

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

**COMMUNITY PLAN FOR SFY 2012-2013**

***Submitted September 30, 2011***

## MISSION STATEMENT

People of Stark County have access to a state of the art mental health and recovery system.

## VISION STATEMENT

People of Stark County live enriched lives through wellness and recovery.

## VALUE STATEMENTS

To carry out its mission and vision, the Mental Health and Recovery Services Board is committed to:

- A belief in recovery
- Cost effective, quality services
- Professionalism and integrity
- Valuing others' perspectives
- Being good stewards of the public's trust and funds
- Fostering innovation and creativity
- Providing leadership through collaborations and partnerships
- Being a catalyst for change

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

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

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

Mental Health and Recovery Services Board of Stark County

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

John R. Aller John R. Aller  
ADAMHS, ADAS or CMH Board Executive Director

9-30-11  
Date

Adriann Thornberry Adriann Thornberry  
ADAMHS, ADAS or CMH Board Chair

9-30-11  
Date

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

## **I. Legislative & Environmental Context of the Community Plan**

### **A. Economic Conditions**

### **B. Implications of Health Care Reform**

### **C. Impact of Social and Demographic Changes**

### **D. Major Achievements**

### **E. Unrealized Goals**

## **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.

### HIV Early Intervention Services

Eleven Board areas receive State General Revenue Funds (GRF) for the provision of HIV Early Intervention Services. Boards that receive these funds are required to develop HIV Early Intervention goals and objectives and include: Butler ADAS, Eastern Miami Valley ADAMHS, Cuyahoga ADAS, Franklin ADAMHS, Hamilton ADAMHS, Lorain ADAS, Lucas ADAMHS, Mahoning ADAS, Montgomery ADAMHS, Summit ADAMHS and Stark ADAMHS Boards.

### 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

#### *Economic Conditions and The Delivery of Behavioral Health Care Services*

Stark County Ohio is the seventh largest county in Ohio with a population of 379,466 covering approximately 576.14 square miles. Stark County is comprised of three major cities: Alliance, Massillon and Canton. There are three smaller cities, 13 villages and 17 townships. Stark County is often considered a "bellwether county" of urban and rural, wealthy and extremely poor, rich in educational opportunity, but with an under-educated populace. Oftentimes, Stark County voters closely parallel the presidential election winner, and attention is often drawn to the county during elections.

Residents of Stark County are represented by the following ethnic/racial groups: White (89.8%), Black (7.5%), American Indian and Alaska Native (.3%), Asian (.8%). 1.6% of the population identify themselves as two or more races and 1.3% is of Hispanic or Latino origin.

Female residents represent 51.7% of the population. 5.9% of the people are under 5 years of age, 22.8% are under 18 years, and 16% of the population is 65 years or older. The median household income in 2008 was \$44,682 with 12.4% of the residents living below poverty. Poverty rates are higher for Canton (19.2%) and lower in many of the suburban areas such as Jackson Township (3%), thus illustrating the diversity of the county.

Stark County had been very industrial but with the closure of several major industries and the growth of service operations there has been a dramatic change in the economic picture. In November, 2010, Stark County had an unemployment rate of 10.2, a slight decrease from one year previous. Currently the major employers for the county are Aultman Hospital, Canton City Board of Education, Fisher Food Inc., General Electric Company., Mercy Medical Center, Precision Castparts Corp., Republic Engineered Products, Timken Company, and WalMart Stores, Inc. The Hoover Company ceased operation which has had an impact on the economy of the one of the smaller cities as well as the unemployment rate for the entire county. The number of Medicaid eligible person (adults and children) is also increasing, thus creating an increased demand for services from the public system for behavioral health services.

On January 1, 2008, the Alcohol and Drug Addiction Board of Stark County and the Mental Health Board of Stark County merged to form the Mental Health and Recovery Services Board of Stark County at the direction of the Stark County Commissioners. In November, 2008, the residents of Stark County voted to approve a new levy to support behavioral health services. The previous levy supported mental health services only and was due to expire in 2009.

