the local Suicide Prevention Coalition, and Board staff has taken a leadership role in that organization. The Board has formalized an annual review of services and billing by agencies with non-Medicaid contracts. This has resulted in identification of several documentation and billing practice discrepancies that led to quality improvements in the agencies in which they were discovered. Also, in the past year, the Recovery Council, a committee of consumers in recovery, chartered by the Board's Programs and Services Committee, has been reenergized, going from a dwindling membership to now 8 members (13 members is a full Council) who are active and taking leadership roles on the Programs and Services Committee, and in leading the information gathering forums.

Perhaps the most significant unrealized goal for the past biennium is the establishment of a systematic method to monitor and evaluate the outcomes of the various Board investments in services. While the Board does a good job of measuring outputs, outcomes are still not well defined. During the past two years the Board experienced the resignation of an Executive Director who was not replaced until December 2010 as well as the resignation of the Directors of Adult Services, Continuous Quality Improvement, and Forensic Services and the Manager of Community Services, so much emphasis has been placed on maintenance. However, in 2012-2013, the Associate Director is being tasked with the responsibility of leading the Board's efforts to develop an effective outcomes monitoring program.

II. Needs Assessment

- A. Needs Assessment Process**
- B. Needs Assessment Findings**
- C. Access to Services: Issues of Concern**
- D. Access to Services: Crisis Care Service Gaps**
- E. Access to Services: Training Needs**
- F. Workforce Development & Cultural Competence**
- G. Capital Improvements**

SECTION II: NEEDS ASSESSMENT

Beginning in May, 2009, the Board members embarked on a major “campaign” to assess needs in the community from the perspective of consumers, stakeholders and providers of mental health and alcohol/drug services.

On May 28, 2009, a “kick-off” meeting was held with over 100 stakeholders to lay the ground work for a series of committee meetings that would follow through that summer. Key members of the Board’s Planning and Implementation and Programs and Services Committees were the moderators, along with the Board’s Medical Director. Attendees were invited to participate in one of 5 work groups that would meet throughout the summer. Those workgroups, open to anyone who chose to participate, were identified as 1) Access to Care, 2) Service Capacity, 3) Criminal Justice, 4) Purchasing Methodology, and 5) Futures (Prevention) Committees.

Each of the workgroups was scheduled to meet bi-weekly from June through September. Board and staff members were assigned to the various committees and were in attendance at each meeting to gather the information from stakeholders. After 6 weeks, the Access, Capacity, and Criminal Justice Committees consolidated into one “Treatment” workgroup, and the Futures Committee continued to function independently. Interest was high in the groups, evidenced by strong attendance at each of the meetings.

Discussions at the meetings covered a wide range of subjects, considered both adults and youth, and looked at both mental health and AOD issues, noting particularly the high number of clients with dual disorders. Topics covered a gamut of issues including identifying special populations, the efficacy of the County’s centralized assessment system, prioritization of either populations or services in light of dwindling resources, measuring the effectiveness of services or providers, services gaps, the addition of more brief interventions in lieu of prolonged treatment, consideration of special CJ programs, identifying community “targets” for prevention services, and consideration of different ways of purchasing/funding services and programs in order to create the best environment to maximize the return on public investment in behavioral health services.

In addition to much open discussion, each contracted provider was invited to give a presentation about their agency, focusing on needs that they observed and discussing how they fit into the continuum of care in Lucas County as well as presenting suggestions for improvement. Bill Reuben of Synthesis, Inc. came to give a special presentation on the “Cluster” model under review by ODMH, and representatives from Lutheran Social Services in Allen County came to share a model they used for screening and brief intervention.

The meetings were wrapped up in January and February, 2010, and a document of common themes was developed. Participants in all work groups, as well as the Youth Task Force, were asked to identify needs in the community and rank order them. Results were tabulated to give a snap-shot of stakeholder input.

The Recovery Council undertook the task of gathering information from consumers that would help the Board identify planning priorities. The Council chose to hold a series of open forums at the major Community Mental Health Centers (3), at the largest AOD service provider, and at two different homeless shelters that serve a large number of adults with substance abuse and mental health problems. Schedules were announced in advance, and members of the council facilitated each of the forums. Over 60 participants attended and provided important feedback. The Council held a formal meeting to “de-brief” on what they learned during the forums in order to present a summary to the Programs and Services Committee at its March meeting.

The Board commissioned the Community Partnership to administer the biennial Youth AOD Survey to over 33,000 students in Lucas County public and parochial schools. This survey provides longitudinal data from the last 20 years regarding trends in drug and alcohol usage in the school systems. The formal report was published in May 2010.

An additional source of “needs assessment” came from the Lucas County Commissioners in the form of a review of the Mental Health and Recovery Services Board. A panel of local stakeholders with some knowledge/link to the Behavioral Health community, as well as four Board members was formed to interview staff, providers, consumers, and stake holders to discuss a variety of things ranging from barriers to service delivery to inefficiencies in Board administrative operations. As a result, a formal report was issued with specific recommendations, upon which the Board acted to change the way it plans, conducts business and collaborates.

Findings of the needs assessment

- a) In 2011, there were 111 Lucas County residents who were hospitalized in the civil units at Northwest Ohio Psychiatric Hospital for a total of 6,401 bed days, and another 18 individuals who were admitted to the Forensic units of the same facility. One of the primary needs of these clients is the availability of “transitional housing” or a secured step down setting that would allow clients either an opportunity to ease back into supported housing or have a 24/7 monitored residence without a hospital level of care. For this population it was also noted that CMHC providers, because of the more stringent definitions of CPST services, are no longer able to provide clients case

management/social services while in the hospital. This has been a source of frustration, in part to hospital staff, who have grown to depend on these community based services for their clients.

- b) With respect to youth with severe emotional disturbances (SED), the primary need identified surrounded engaging the families of the youth more effectively. A specific recommendation was to provide Family Therapy services where the youth may not be present. This service is not a part of the continuum of care, primarily because Medicaid does not pay for it, but many of the respondents considered this an important component contributing to the resiliency of SED youth. Residential services were also an identified need; however determining the types of services has been a challenge. A 30 day placement opportunity in a foster care network, a 30 day assessment center, and an extended stay residential unit (post hospitalization/crisis stay) have all been identified as gaps in services depending on the most pressing need at the time.

As to adults with severe and persistent mental illness (SPMI), a couple of needs were echoed. First, there is still concern, particularly among stakeholders that although access to assessments has been improved, access to subsequent treatment is not always as timely as needed. Another service that was identified frequently as a need was for orientation or readiness programs. Many clients seem to be unaware of what to expect and/or what is expected of them when entering treatment. The proposed groups would prepare clients for that.

There continues to be an expressed need by consumers, providers and stakeholders for the “reinstatement” of case management services. When the rules for CSP and CPST services were less stringent, they had the appearance of case management in many cases. However, as we align the service delivery with the narrow description of CPST service, the Board (and providers) has been accused of eliminating a valued service.

Employment continues to be a need for consumers in Lucas County. While there are some employment services available to public clients, they don't always result in jobs. Therefore, the Board has invested in two VRP3 (Pathways and Recovery to Work) programs through the Ohio Department of Rehabilitative Services and is monitoring the effectiveness of those models. Additionally a prevention program at UMADAOP was added to improve the employment readiness of transitional youth at risk of substance abuse problems.

Peer support and consumer driven programs such as Wellness Management and Recovery (WMR) and Wellness Recovery Action Plans (WRAP) are regularly cited as important components of recovery, and while they are available, the Board does not take an active role in promoting them. It is unclear at this time if the programs were expanded how many people would take advantage of them, but it would behoove the system to make that determination.

There continues to be reference to, although with no specific recommendations, a need

for trauma focused treatment.

- c) Only a very small minority of the clients served in Lucas County have been assigned to benefit plans for persons receiving only general outpatient treatment. There has been much discussion in the workgroups and at the Recovery Council forums about the need for some brief intervention groups, particularly those that focus on situational issues such as domestic violence, rape counseling, grief, or even marriage and family issues that affect mental health.
- d) The only unmet need for crisis services that is regularly mentioned is for transportation from “the field” to Rescue. This is an ongoing discussion, particularly with the Toledo Police Department, as there are times when Rescue’s mobile transport unit is engaged, and a second client needs transportation. Police policy precludes them from providing that service, and yet they frequently have to wait until Rescue is able to come and get them. Management of large, aggressive adolescent males, who are in psychiatric crisis, though not a frequent occurrence, continues to be an unresolved issue when it occurs.
- e) The County has historically invested a limited amount of money in residential AOD treatment services. In the forums, consumers frequently valued those services and also questioned the duration of the service (the Board pays for 28 days). Further study is needed to clarify the extent of the need for this service.

Access to IOP level of care has been identified as being somewhat restricted, particularly at certain providers. Also, some providers were identifying as a service gap the fact that there is no non-Medicaid funding for Suboxone treatment. There is growing concern over the abuse of opiates in Ohio and in Lucas County. One agency reports 5 calls per week seeking treatment. The Board has recently invested in a grant program that provides Suboxone treatment for persons who are seeking employment, and has made available a limited amount of funding for medication assisted treatment for non-Medicaid clients.

- f) The needs of SED youth served by the county’s Family and Child First Council’s service coordination mechanism are consistent with those identified through ongoing discussions and emerging trends at the state and national levels. They center on reducing high costs of out of home care and poor outcomes for children/youth with very complex multi-systemic needs. This has prompted Lucas County public systems to collectively adopt an inter-system framework which incorporates: the use of informal and non-traditional supports, better coordination of care, reduction of duplication, and measurable outcomes. This has resulted in the transition from a traditional Cluster Model to Wraparound as the model for care coordination.
- g) The system has one program for adults that focuses primarily on persons with dual disorders (SA/MI) operated by Unison (CMHC). Feedback from the forums reported a high degree of consumer satisfaction with the program; however, it has limited openings so that access is sometimes a problem. The Board previously funded two IDDT teams,

however in 2010 that funding was eliminated due to the cost of attaining fidelity. For youth, formalized co-occurring treatment (SA/MI) is still a gap in service.

- h) For adults with mental illness in the criminal justice system, one need that is regularly mentioned is for medication for persons leaving the County Jail. Though the jail has a medical team, they are reticent to prescribe, and frequently clients leave with very short notice. In some of the forums there was discussion about clients referred from the courts for AOD assessments who really were not interested in treatment. There was some thinking that a separate “treatment track” for CJ clients might be more effective and a better use of resources. Another need identified is for housing for persons with mental illness or substance abuse problems who have a felony conviction. There are oftentimes restrictions by the Housing Authority or the landlord that make it difficult to place those persons, but when they end up homeless it exacerbates the consumer’s illness. Employment presents similar challenges when the system client has a felony

For SED youth involved in the Juvenile Justice System, the needs for cross system training, alternatives to detention, and a co-occurring treatment model have been identified. With the recently implemented Multi-Systemic Therapy program and Inter-system Wraparound initiative we determined that both the juvenile court and behavioral health staff could benefit from trainings that help understand the youth with a serious emotional disturbance who also have criminal patterns.

- i) No immediate needs were expressed related to services for veterans, perhaps because of the presence of a VA clinic in Toledo. It was noted, however, that there may be an increase in veterans with PTSD as well as substance use issues for which the system should be planning.

Access to Services

Limitation on access to outpatient treatment services is primarily a function of funding. The County has a sufficient number of providers including physicians, therapists, case workers, etc.; there simply aren’t enough resources to employ them in the public system. Even in the case of residential services where the Board funds very little, new providers have presented in order to become part of the public continuum. Central Access has been relatively successful in terms of getting residents assessed, and its parent facility, Rescue, Inc. has been able to accommodate most needs for Crisis services, including 18 beds that are used for adult and youth inpatient stabilization. One area in which that facility could expand is its mobile outreach team that stabilizes, assesses, and transports clients. That team is many times already engaged when a call comes in, resulting in what are some times long waits for access.

Once a person is assessed, there are sometimes waits of up to 30 days to get clients into treatment; sometimes those waits are based on client choice when a specific provider is desired but has no immediate openings. In response to the ODMH initiative to affiliate deaf or hard of hearing clients into MACSIS, the Board surveyed providers to get the UCI’s for individuals that were receiving care at the agencies. At the same time questions were asked as to the need for

service in that population and no pressing needs were cited. As mentioned before, immediate access to a psychiatrist for prescriptions for persons being released from prison as well as those being released from psychiatric hospitals continues to be a challenge because of the importance of getting into to service in a very quick timeframe. Housing for those two populations is also sometimes difficult to access, again because there are few funders to meet this need. The County does have a gambling program that clients are able to access. Though it has not been a problem yet, an issue that the Board is keeping an eye on is the new Casino that is to be built on the edge of Toledo. It is uncertain what the impact of legalized gambling will have in our immediate community, but there may be need for expanded prevention and/or treatment services in the future.

There are no particular gaps in crisis care, as this is an area in which the Board does heavily invest, funding Rescue, Inc., a 24/7 emergency services center for crisis care, pre-screening, and inpatient stabilization. The Board has not identified or prioritized training needs for crisis care services in the community as Rescue is responsible to ensure that it's staff is fully trained to carry out its mission.

Workforce Development and Cultural Competence

- a) The local service system has sufficient numbers of licensed and credentialed staff to meet its service delivery needs for behavioral health services. A possible exception may be in the area of child psychiatry where shortages are at least anecdotally mentioned. Agencies in the system are well developed and adept in their recruiting practices, consequently the Board has not taken an active role in seeking either to import staff or provide training to local providers. Of note, many clinicians seem to move back and forth between agencies, resulting perhaps in inefficiency in the way those individuals are used.

In FY 2011, with the aid of some additional funding through the BHJJ grant, the Board provided some well attended trainings in What Works, Aggression Replacement Therapy (ART), and Wraparound. Also with the aid of some additional ODADAS Prevention funding, the Board conducted a two-day Prevention Conference that provided continuing education to regional prevention providers. An area in which the Board regularly participates is in the designation of health officers for the purpose of hospital commitments.

- b) Included in the Board's Value Statements is its commitment to ensuring that the system is culturally aware and culturally competent. Each year the Board surveys providers to determine the numbers of minorities they employ and the types of jobs they are doing. The Board has funded outreach programs to both the Hispanic and African American populations that are staffed by culturally competent providers.

Capital Improvements

The Board has for several years supported Rescue's desire to improve the appearance of the crisis center, currently housed in an outdated dormitory. Recently an Ad Hoc Crisis Care Planning Committee has been established by the MHRS Board to review and make recommendations regarding the current process in which youth and adult access and receive crisis care services in Lucas County. We cannot predict what changes will be made to our system so the MHRS Board does not identify any capital needs regarding Rescue at this time. One of the system's AOD providers is currently renting in facilities that are not optimum, and the consumer operated center (Thomas Wernert Center) has noted a need for additional space to accommodate its programming.

Another ongoing need the Board identifies in this area is for capital improvements to the housing stock maintained by Neighborhood Properties, Inc. That agency maintains approximately 500 units dedicated to permanent supportive housing for persons with Mental Illness. Most of those units are funded with long-term capital loans through ODMH, and many are aging. In order to ensure that these units remain habitable for clients of the Lucas County Mental Health System, several of the buildings may require upgrades to keep them current.

III. Priorities, Goals and Objectives for Capacity, Prevention and Treatment and Recovery Services

- A. Determination Process for Investment and Resource Allocation**
- B. Goals and Objectives: Needs Assessment Findings**
- C. Goals and Objectives: Access and State Hospital Issues**
- D. Goals and Objectives: Workforce Development and Cultural Competence**
- E. Goals and Objectives: ORC 340.033(H) Programming**
- F. HIV Early Intervention Goals**
- G. Civilly and Forensically Hospitalized Adults**
- H. Implications of Behavioral Health Priorities to Other Systems**
- I. Contingency Planning Implications**

Section III: Priorities, Goals and Objectives for Capacity, Prevention, Treatment and Recovery Services

Process the Board used to determine prevention, treatment and capacity priorities

In FY 2011, the Board, after reviewing reports of the work groups, Recovery Council and staff recommendations, determined that it would reduce agency funding by a fixed percentage. Agencies were then given the opportunity to prioritize the way they would absorb reductions in funding. For Prevention services, in FY 2011, a competitive RFP was issued and awards were made for 3-year projects. In FY 2012, the Board again was faced with dramatic reductions in State funding. It began a process of examining the system to determine what Lucas County had valued in the past in terms of services that addressed acute versus chronic care and whether it was focused on crisis care versus wellness and recovery. The Board is engaging providers and consumers to continue the discussion, but when it came time to make funding reductions, the Board chose to maintain, at least for FY 2012, a high priority for crisis/emergency services. A new process was developed in FY 2011 that involved issuance of a competitive RFP for AOD services. The process resulted in a shift of funding between providers and the addition of a small amount of funding for medication assisted AOD treatment (Suboxone). It is anticipated that a similar RFP process will likely be utilized for the purchase of all future services in FY 2013 and beyond.

Behavioral Health Capacity, Prevention, and Treatment and Recovery Support Goals and Objectives

Behavioral Health Capacity Goals

- Based on historical funding decisions, the Board's goal is to maintain access to Crisis Services. Currently it is primarily accomplished at its 24/7 centralized facility. The Board

recently established an Ad Hoc committee to review and make recommendations on how to ensure that crisis services are available and delivered as efficiently as possible.

- The Board's goal is to develop its funding mechanism to rely more heavily on responses to competitive requests for proposals that are outcomes based and cost efficient.
- The Board has a goal to enhance the systemic nature of the provider network in order to eliminate duplicative services, gaps in communication, etc.

Alcohol and Other Drug Prevention Priorities

- The Board's priority is to focus on underage drinking to selected population groups utilizing a variety of evidence-based prevention strategies.

Mental Health Prevention Priorities

- The Board is providing leadership to the suicide prevention coalition and has a goal to increase the community's awareness of the relationship between substance abuse, mental illness, and suicide.
- Crisis Intervention Training (CIT) and other Jail Diversion programs are a priority for this Board and the community at large; the Board's goal is to provide at least one 40 hour training and on 1-day refresher course per year.

ODADAS Treatment and Recovery Service Goals

- The Board's goal is to increase the number of customers who are abstinent at the completion of funded programs.
- The Board's goal is to increase the number of clients that are retained in treatment for 90 days or more.
- The Board has a goal to integrate Medication Assisted Treatment (Suboxone) into the continuum of care.

ODMH Treatment and Recovery Support Goals

- The Board's goal is to increase the number of consumers reporting positively about social connectedness and functioning as well as client perception of care.
- The Board has a goal to provide more access to short term, less intensive interventions when appropriate. (These services may include expansion of peer supports and programs such as WMR and WRAP that are consumer driven).

Access to Services

The primary access issue noted above is the ability to get into treatment (MH or AOD) subsequent to assessment. While expanding capacity to make that easy is appealing, the Board is faced with contracting resources. Therefore it sees as its goals for addressing access as improving the efficiency of the treatment system, either through reducing administrative burden, ensuring that clients have access to all community resources as well as treatment, consolidating

providers, expanding dual disorder programming, and/or prioritizing clients based on severity and prognosis to ensure that the neediest clients are have a greater chance of entering treatment as needed.