Data obtained from Heartland East Reporting Services from the MACSIS system indicate that providers in the Mental Health and Recovery Services system provided mental health services to 12,491 persons in SFY 2010. Demographics of the persons receiving mental health services indicate that 53.42% of the people were female and 46.58% were male, 78.64% were White, 16.53% were Black, 1.18% were multi-racial and .66% were Hispanic. 2.99% were of unknown race (2.57%) or other (.42%). 3,440 children and youth received services, 1,602 were ages 18-24, 2,250 were ages 25-34, 1,906 were age 35-44, 1,958 were between the ages of 45 and 54, 1,016 were ages 55-64 and 219 were over 65 years of age.

The top four diagnostic categories for people receiving mental health treatment services were depressive disorders (2,875), bipolar disorders (2,369), anxiety disorders (1,330) and schizophrenia/other psychotic disorders ((1,301). The top four most common primary diagnostic groups for children receiving mental health treatment services were conduct disorders (1,128), adjustment disorders (1,093), attention deficit/disruptive disorders (764) and anxiety disorders (438). While the average cost for treatment for adults with schizophrenic/other psychotic disorders was \$2,677, children and youth with post-traumatic stress disorder was \$2,781 (276 people), more children and youth received services for conduct disorders at an average cost of \$2,457.00 per person. 87.99% of the people receiving mental health services pay zero towards the cost of their care: a 2.62% increase from the previous year.

Data obtained from Heartland East Reporting Services from the MACSIS system indicate 3,679 adults and 281 youth received alcohol and drug treatment services in SFY10. 63.96% of the adults were male and 36.04% were female. 79.40% were White, 18.13% were Black, .82% were Hispanic, .87% were Multi-racial, .49% were Other and .30% were Unknown. The largest age group receiving services were 25-35 year olds (1,193) following by 35-44 year old (830), 18-24 year olds (787), 45-54 year old (651), 55-64 year old (198) and 20 people 65 years of age or older.

The top four diagnostic categories for adults receiving alcohol and drug treatment services were alcohol use disorders (1,655 people), cannabis use disorders (768 people), Opioid Use Disorders (535) and V codes (399). For the first time in Stark County history more people received treatment services for Opioid Use Disorders (535) than Cocaine Use Disorders (317), a trend that is being seen over most of Ohio. People with schizophrenic/other psychotic disorders receiving alcohol/drug treatment were the highest cost at \$3,251 average cost per client, followed by Opioid Use Disorders with an average cost of \$1,432. The average cost for treatment for a person with an alcohol use disorder in Stark County is \$919. 85.82% of the people receiving AoD treatment services pay zero towards the cost of the care. Only .58% (22 clients) paid for all the cost of their treatment.

Of the 300 Stark County AoD clients between the ages of 13 and 17 served in SFY 2010, 67% were male and 33% were female. 69.67% were White and 25.67% were Black, 2.0% were Multi-racial, 1.67% were Hispanic and 1.0% were of Unknown race. The majority of youth were between the ages of 14-17.

The top four most common primary diagnostic groups for youth receiving alcohol and drug treatment services are cannabis use disorders (154 clients), V codes (95), Conduct Disorders (46) and Alcohol Use Disorders (21 clients). People with depressive disorders receiving AoD treatment services had the highest cost per client at \$2,478 per client, with the second highest as conduct disorders at \$2,215 per client. The average cost to treat youth with a cannabis use disorder was \$388. 82.91% of the youth receiving AoD treatment services had a zero cost contribution to their care, which is slightly higher than the previous year where 80.46% had zero contribution. In SFY 09, 2.61% (n=8) clients paid all costs associated with their AoD treatment, while in SFY 10, only 2.22% (n=7) paid all costs.