Workforce Development and Cultural Competence

The Board has not taken a strong position on work force development, having no funding directed toward particular recruitment or training in those areas. The Board has made however a major stride forward in its philosophy of inclusion in policy development. Consumers, providers, and stakeholders are not only invited to all committee and Board meetings, but they are invited to be part of the discussion in those meetings. While there have been references to “cultural issues,” the inference is usually not that more training or sensitivity is needed. The Board has received no complaints or grievances that refer to issues of cultural incompetence.

With regard to professional development, several of the agencies sponsor a number of trainings on various topics, inviting well known lecturers, and inviting staff from the system to participate. The Board has in 2011 been able to provide What Works and Aggression Replacement Therapy training, as well as a regional Prevention Conference.

ORC 340.033(H) Goals

The Board continues to work in collaboration with funds provided by Lucas County Children Services to provide coordinated, supportive, and focused service for the target population by offering an engaging, intensive, highly supportive and individualized program to focus on the needs specific to families involved with Children Services. The Board’s target is to increase the number of customers who achieve and maintain abstinence during and at the completion of the Preferred Choice treatment program.

Addressing Needs of Civilly and Forensically Hospitalized Adults

In discussion with hospital staff at NOPH, Lucas County does a good job in the area of discharge planning for civil and forensic clients. Only one area of “need” was identified, and that was in the case of forensic patients who are at level 4 moving to level 5. In the past, agency staff came to supervise off-grounds excursions, but now that CPST rules have become more stringent, these activities are no longer billable, and the community mental health centers cannot afford to provide the service. Hospital recreational therapists and social workers are providing the service, but that service could be expanded.

Hospital staff also felt that the Board’s forensic monitor has been a great advocate for the clients and an asset to the program. In previous sections, respondents to the needs assessment have identified a need for transitional or permanent housing for clients leaving the hospital. Although hospital staff report that housing has not been a barrier that precluded discharge for Lucas County residents, they do agree that it often is hard work to secure the appropriate housing. The Board funds a PACT team that has specific responsibility for NGRI clients. That team’s success rate of preventing recidivism to the hospital has been excellent.

As to non-violent misdemeanants being treated in the hospital, numbers in Northwest Ohio are not increasing, and this issue is not problematic in the Board area.

The Board recognizes that NOPH will be implementing strategies to reduce average length of stay, and the Board is committed to working with the hospital in that process.

Implications of Behavioral Health Priorities to Other Systems

One of the most notable examples of other systems' needs not being addressed in the Board's priorities is school-based mental health services. The implication is that an opportunity is lost to address the needs of youth in the environment in which they spend a considerable amount of their time. As a result, some youth end up having issues that are not addressed until they have become more serious and resulted in problems across several systems such as juvenile justice, school, etc.

Though the Board participates in the Reentry Coalition of Northwest Ohio, this initiative has not been identified as a priority. The implication is that the opportunities to improve offender reintegration are limited.

There are a number of individuals who are dually diagnosed (DD/MI), and this population is not identified as a Board priority. There have been several collaborative efforts between MH and DD, but they have typically not been brought to a state of resolution because competing priorities usually get in the way. The implication is that results are often at the micro, not macro levels.

The Board has not identified treatment for Medicaid eligible consumers who have reached their benefit limits as a priority. Implications include the possibility of increased utilization of State and/or private hospital bed days.

Contingency Plan: Implications for Priorities and Goals in the event of a reduction in state funding

FY 2012 funding reductions from ODMH and ODADAS necessitated utilization of \$1.6 million dollars of Board reserves as well as a \$1million reduction in the MHRs Board allocations to providers for FY 2012. While this action provides for relative stability in FY 12, a problem looms for FY 13. The strategy of using Board reserves is unsustainable and further service reductions are likely. In that event, the most probable response will be a restriction on the numbers of persons seen rather than a limitation of the numbers of services. Board policies are in place to direct clients whose GAF scores and prognoses fit within developed protocols for brief therapeutic interventions that are not the "Medicaid billable services." This course is chosen to ensure the likelihood that those consumers with the most severe needs (SPMI, SMI, SED) get access to a full range of treatment options, and that those with less severe presenting needs get at the least a screening/assessment and help in a community based or Board sponsored support group.

In the past, clients with Medicaid were not affected by reductions in funding. In FY 2012, however, newly introduced capitation amounts on certain services may have an impact on them. Consequently for some Medicaid clients who reach the cap, and for those without insurance, the system will likely look much more to community supports (AA, churches, advocacy groups, etc.). The Board and its providers will likely make more referrals than before. Along with that, “safety-net” provisions will need to be added so that those who are referred out will not fall through the cracks undetected if they do not follow through with the supports or if they need a higher level of care. The key will be properly establishing the means to identify which clients are most at risk and making sure that they have highest priority.

One program the Board funds is a minority outreach and support program to African-American and Hispanic persons with mental illness and their families. This may be a program that would be eliminated to save money for treatment; however, there would be no disproportionate reduction in treatment services to minority communities. This system does not have many programs that target populations by demographic differences; therefore we would not anticipate a change in the level of service to a particular group.

IV. Collaboration

A. Key Collaborations

B. Customer and Public Involvement in the Planning Process

C. Regional Psychiatric Hospital Continuity of Care Agreements

D. County Commissioners Consultation Regarding Child Welfare System

SECTION IV: COLLABORATION

Key collaborations and related benefits and results

An important collaboration in the past two years has been with the Juvenile Court. Together we applied for and received the BHJJ grant that allowed us to develop two evidenced based programs, MST and Wrap-Around Services, in our community. The Board has maintained a close working relationship with the Toledo Police Department for CIT training, and this past year formed a CIT advisory committee comprised of staff members from TPD, MHR SB, provider agencies and consumers. Board staff are participating in the Suicide Prevention Coalition and the Reentry Coalition, several faith based initiatives. The Board also hosts a Youth Task Force that draws together a wide variety of community stakeholders to discuss behavioral health issues of youth and adolescents.

Although previously mentioned as part of the needs assessment process, the Work Groups that were convened during the summer and fall of 2009 were attended by a wide variety of stakeholders, and represented a true collaborative effort in terms of listening to one another in order to problem solve issues related to the behavioral health system.

The Board has enjoyed a productive partnership with Lucas County Children Services over the last few years with a program called Preferred Choice. LCCS provides funding and local providers have created a program that gives priority access to and is designed specifically for parents involved in the child welfare system who are at risk of losing their children due to problems with the use of drugs or alcohol.

Several systems including private hospitals and residential programs have asked to meet with the Board to explore the possibility of forming working relationships; however, those possible collaborations are still in a discussion phase.

Involvement of customers and general public in the planning process

The Board has publicly stated that it desires to be transparent to the community and that it seeks community involvement in the planning process. A simple evidence of this is that community members are encouraged to attend Board and committee meetings. In each of these meetings, attendees are afforded the opportunity to freely share their thoughts on the topic at hand as well as raise issues that they feel need to be addressed at subsequent meetings. The response has been very positive, judging both by participation and by feedback from stakeholders.

In the past twelve months, the Board invited a wide variety of community members and consumers to participate in a series of discovery and planning sessions related to needs assessment in the community. Members of the recovery council not only held forums to gather information, they also reviewed preliminary purchasing plans in order to provide a reaction from a consumer's perspective.

As noted above, a citizens' advisory committee was implemented to comment on and participate in the planning of CIT training. The committee was formed in response to an incident, but has continued to function as part of a quality improvement process.

Regional Psychiatric Hospital Continuity of Care Agreement

In March 2009, the Board entered into a Continuity of Care Agreement with ODMH. The agreement was reviewed by members of the Northwest Ohio Collaborative as well as by local providers, especially the pre-screening agent, Rescue Inc. Rescue is responsible for training their staff in all areas related to the agreement. The HUM (Hospital Utilization Management) Committee meets regularly to discuss individual cases, in particular those preparing for discharge. Representatives from the public and private hospitals as well as the Community Mental Health Centers participate in the meetings to ensure that clients leave the hospital as soon as possible and that they are linked to community resources upon discharge.

Consultation with county commissioners regarding services for individuals involved in the child welfare system

The Board has partnered with Lucas County Children Services, the funder, to develop a program that is uniquely focused on parents who have been identified as at risk for losing their children as a result of drug or alcohol abuse. LCCS has access to a dedicated assessor and comprehensive treatment program that serves only those clients. The program is in its fourth year, a written summary of the program was shared with the County Commissioners on the subject in May 2011.

V. Evaluation of the Community Plan

A. Description of Current Evaluation Focus

B. Measuring Success of the Community Plan for SFY 2012-2013

C. Engagement of Contract Agencies and the Community

D. Milestones and Achievement Indicators

E. Communicating Board Progress Toward Goal Achievement

SECTION V: EVALUATION OF THE COMMUNITY PLAN

Ensuring an effective and efficient system of care with high quality

The Board's evaluation focus in the past has been to monitor the number of clients being served in the system to at least ensure that residents had access to treatment. With the shift that has been made beginning in FY 2011, the Board has been monitoring the numbers of clients who are actually being diverted from what has typically been seen as treatment into community or agency based therapeutic support groups. The Board is monitoring the numbers of referrals to each agency and has seen a significant decrease. The focus for 2012-13 will be to develop ways to monitor the success of those diversions. Areas of interest are whether or not the client returns for treatment after (or during) the group session, if they are hospitalized or incarcerated, and if they self-report successful resolution of their needs.

The Board in FY 2011 contractually bound its providers to collaborate on improving the outcome reporting system. During that fiscal year a new reporting quarterly format was implemented that surveyed provider performance in meeting process goals, incorporating quality measures, and identifying process or quality improvements through lessons learned. The system has struggled in the past by sometimes erroneously identifying process indicators as an outcome. In addition to the areas above, providers are asked to identify defined, measurable changes in clients' behavior, recovery, health, knowledge, etc., that more accurately evaluate outcomes of programs and services.

In FY 2011, the Board issued an RFP for all AOD services. A requirement of the request was to define the domains within the National Outcome Measures (NOMS) and the anticipated outcomes within those domains. Agencies that were selected for funding will be measured on two outcomes in FY 2012, abstinence (30 days before discharge) and retention (90 days or more in treatment). Additionally, as part of the contracting process, the Board declared its commitment to measuring outcomes consistent with ODMH's Treatment Episode Outcomes and SAMHSA's National Outcome Measures. Each agency had written into their FY 2012 provider agreement outcomes that they agreed to collect and measure. In FY 2012, the Board will focus on monitoring those agreed upon outcomes, and will use them as the basis of programming and funding decisions.

Determining Success of the Community Plan for SFY 2012-2013

The Board will establish a “scorecard” that will be reviewed quarterly to determine progress on each of the goals identified above. The same elements that we are using to evaluate behavioral health programming will be utilized to evaluate the Board’s initiatives. We will evaluate the process by looking at planned implementation by stages, staffing levels, investment, communication, etc. The Board similarly will identify quality indicators that should be included in the initiatives it takes and conduct quarterly lessons learned sessions based on implementation experiences.

Applicable numerical goals will be tracked either through MACSIS or by reporting mechanisms developed in conjunction with providers. The goal of increasing the numbers of clients who receive supportive services before being directed straight into treatment will be tracked by the Board’s primary referral sources; Central Access and T.A.S.C., on a monthly basis with regular reporting to the Programs and Services Committee. One area which the Board is deciding upon is the vehicle to measure clients’ satisfaction with their services and experiences within the public system. In the past, the Board has utilized marketing firms to do a statistically relevant sampling of clients, however, since the agencies all have some form of survey, the Board is looking at ways of incorporating those results in a way that would be reliable and yet more cost effective.

The Community Plan will be published on the Board’s website. As a part of our ongoing evaluation efforts, the provider network along with stakeholders will be provided the Board’s “scorecard” and given opportunity to provide suggestions for areas in which progress can be expedited, priorities are changing, or successes can be documented.

Results of the review above will be posted on the website to inform the community of progress that is being made. The Board will work closely with advocate and consumer groups like NAMI and the Recovery Council to provide information to and get feedback from its “customers.”

Portfolio of Providers and Services Matrix

TABLE 1 : PORTFOLIO OF ALCOHOL AND DRUG SERVICES PROVIDERS

Prevention Strategy and Level of Care	a. Provider Name	b. Program Name (Provider Specific)	c. Population Served	d. Prevention Level (Prevention only)	e. Evidence-Based Practice (EBP)	f. Number of sites	g. Located outside of Board area (Check the box if yes)	h. Funding Source (Check the box if yes)	i. MACSIS UPI
					(List the EBP name)		ODADAS	Medicaid Only	
PREVENTION									
In formation Dissemination	Adelante, Inc. Adelante, Inc.	GANAS Nostros	Latino 6-17 year olds Childbearing age females	Selected Indicated	Life Skills The Systematic Training for effective parenting of children under six, young women's lives, building self-awareness for life & love us.	4 1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6816 6816
	Adelante, Inc. Big Brothers/Big Sisters of NWO Harbor	Los Ninos M3 Project	7-12 year olds 6-17 year olds	Selected Selected	Life Skills 40 Developmental Assets	3 3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6816 8346
	Harbor	School & Community Prevention Early Childhood Const.	6-17 year olds	Selected	Life Skills	10	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3126
					Incredible Year, Georgetown Model & Early Childhood Consultation		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3126
	UMADAOP UMADAOP	Healthy Work Place First Haven Women's Program	18-25 year olds Childbearing age females	Selected Indicated	Healthy Work Place Life Skills	1 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1068 1068
	UMADAOP	Health Lifestyles	Low-income women that are at risk for substance abuse, mental health issues, chronic unemployment and	Selected	Life skills	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1068

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Prevention Strategy and Level of Care	a. Provider Name	b. Program Name (Provider Specific)	c. Population Served	d. Prevention Level (Prevention only)	e. Evidence-Based Practice (EBP)	f. Number of sites	g. Located outside of Board area (Check the box if yes)	h. Funding Source (Check the box if yes)	i. MACSIS UPI
			prostitution.		(List the EBP name)		ODADAS Medicaid Only		
	Unison University of Toledo	Seasons ATOD Prevention Program	Lucas County Residents College students, Community	Universal Selected	3-in-1 Framework	70 1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3340 10213
Alternatives	Adelante, Inc. Adelante, Inc.	GANAS Nostros	Latino 6-17 year olds Childbearing age females	Selected Indicated	Life Skills The Systematic Training for effective parenting of children under six, young women's lives, building self-awareness for life & love us.	4 1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6816 6816
	Adelante, Inc. Big Brothers/Big Sisters of NWO UMADAOP	Los Ninos M3 Project First Haven Women's Program	7-12 year olds 6-17 year olds Childbearing age females	Selected Selected Indicated	Life Skills 40 Developmental Assets Life Skills	3 3 4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6816 8346 1068
	UMADAOP	Health Lifestyles	Low-income women that are at risk for substance abuse, mental health issues, chronic unemployment and prostitution.	Selected	Life skills	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1068
	UMADAOP University of Toledo	UMADAOP ATOD Prevention Program	11-18 year olds College students, Community	Selected Selected	Positive Action 3-in-1 Framework	1 1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1068 10213

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Prevention Strategy and Level of Care	a. Provider Name	b. Program Name (Provider Specific)	c. Population Served	d. Prevention Level (Prevention only) (Universal, Selected or Indicated)	e. Evidence-Based Practice (EBP) (List the EBP name)	f. Number of sites	g. Located outside of Board area (Check the box if yes)	h. Funding Source (Check the box if yes)	i. MACSIS UPI
Education	Adelante, Inc. Adelante, Inc.	GANAS Nostros	Latino 6-17 year olds Childbearing age females	Selected Indicated	Life Skills The Systematic Training for effective parenting of children under six, young women's lives, building self-awareness for life & love us.	4 1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ODADAS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6816 6816
	Adelante, Inc. Big Brothers/Big Sisters of NWO Harbor Harbor	Los Ninos M3 Project Early Childhood Consl. Early Childhood Consl.	7-12 year olds 6-17 year olds 0-5 year olds	Selected Selected Selected	Life Skills 40 Developmental Assets Incredible Year, Georgetown Model & Early Childhood Consultation	3 3 31	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6816 8346 3126 3126
	Mercy St. Vincent Medical Center SCAT UMADAOP UMADAOP	Project Hope Drug Drop Project Healthy Work Place Health Lifestyles	Childbearing age females 0-100 years old 18-25 year olds Low-income women that are at risk for substance abuse, mental health issues, chronic unemployment and prostitution.	Indicated Universal Selected Selected	Life Skills & Parenting-Plus and P.I.P.E. Drug Drop Off Healthy Work Place Life skills	1 2 1 1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8095 2926 1068 1068
	UMADAOP	First Haven Women's Program	Childbearing age females	Indicated	Life Skills	4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1068

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Prevention Strategy and Level of Care	a. Provider Name	b. Program Name (Provider Specific)	c. Population Served	d. Prevention Level (Prevention only)	e. Evidence-Based Practice (EBP)	f. Number of sites	g. Located outside of Board area	h. Funding Source (Check the box if yes)	i. MACSIS UPI
	UMADAOP Unison University of Toledo	UMADAOP Seasons ATOD Prevention Program	11-18 year olds Lucas County Residents College students, Community	(Universal, Selected or Indicated) Selected Universal Selected	(List the EBP name) Positive Action 3-in-1 Framework	1 70 1	(Check the box if yes) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ODADAS Medicaid Only <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1068 3340 10213
Community-Based Process	UMADAOP	First Haven Women's Program	Childbearing age females	Indicated	Life Skills	4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1068
	UMADAOP Unison University of Toledo	UMADAOP Seasons ATOD Prevention Program	11-18 year olds Lucas County Residents College students, Community	Selected Universal Selected	Positive Action 3-in-1 Framework	1 70 1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1068 3340 10213
Environmental	SCAT	Community Drug Drop Off	0-100	Universal	Drug Drop Off	2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2926
	Unison University of Toledo	Seasons ATOD Prevention Program	Lucas County Residents College students, Community	Universal Selected	3-in-1 Framework	70 1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3340 10213
Problem Identification and Referral	Adelante, Inc. Adelante, Inc.	GANAS Nostros	Latino 6-17 year olds Childbearing age females	Selected Indicated	Life Skills The Systematic Training for effective parenting of children under six, young women's lives, building self-awareness for life & love us.	4 1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6816 6816
	Adelante, Inc. Big Brothers/Big Sisters of NWO	Los Ninos M3 Project	7-12 year olds 6-17 year olds	Selected Selected	Life Skills 40 Developmental Assets	3 3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6816 8346

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Prevention Strategy and Level of Care	a. Provider Name	b. Program Name (Provider Specific)	c. Population Served	d. Prevention Level (Prevention only) (Universal, Selected or Indicated)	e. Evidence-Based Practice (EBP) (List the EBP name)	f. Number of sites	g. Located outside of Board area (Check the box if yes)	h. Funding Source (Check the box if yes)	i. MACSIS UPI
	Harbor	Early Childhood Const.		(Universal, Selected or Indicated)	Incredible Year, Georgetown Model & Early Childhood Consultation		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ODADAS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Medicaid Only <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3126
	Mercy St. Vincent Medical Center	Project Hope	Childbearing age females	Indicated	Life Skills & Parenting-Plus and P.I.P.E.	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8095
	UMADAOP	Healthy Workplace Health Lifestyles	18-25 year olds Low-income women that are at risk for substance abuse, mental health issues, chronic unemployment and prostitution.	Selected	Healthy Work Place	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1068
	UMADAOP	First Haven Women's Program	Childbearing age females	Indicated	Life Skills	4	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1068
	UMADAOP	UMADAOP	11-18 year olds	Selected	Positive Action	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1068
	University of Toledo	ATOD Prevention Program	College students, Community	Selected	3-in-1 Framework	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10213
PRE-TREATMENT (Level 0.5)									
OUTPATIENT (Level 1)									
Outpatient	New Concepts	SA/MH Tx Program	Adult, Adol, M/F, AA/C/H, CI, JJ, Co-Occurring		Matrix Model	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6468
	Compass	Outpt Treatment	Adult, M/F, AA/C/H, CI, Co-Occurring		Matrix Model	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12559
	Unison	Outpt Youth	Adol, M/F, AA/C/H, JJ, Co-Occurring			1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	3340

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Prevention Strategy and Level of Care	a. Provider Name	b. Program Name (Provider Specific)	c. Population Served	d. Prevention Level (Prevention only) (Universal, Selected or Indicated)	e. Evidence-Based Practice (EBP) (List the EBP name)	f. Number of sites	g. Located outside of Board area (Check the box if yes)	h. Funding Source (Check the box if yes)	i. MACSIS UPI
							ODADAS	Medicaid Only	
	Unison	Preferred Choice	Adult, M/F, LCCS involved, AA/C/H			1	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3340
	Unison	Dual Outpt	Adult, M/F, AA/C/H, AOD/MH			1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3340
	SASI	Outpt, Tx, Methadone	Adult, M/F, AA/C/H, CJ, Co-Occurring			1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12563
	A Renewed Mind	Outpt Tx	Adol, M/F, AA/C/H, JJ, Co-Occurring		Matrix Model	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12679
	Choices	Outpt Tx	Adol, M/F, AA/C/H,			2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1311
	Premier Care	Outpt Tx	Adult, M/F, AA/C/H,			1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12984
	Fresh Attitude	Outpt Tx	Adult, Adol, M/F, AA/C/H, CJ, JJ			1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6748
	Rescue	Emergency Services	Adult, M/F, AA/C/H, CJ, Co-Occurring			1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1350
Intensive Outpatient	New Concepts	SA/MH Tx Program	Adult, Adol, M/F, AA/C/H, CJ, Co-Occurring			1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6468
	Compass	IOP Tx	Adult, M/F, AA/C/H, CJ, Co-Occurring			1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12559
	Unison	IOP Youth	Adol, M/F, AA/C/H, JJ, Co-Occurring			1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3340
	Unison	Preferred Choice	Adult, M/F, LCCS involved, AA/C/H			1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3340
	Unison	IOP Dual	Adult, M/F, AA/C/H, AOD/MH			1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3340
	A Renewed Mind	IOP Tx	Adol, M/F, AA/C/H, JJ, Co-Occurring			2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12679
	Choices	IOP Tx	Adol, M/F, AA/C/H,			2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1311

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Prevention Strategy and Level of Care	a. Provider Name	b. Program Name (Provider Specific)	c. Population Served	d. Prevention Level (Prevention only) (Universal, Selected or Indicated)	e. Evidence-Based Practice (EBP) (List the EBP name)	f. Number of sites	g. Located outside of Board area (Check the box if yes)	h. Funding Source (Check the box if yes)	i. MACSIS UPI
	Premier Care	IOP Tx	Adult, M/F, AA/C/H,	(Universal, Selected or Indicated)	(List the EBP name)	1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ODADAS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Medicaid Only <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	12984
	Fresh Attitude	IOP Tx	Adult, Adol, M/F, AA/C/H, CJ, JJ			1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6748
Day Treatment							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COMMUNITY RESIDENTIAL (Level 2)									
Non-Medical	Compass	Residential Tx	Adult, M/F, AA/C/H, CJ, Co-Occurring			1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12559
Medical	A Renewed Mind	Synergy	Adol, M/F, AA/C/H, JJ, Co-Occurring			1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12679
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SUBACUTE (Level 3)									
Ambulatory Detoxification							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23 Hour Observation Bed							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sub-Acute Detoxification	Compass	Sub Acute Detox	Adult, M/F, AA/C/H, CJ, Co-Occurring			1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12559
ACUTE HOSPITAL DETOXIFICATION (Level 4)									
Acute Detoxification							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

TABLE 2 : PORTFOLIO OF MENTAL HEALTH SERVICES PROVIDERS

Promising, Best, or Evidence-Based Practice	a. Provider(s) Name(s)	b. MACSIS UPI(s)	c. Number of Sites	d. Program Name	e. Funding Source (Check all that apply as funding source for practice)				f. Population Served	g. Estimated Number Served in SFY 2012	h. Estimated Number Planned for in SFY 2013
					Medicaid + Match	GRF (Not as Medicaid Match)	Levy (Not as Medicaid Match)	Other (Not as Medicaid Match)			
Integrated Dual Diagnosis Treatment (IDDT)					Yes	No	Yes	No			
Assertive Community Treatment (ACT)	Unison Cullen Center	3340	1		Yes	No	Yes	No	NGRI, SPMI	75	75
TF-CBT			1		Yes	No	No	No	Adult, Youth,		
Multi-Systemic Therapy (MST)	Zepf	3345			Yes	No	No	Yes	BH/JJ	48-60	48-60
Functional Family Therapy (FFT)					Yes	No	Yes	No			
Supported Employment					Yes	No	Yes	No			
Supportive Housing					No	No	Yes	Yes	SPMI	625	625
Wellness Management & Recovery (WWR)	NPI	10008	1		Yes	No	Yes	No	SPMI		
Red Flags	Zepf	3345			Yes	No	Yes	No			
EMDR					Yes	No	Yes	No			
Crisis Intervention Training (CIT)											
Therapeutic Foster Care	MHRBS	0	1		No	No	Yes	No	Law Enforcement	50	50
					Yes	No	Yes	No			

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Promising, Best, or Evidence-Based Practice	a. Provider(s) Name(s)	b. MACSIS UP(s)	c. Number of Sites	d. Program Name	e. Funding Source (Check all that apply as funding source for practice)				f. Population Served	g. Estimated Number Served in SFY 2012	h. Estimated Number Planned for in SFY 2013
					Medicaid + Match	GRF (Not as Medicaid Match)	Levy (Not as Medicaid Match)	Other (Not as Medicaid Match)			
Therapeutic Pre-School					Yes No	Yes No	Yes No	Yes No			
Transition Age Services	Harbor, Zepf	3126, 3345	1		Yes	No	No	No			
Integrated Physical/Mental Health Svces	Harbor	3126			No	No	No	Yes			
Ohio's Expedited SSI Process					Yes No	Yes No	Yes No	Yes No			
Medicaid Buy-In for Workers with Disabilities					Yes No	Yes No	Yes No	Yes No			
Consumer Operated Service	Thomas Wernert Center	0	1		No	No	Yes	No	MHR SB Consumers	800	
Peer Support Services	Thomas Wernert Center	0	1		No	No	Yes	No	MHR SB Consumers	400	
M/ MR Specialized Services					Yes No	Yes No	Yes No	Yes No			
Consumer/Family Psycho-Education	NAMI	0	1		No	No	Yes	No	MHR SB Consumers & Family members	50	

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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 consumer usage*: How do you expect Non-Medicaid consumer usage to change?

Service Category	SFY 2011	SFY 2012			
	(Question 1) Offered Service Yes/No/Don't Know Circle the answer for each category	(Question 2) Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK) Circle the answer for each category	(Question 3) Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) Circle the answer for each category	(Question 4) Non-Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) Circle the answer for each category	
Pharmacological Mgt. (Medication/Somatic)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Mental Health Assessment (non-physician)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Psychiatric Diagnostic Interview (Physician)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
BH Counseling and Therapy (Ind.)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
BH Counseling and Therapy (Grp.)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Crisis Resources & Coordination					
24/7 Hotline	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
24/7 Warmline	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Police Coordination/CIT	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Disaster preparedness	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
School Response	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Respite Beds for Adults	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	
Respite Beds for Children & Adolescents (C&A)	Yes No DK	Intro E I D NC DK	I D NC DK	I D NC DK	

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>	
Crisis Face-to-Face Capacity for Adult Consumers					
24/7 On-Call Psychiatric Consultation	<input checked="" type="radio"/> Yes No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	<input checked="" type="radio"/> I D NC DK	I D <input checked="" type="radio"/> NC DK	
24/7 On-Call Staffing by Clinical Supervisors	<input checked="" type="radio"/> Yes No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	<input checked="" type="radio"/> I D NC DK	I D <input checked="" type="radio"/> NC DK	
24/7 On-Call Staffing by Case Managers	<input checked="" type="radio"/> Yes No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	<input checked="" type="radio"/> I D NC DK	I D <input checked="" type="radio"/> NC DK	
Mobile Response Team	<input checked="" type="radio"/> Yes No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Crisis Central Location Capacity for Adult Consumers					
Crisis Care Facility	<input checked="" type="radio"/> Yes No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D NC <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> NC DK	
Hospital Emergency Department	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D NC <input checked="" type="radio"/> DK	I D NC <input checked="" type="radio"/> DK	I D NC <input checked="" type="radio"/> DK	
Hospital contract for Crisis Observation Beds	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D NC <input checked="" type="radio"/> DK	I D NC <input checked="" type="radio"/> DK	I D NC <input checked="" type="radio"/> DK	
Transportation Service to Hospital or Crisis Care Facility	<input checked="" type="radio"/> Yes No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D NC <input checked="" type="radio"/> DK	I D NC <input checked="" type="radio"/> DK	
Crisis Face-to-Face Capacity for C&A Consumers					
24/7 On-Call Psychiatric Consultation	<input checked="" type="radio"/> Yes No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D NC <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> NC DK	
24/7 On-Call Staffing by Clinical Supervisors	<input checked="" type="radio"/> Yes No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D NC <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> NC DK	
24/7 On-Call Staffing by Case Managers	<input checked="" type="radio"/> Yes No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D NC <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> NC DK	
Mobile Response Team	<input checked="" type="radio"/> Yes No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D NC <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> NC DK	

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>	
Crisis Central Location Capacity for C&A Consumers					
Crisis Care Facility	<input checked="" type="radio"/> Yes No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Hospital Emergency Department	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Hospital Contract for Crisis Observation Beds	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Transportation Service to Hospital or Crisis Care Facility	<input checked="" type="radio"/> Yes No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Partial Hospitalization, less than 24 hr.	<input checked="" type="radio"/> Yes No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I <input checked="" type="radio"/> D NC DK	I D <input checked="" type="radio"/> NC DK	
Community Psychiatric Supportive Treatment (Ind.)	<input checked="" type="radio"/> Yes No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I <input checked="" type="radio"/> D NC DK	I D <input checked="" type="radio"/> NC DK	
Community Psychiatric Supportive Treatment (Grp.)	<input checked="" type="radio"/> Yes No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Assertive Community Treatment (Clinical Activities)	<input checked="" type="radio"/> Yes No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Assertive Community Treatment (Non-Clinical Activities)	<input checked="" type="radio"/> Yes No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Intensive Home Based Treatment (Clinical Activities)	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Intensive Home Based Treatment (Non-Clinical Activities)	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Behavioral Health Hotline Service	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Other MH Svc, not otherwise specified (healthcare services)	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Other MH Svc., (non-healthcare services)	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	

	SFY 2011	SFY 2012			
	(Question 1)	(Question 2)	(Question 3)	(Question 4)	
Service Category	Offered Service Yes/No/Don't Know <i>Circle the answer for each category</i>	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>	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>	
Self-Help/Peer Services (Peer Support)	Yes <input checked="" type="radio"/> No DK	Intro E I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK
Adjunctive Therapy	Yes <input checked="" type="radio"/> No DK	Intro E I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK
Adult Education	Yes <input checked="" type="radio"/> No DK	Intro E I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK
Consultation	Yes <input checked="" type="radio"/> No DK	Intro E I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK
Consumer Operated Service	<input checked="" type="radio"/> Yes No DK	Intro E I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK
Employment (Employment/Vocational)	<input checked="" type="radio"/> Yes No DK	Intro E I D NC <input checked="" type="radio"/> DK	I D NC <input checked="" type="radio"/> DK	I D NC <input checked="" type="radio"/> DK	I D NC <input checked="" type="radio"/> DK
Information and Referral	Yes <input checked="" type="radio"/> No DK	Intro E I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK
Mental Health Education	<input checked="" type="radio"/> Yes No DK	Intro E I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK
Occupational Therapy Service	Yes <input checked="" type="radio"/> No DK	Intro E I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK
Prevention	<input checked="" type="radio"/> Yes No DK	Intro E I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK
School Psychology	Yes <input checked="" type="radio"/> No DK	Intro E I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK
Social & Recreational Service	<input checked="" type="radio"/> Yes No DK	Intro E I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK
Community Residence	Yes <input checked="" type="radio"/> No DK	Intro E I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK
Crisis Care/Bed Adult [see service definition below]	<input checked="" type="radio"/> Yes No DK	Intro E I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK
Crisis Care/Bed Youth [see service definition below]	<input checked="" type="radio"/> Yes No DK	Intro E I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK
Foster Care Adult	Yes <input checked="" type="radio"/> No DK	Intro E I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK
Foster Care Youth [see service definition below]	Yes <input checked="" type="radio"/> No DK	Intro E I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK
Residential Care Adult (ODMH Licensed) [see service definition below]	<input checked="" type="radio"/> Yes No DK	Intro E I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> DK

	SFY 2011	SFY 2012			
	(Question 1)	(Question 2)	(Question 3)	(Question 4)	
Service Category	Offered Service Yes/No/Don't Know <i>Circle the answer for each category</i>	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>	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>	
Residential Care Adult (ODH Licensed) [see service definition below]	<input checked="" type="radio"/> Yes No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Residential Care Youth [see service definition below]	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Respite Care/Bed Adult [see service definition below]	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Respite Care/Bed Youth [see service definition below]	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Permanent Supportive Housing (Subsidized Supportive Housing) Adult [see service definition below]	<input checked="" type="radio"/> Yes No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Independent Community Housing Adult (Rent or Home Ownership) [see service definition below]	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Temporary Housing Adult [see service definition below]	<input checked="" type="radio"/> Yes No <input type="radio"/> DK	Intro E I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Forensic Service	<input checked="" type="radio"/> Yes No <input type="radio"/> DK	Intro E I D NC <input checked="" type="radio"/> DK	I D <input checked="" type="radio"/> NC DK	I D <input checked="" type="radio"/> NC DK	
Inpatient Psychiatric Service Adult (Private hospital only)	<input checked="" type="radio"/> Yes No <input type="radio"/> DK	Intro E I D NC <input checked="" type="radio"/> DK	I D NC <input checked="" type="radio"/> DK	I D NC <input checked="" type="radio"/> DK	
Inpatient Psychiatric Service Youth (Private hospital only)	Yes <input checked="" type="radio"/> No <input type="radio"/> DK	Intro E I D NC <input checked="" type="radio"/> DK	I D NC <input checked="" type="radio"/> DK	I D NC <input checked="" type="radio"/> DK	

ODMH 2012 Community Plan Adult Housing Categories

Please answer the following question for each category for your SPMI/SMI population:

For SFY 2012, please indicate the number of planned Units & Beds for Adults who are SPMI/SMI.

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.

Housing Categories	Definition	Examples	Number of SPMI/SMI (Please include Forensic & Sex Offender Sub-Populations)	Number of Units	Number of Beds
Crisis Care	Provision of short-term care to stabilize person experiencing psychiatric emergency. Offered as an alternative to inpatient psychiatric unit. Staff 24 hours' day/7 days a week. Treatment services are billed separately.	<ul style="list-style-type: none"> • Crisis Bed • Crisis Residential • Crisis Stabilization Unit 	Total #: 4,015 bed days	1	11
			Forensic #: 0		
			Sex Offender #: 0		
ODMH Licensed Residential Care	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.	<ul style="list-style-type: none"> • Licensed as Type I, II or III (Residential Facility Care) • Residential Support Supervised Group Living • Next-Step Housing from psychiatric hospital and/or prison 	Total #:	1	2
			Forensic #: 0		0
			Sex Offender #: 0		0

Housing Categories	Definition	Examples	Number of SPMI/SMI (Please include Forensic & Sex Offender Sub-Populations)	Number of Units	Number of Beds
	Type 1: Room & Board; Personal Care; Mental Health Services Type 2: Room & Board; Personal Care Type 3: Room and Board				
ODH Licensed Residential Care	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"> • Adult Care Facilities • Adult Family Homes • Group Homes 	Total #:	47	113
			Forensic #: 0		5
			Sex Offender #: 0		
Respite Care	Short-term living environment, it 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"> • Placement during absence of another caretaker where client usually resides • Respite Care 	Total #: 0		
			Forensic #: 0		
			Sex Offender #: 0		

Housing Categories	Definition	Examples	Number of SPMI/SMI (Please include Forensic & Sex Offender Sub-Populations)	Number of Units	Number of Beds
Temporary Housing	Non-hospital, time limited residential program with an expected length of occupancy and goals to transition to permanent housing. Includes room and board, with referral and access to treatment services that are billed separately.	<ul style="list-style-type: none"> • Commonly referred to and intended as time-limited, short term living • Transitional Housing Programs • Homeless county residence currently receiving services • Persons waiting for housing • Boarding Homes • YMCA/YWCA (not part of a supportive housing program) 	<p>Total #:</p> <p>Forensic #:</p> <p>Sex Offender #:</p>		
Board/Agency Owned Community Residence	Person 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"> • Service Enriched Housing • Apartments with non-clinical staff attached • Supervised Apartments • No leases: NOT covered by Ohio tenant landlord law 	<p>Total #:</p> <p>Forensic #:</p> <p>Sex Offender #:</p>	2	16

Housing Categories	Definition	Examples	Number of SPMI/SMI (Please include Forensic & Sex Offender Sub-Populations)	Number of Units	Number of Beds
Permanent Supportive Housing (Subsidized Supportive Housing) with Primary Supportive Services On-Site	Person living in an apartment where they entered into a lease with 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 consumers.)	<ul style="list-style-type: none"> • HAP • Housing as Housing Supervised Apartments • Supportive Housing Person with Section 8 or Shelter Plus Care Voucher • Tenant has lease <p>Supportive Services staff primary offices are on-site and their primary function are to deliver supportive services on-site; these staff many accompany residents in the community to access resources.</p>	Total #:		550
			Forensic #: 0		19
Permanent Supportive Housing (Subsidized Supportive Housing) with Supportive Services Available	Person living in an apartment where they entered into a lease with 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 consumers.)	<ul style="list-style-type: none"> • HAP • Housing as Housing Supervised Apartments • Supportive Housing Person with Section 8 or Shelter Plus Care Voucher • Tenant has lease <p>Supportive Services staff primary offices are not on-site;</p>	Total #:		
			Forensic #:		

Housing Categories	Definition	Examples	Number of SPMI/SMI (Please include Forensic & Sex Offender Sub-Populations)	Number of Units	Number of Beds
	that provides housing to mental health consumers.)	<p>supportive serve staff may come on-site to deliver supportive services or deliver them off-site. (In this model a primary mental health CPST worker may be delivering the supportive services related to housing in addition to treatment services.</p>	Sex Offender #:		
Independent Community Housing (Rent or Home Ownership)	Refers to house, apartment, or room which anyone can own/rent, which is not sponsored, licensed, supervised, or otherwise connected to the mental health system. Consumer is the designated head of household or in a natural family environment of his/her choice.	<ul style="list-style-type: none"> • Own home • Person with Section 8 Voucher (not Shelter Plus Care) • Adult with roommate with shared household expenses • Apartment without any public assistance • Housing in this model is not connected to the mental health system in any way. Anyone can apply for and obtain this housing. 	Total #:		
			Forensic #:		
			Sex Offender #:		

ODADAS Waivers

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

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

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)

Board Name: Mental Health and Recovery Services Board of Lucas County
SFY: 2012

HCPCS Procedure	Category	State 401 (C) Forensic Monitoring	State 401 (S) Forensic Centers	State 419 Community Medication	State 505 Local MH SOC	State 505 Special	State Other Funds	Federal (Other)	Federal (Medicaid)	Federal (Medicare)	Federal (Other)	Total Board Spending	Medicaid	Notes
	BALANCES:													
	Beginning Mental Health Fund Balance											\$ 5,088,027		
	PRIOR PERIOD ADJUSTMENTS (Explain in the Note column)											\$ 5,088,027		
	Renewed MH Beginning Fund Balance											\$ 5,088,027		
	REVENUES:													
	Total Mental Health Revenues	29,766	307,859	409,512	273,339							\$ 15,498,308.00		
	BOARD ADMINISTRATION:													
	Salaries, Fringes, and Operating											1,359,468		
	Board Capital Expenditures													
	BOARD SERVICES TO OTHER BOARDS OR AGENCIES:													
	Agency Salaries, Fringes, and Operating													
	Agency Capital Expenditures													
	EXPENSES:													
	Pharmacologic Mgt. (Medication/Supplies)				123,019							2,171,772		
	Mental Health Assessment (Intervention/Discharge)											109,632		
	Psychiatric Diagnostic Interview (Physician/Diag./Frings)				21,473							186,155		
	Psychiatric Diagnostic Interview (Physician/Diag./Frings)				34,500							207,628		
	BH Counseling and Therapy (Ind) (Mental Counseling)											512,193		
	BH Counseling and Therapy (Ops) (Group Counseling)											94,918		
	Crisis Intervention/MH Services (Crisis Intervention)											187,744		
	Partial Hospitalization, less than 24 hr. (Partial Hospitalization)				21,400							282,855		
	Community Psychiatric Supportive Treatment (Case GRST)				72,947							1,287,808		
	Community Psychiatric Supportive Treatment (Grp) (GRST)											152,852		
	Board Support for Medications			409,512								409,512		
	Other MH Svcs., not otherwise specified (Inpatient)											923,118		
	Other MH Svcs. (non-billable)											1,489,897		
	Consultation											1,365,469		
	Consumer Operated Service											214,153		
	Employment / Vocational											150,000		
	Information and Referral											144,206		
	Mental Health Education											88,428		
	Occupational Therapy Svc													
	Prevention											79,901		
	School Psychology											302,309		
	Social & Recreational Svc													
	Community Residence													
	Community Residence													
	Crisis Care (Crisis Bed)													
	Foster Care													
	Residential Care (Residential Treatment/Residential Support)													
	Respite Care (Respite Bed)													
	Subsidized Housing													
	Temporary Housing													
	Forensic Evaluation	29,766	307,859											
	PASARR													
	Inpatient Psychiatric Service (Private hospital only)													
	Total Mental Health Expenditures	\$ 29,766	\$ 307,859	\$ 409,512	\$ 273,339	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 17,298,507	\$ -	
	Net Mental Health Current Year	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Ending Mental Health Fund Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
	Non-Mental Health Revenue													
	Non-Mental Health Expenditures													
	Net Non-Mental Health													

Specify Type of Accounting (cash, accrual, modified accrual), Accrual

NOTES: Refer to instructions.

1. Beginning Balance (Prior Ending Balance) SFY 2011

2. Enter Totals here and details on sheet titled "Other MH Svcs Detail"

DMH-FIS-540

Board Name: Mental Health and Recovery Services Board of Lucas County
 SFY: 2013

HCPCS Procedure	Category	State 401(C) Forensic Monitoring	State 401 (S) Forensic Centers	State 419 Community Medication	State 505 Local MH SOC	State 505 Special	State Funds	Region Block Grant (Fiscal Year 2013)	Region Block Grant (Fiscal Year 2012)	Federal (FICA)	Federal (Other)	Local (Other)	Total Board Spending	Medicaid	Notes
	BALANCES:														
	Beginning Mental Health Fund Balance												\$ 3,387,828		
	PRIOR PERIOD ADJUSTMENTS (Explain in the Note column)												\$ -		
	Restated MH Beginning Fund Balance	0	0	0	0	0	0	0	0	0	0	0	\$ 3,387,828		
	REVENUES:														
	Total Mental Health Revenues	29,766	307,859	409,512	323,319			2,683	316,103	352,323	1,647,754	1,224,485	\$ 15,433,531.00		
	BOARD ADMINISTRATION:														
	Salaries, Fringes, and Operating Board Capital Expenditures												1,379,197		
	BOARD SERVICES TO OTHER BOARDS OR AGENCIES:												0		
	Agency Salaries, Fringes, and Operating Agency Capital Expenditures												0		
	EXPENSES:														
90862	Pharmacologic Mgt. (Medication/Somatic)												2,144,791		
H0031	Mental Health Assessment (non-physician) (Diag./Assess.)				150,000								109,632		
90801	Psychiatric Diagnostic Interview (physician) (Diag./Assess.)												207,628		
H0004	BH Counseling and Therapy (Indiv) (Insh. Counseling)				48,319								498,354		
H0004	BH Counseling and Therapy (Grp) (Grp. Counseling)												94,918		
S9484	Crisis Intervention MH Services (Crisis Intervention)								316,103				187,744		
S0201	Partial Hospitalization, less than 24 hr. (Partial Hospitalization)				25,000								303,847		
H0036	Community Psychiatric Supportive Treatment (Indiv) (Ind. C&ST)				100,000								1,200,755		
H0036	Community Psychiatric Supportive Treatment (Grp) (Grp. C&ST)												152,052		
	Board Support for Medications			409,512									409,512		
H0046	Other MH Svcs., not otherwise specified (Inpatient)												1,499,897		
M3140	Other MH Svcs. (non-billable)									164,754	412,025		834,826		
M3120	Consumer Operated Service												214,153		
M1620	Employment / Vocational									150,000			294,206		
M4110	Prevention												79,901		
M1530	School Psychology												0		
M1550	Social & Recreational Svc												129,100		
M2240	Community Residence												0		
M2380	Crisis Care (Crisis Bed)								352,323				1,245,069		
M2250	Foster Care												0		
M2200	Residential Care (Residential Treatment/Residential Support)												1,802,419		
M2270	Respite Care (Respite Bed)												67,500		
M2260	Subsidized Housing												1,407,521		
M2290	Temporary Housing												217,822		
**	Forensic Evaluation	29,766	307,859					2,683					542,116		
**	PASARR												0		
**	Inpatient Psychiatric Service (Private hospital only)												500,000		
	Total Mental Health Expenditures	\$ 29,766	\$ 307,859	\$ 409,512	\$ 323,319	\$ -	\$ -	\$ 2,683	\$ 316,103	\$ 352,323	\$ 1,647,754	\$ 1,224,485	\$ 16,550,133	\$ -	
	Net Mental Health Current Year	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (1,116,602)	\$ -	
	Ending Mental Health Fund Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,271,226	\$ -	
	Non-Mental Health Revenue						297,478						\$ -	\$ -	
	Non-Mental Health Expenditures						297,478						\$ -	\$ -	
	Net Non-Mental Health						0						\$ -	\$ -	

Specify Type of Accounting (cash, accrual, modified accrual): Accrual

NOTES (refer to instructions):
 1. Beginning Balance (Prior Ending Balance) SFY 2012
 2. Enter Totals here and details on sheet titled "Other MH Svcs Detail".

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

NOT APPLICABLE TO THIS BOARD

Notification of Election of Distribution – SFY 2012

The _____ Alcohol, Drug Addiction and Mental Health Services Board or Community Mental Health Board has decided the following:

_____ The Board plans to elect distribution of 408 funds.

_____ The Board plans not to elect distribution of 408 funds

Signed: _____

Date: _____

Board Membership Catalog for ADAMHS/CMHS Boards

Board Name Mental Health and Recovery Services Board of Lucas County		Date Prepared 10/8/2010
Board Member Louise Barkan		<u>Appointment</u> ODADAS <u>Sex</u> Female <u>Ethnic Group</u> White
Mailing Address (street, city, state, zip) 4108 Nantuckett Drive Toledo, OH 43623		<u>Officer</u> Member <u>Hispanic or Latino (of any race)</u> No
Telephone (include area code) 419-841-4855	County of Residence Lucas	Representation: select all that apply:
Occupation Retired	Term Second Full Terms	Year Term Expires 2014
<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input checked="" type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name Mental Health and Recovery Services Board of Lucas County		Date Prepared 10/8/2010
Board Member Denise Marie Benton		<u>Appointment</u> ODADAS <u>Sex</u> Female <u>Ethnic Group</u> White
Mailing Address (street, city, state, zip) Toledo Radiological Association 4841 Monroe Street, Suite 103 Toledo, OH 43623		<u>Officer</u> Member <u>Hispanic or Latino (of any race)</u> No
Telephone (include area code) 419-290-6097	County of Residence Lucas	Representation: select all that apply:
Occupation Marketing, Radiologic Technologist	Term Partial Term	Year Term Expires 2012
<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input checked="" type="checkbox"/> Advocate
Board Name Mental Health and Recovery Services Board of Lucas County		Date Prepared 10/8/2010
Board Member Kevin Boissoneault		<u>Appointment</u> County Commission <u>Sex</u> Male <u>Ethnic Group</u> White
Mailing Address (street, city, state, zip) Gallon, Takacs, Boissoneault & Schaffer Co., L.P.A 3516 Grainite Circle Toledo, OH 43617-1172		<u>Officer</u> Vice Chairperson <u>Hispanic or Latino (of any race)</u> No
Telephone (include area code) 419-843-2001	County of Residence Lucas	Representation: select all that apply:
Occupation Attorney	Term Second Full Term	Year Term Expires 2013
<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate

Board Name Mental Health and Recovery Services Board of Lucas County		Date Prepared 10/8/2010
Board Member Gayle Campbell		<u>Appointment</u> County Commission
Mailing Address (street, city, state, zip) 2015 Austin Bluffs Court Toledo, OH 43615		<u>Sex</u> Female
Telephone (include area code) 419-356-8490		<u>Ethnic Group</u> White
County of Residence Lucas		<u>Officer</u> Secretary
Occupation Marketing Consultant		<u>Hispanic or Latino (of any race)</u> No
Term First Term		<u>Representation: select all that apply:</u>
Year Term Expires 2012		<u>Mental Health</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate

Board Name Mental Health and Recovery Services Board of Lucas County		Date Prepared 10/8/2010
Board Member William Christopher Fox		<u>Appointment</u> County Commission
Mailing Address (street, city, state, zip) KeyBank 3 Seagate 4 th Floor Toledo, OH 43604		<u>Sex</u> Male
Telephone (include area code) 419-259-8121		<u>Ethnic Group</u> White
County of Residence Lucas		<u>Officer</u> Member
Occupation Relationship Manager- Private Bank		<u>Hispanic or Latino (of any race)</u> No
Term First Full Term		<u>Representation: select all that apply:</u>
Year Term Expires 2014		<u>Mental Health</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate

Board Name Mental Health and Recovery Services Board of Lucas County		Date Prepared 10/8/2010
Board Member Mary Gombash, MD		<u>Appointment</u> County Commission
Mailing Address (street, city, state, zip) 4571 Westbourne Road Toledo, OH 43623		<u>Sex</u> Female
Telephone (include area code) 419-841-1660		<u>Ethnic Group</u> White
County of Residence Lucas		<u>Officer</u> Member
Occupation Physician – Retired		<u>Hispanic or Latino (of any race)</u> No
Term First Full Term		<u>Representation: select all that apply:</u>
Year Term Expires 2013		<u>Mental Health</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Psychiatrist
		<input checked="" type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate

Board Name Mental Health and Recovery Services Board of Lucas County		Date Prepared 10/8/2010
Board Member Lee Herbert, Sr.		Appointment ODADAS
Mailing Address (street, city, state, zip) 9750 Old State Line Holland, OH 43528		Sex Male
Telephone (include area code) 419-460-2989		Ethnic Group African American
County of Residence Lucas		Officer Member
Occupation Retired		Hispanic or Latino (of any race) No
Term First full Term		Representation: select all that apply:
Year Term Expires 2012		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 checked="" type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name Mental Health and Recovery Services Board of Lucas County		Date Prepared 10/8/2010
Board Member Vicki Hill		Appointment ODMH
Mailing Address (street, city, state, zip) 5817 Dorr Street #10 Toledo, OH 43615		Sex Female
Telephone (include area code) 419-539-7104		Ethnic Group African American
County of Residence Lucas		Officer Member
Occupation Consumer		Hispanic or Latino (of any race) No
Term First Full Term		Representation: select all that apply:
Year Term Expires 2013		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 Mental Health and Recovery Services Board of Lucas County		Date Prepared 10/8/2010
Board Member Andrea Mendoza Loch		Appointment ODMH
Mailing Address (street, city, state, zip) 4216 Marlaine Drive Toledo, OH 43606		Sex Female
Telephone (include area code) 419-897-8461		Ethnic Group Hispanic
County of Residence Lucas		Officer Member
Occupation Social Worker/Counselor		Hispanic or Latino (of any race) Yes
Term Second Full Term		Representation: select all that apply:
Year Term Expires 2013		Mental Health <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input checked="" 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 Mental Health and Recovery Services Board of Lucas County		Date Prepared 10/8/2010
Board Member Lynn Olman		<u>Appointment</u> ODADAS
Mailing Address (street, city, state, zip) State Farm Insurance 604 Ford Street Maumee, OH 43537		<u>Sex</u> Male
Telephone (include area code) 419-893-2742		<u>Ethnic Group</u> White
County of Residence Lucas		<u>Officer</u> Treasurer
Occupation Insurance Agent		<u>Hispanic or Latino (of any race)</u> No
Term Second Full Term		<u>Representation: select all that apply:</u>
Year Term Expires 2014		<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input checked="" type="checkbox"/> Advocate
Board Name Mental Health and Recovery Services Board of Lucas County		Date Prepared 10/8/2010
Board Member Pastor Donald L. Perryman		<u>Appointment</u> County Commission
Mailing Address (street, city, state, zip) P.O. Box 5308 Toledo, OH 43611		<u>Sex</u> Male
Telephone (include area code) 419-243-1165		<u>Ethnic Group</u> African American
County of Residence Lucas		<u>Officer</u> Member
Occupation Pastor		<u>Hispanic or Latino (of any race)</u> No
Term First Full Term		<u>Representation: select all that apply:</u>
Year Term Expires 2014		<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name Mental Health and Recovery Services Board of Lucas County		Date Prepared 10/8/2010
Board Member David Schlaudecker		<u>Appointment</u> County Commission
Mailing Address (street, city, state, zip) Leadership Toledo 316 Adams Street Toledo, OH 43604		<u>Sex</u> Male
Telephone (include area code) 419-241-7371 Ext. 19		<u>Ethnic Group</u> White
County of Residence Lucas		<u>Officer</u> Chairperson
Occupation Director of Youth Program		<u>Hispanic or Latino (of any race)</u> No
Term Second Full Term		<u>Representation: select all that apply:</u>
Year Term Expires 2013		<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate

Board Name Mental Health and Recovery Services Board of Lucas County		Date Prepared 10/8/2010
Board Member Tim R. Valko, MD		<u>Appointment</u> County Commission
Mailing Address (street, city, state, zip) Valko and Associates 3130 Executive Parkway, 8 th Floor Toledo, OH 43606		<u>Sex</u> Male
Telephone (include area code) 419-720-9000		<u>Ethnic Group</u> White
County of Residence Lucas		<u>Officer</u> Member
Occupation Physician – Psychiatrist		<u>Hispanic or Latino (of any race)</u> No
Term First Full Term		<u>Representation: select all that apply:</u>
Year Term Expires 2014		<u>Mental Health</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input checked="" type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate
Board Name Mental Health and Recovery Services Board of Lucas County		Date Prepared 10/8/2010
Board Member Audrey Weis-Maag		<u>Appointment</u> County Commission
Mailing Address (street, city, state, zip) 5910 Meadowvale Drive Toledo, OH 43613		<u>Sex</u> Female
Telephone (include area code) 419-254-4618		<u>Ethnic Group</u> White
County of Residence Lucas		<u>Officer</u> Member
Occupation Compliance & Data Manager		<u>Hispanic or Latino (of any race)</u> No
Term First Full Term		<u>Representation: select all that apply:</u>
Year Term Expires 2012		<u>Mental Health</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate
Board Name Mental Health and Recovery Services Board of Lucas County		Date Prepared
Board Member VACANT		<u>Appointment</u> ODMH
Mailing Address (street, city, state, zip)		<u>Sex</u>
Telephone (include area code)		<u>Ethnic Group</u>
County of Residence		<u>Officer</u>
Occupation		<u>Hispanic or Latino (of any race)</u>
Term		<u>Representation: select all that apply:</u>
Year Term Expires		<u>Mental Health</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate

Board Name Mental Health and Recovery Services Board of Lucas County		Date Prepared
Board Member VACANT		<u>Appointment</u> ODMH
Mailing Address (street, city, state, zip)		<u>Sex</u>
Telephone (include area code)		<u>Ethnic Group</u> Hispanic or Latino (of any race)
County of Residence		<u>Officer</u>
Occupation		Representation: select all that apply:
Term		Year Term Expires
Board Name Mental Health and Recovery Services Board of Lucas County		Date Prepared
Board Member VACANT		<u>Appointment</u> County Commission
Mailing Address (street, city, state, zip)		<u>Sex</u>
Telephone (include area code)		<u>Ethnic Group</u> Hispanic or Latino (of any race)
County of Residence		<u>Officer</u>
Occupation		Representation: select all that apply:
Term		Year Term Expires
		<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate

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
Jane Joseph	Lucas County Adult Probation 1100 Jefferson Ave.	Toledo	43604	419-213-6128	jjoseph@co.lucas.oh.us

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
MHR SB	701 Adams Street, Suite 800	Toledo	43604	419-213-4600	

INSERT ADDITIONAL BOARD APPENDICES AS NEEDED