During FY10 Stark County AoD prevention services were provided to over 7000 members of the community. These services were delivered across the county in schools, community centers, public parks and public housing areas. The AoD prevention service providers have all worked with the Board on developing a coordinated effort in the delivery of the services to the community. What has consistently been identified as working best for the community is for the prevention programs to be designed to fit the target population. Along with this many of the providers have been trained in evidenced based programs and have demonstrated fidelity and good outcomes.

Stark County has five agencies that provide AoD prevention services to the community of Stark County. The programs range from prevention education, information dissemination, alternatives and community based process. During FY10 the providers were able to provide services in high risk neighborhoods and school systems. The majority of young people served were within the ages of 5 to 11 (grade school) and 12-14 (middle school) with the next highest population being served being 25 to 44 year olds.

It is the goal of the Board to continue to provide these services and to increase the amount of services to individuals within 18 to 25 years of age. This population has been identified within the state and county as having the least amount of prevention services and the highest amount of use of alcohol and opiates and misuse of prescription drugs. Recently, the Board has set a goal

to begin an awareness campaign for the community to understand the consequences of opiate usage and addiction. Part of this campaign will be a prevention education and environmental strategy to engage this population. The Stark County Anti-Drug Coalition will play an integral role in this campaign along with the prevention providers.

The Stark MHR SB is fortunate to have several grant opportunities available for clients needing services. In 2008, the MHR SB was awarded a five year 2.5 million dollar SAMHSA grant to provide services to the homeless transitional age youth/young adults and dually diagnosed SAMI. This grant opportunity, currently in the third year, has not only increased revenue to two agencies to provide services, but has allowed the Board to focus on the dissemination of the TIP model for transitional age youth/young adults, motivational interviewing and trauma treatment for adults, not only for those people served on the grant, but for all MHR SB contract providers.

The Stark MHR SB is the recipient of a Drug Free Communities grant which funds the Stark County Anti-Drug Coalition. This is a renewable five year grant that allows the community to focus on environmental strategies to reduce the underage use of alcohol and drugs. Projects of the coalition include Parents Who Host; Lose the Most Campaign, FASD, compliance checks and seller/server trainings.

The Stark MHR SB continues to be involved with the Access to Recovery (ATR) grant with ODADAS. The service population is being expanded to include adolescent AoD treatment which will expand the capacity of the Stark system. ATR brought over 1 million dollars of treatment and recovery support services in Stark County for people involved in the criminal justice system with a substance use disorder, in addition to expanding recovery support services in the county.

Smith House is an aftercare project for those youth returning from ODYS and who are in need of further transitional services to be successful in the community. Smith House youth are those youth offenders who are in need of a controlled environment until they are able to return home or find independent living arrangements. Smith House staff not only work with the ODYS, but with local court personnel to insure that clients are receiving the comprehensive services they need in order to be successful in the community.

The Stark MHR SB was fortunate to receive a grant from the local Sisters of Charity foundation to assist in implementing an electronic health record across the providers. Currently there are six MH/AoD treatment providers involved in the first phase of the project implementation. It is anticipated that eventually all Stark treatment providers will be utilizing the same electronic health record.

Stark County has seen an increase in the number of mental health and AoD providers in the past two years seeking Medicaid contracts from the MHR SB. The majority of these agencies seek to expand services to children and youth in both the schools and the community. Rarely are these agencies connected to larger overall behavioral health system, resulting in duplication of services and confusion for consumers seeking services as well as partner systems trying to plan for services (such as the schools). For families who oftentimes go on and off of Medicaid, this can result in a disruption of services unless the agency has alternate sources of funding for services.

As a county, Stark continues to struggle economically with the loss of major employers, as well as the reduction of the revenue generated from a sales tax that expired. These losses continue to impact partner systems including the criminal justice system, the child welfare system and the school system, all who turn to the MHR SB to help subsidize services that were created with alternate funding streams. The Stark County jail, who has reduced bed capacity from 500 to 300 and is anticipating another reduction to 100 beds, is struggling to provide adequate services given the shortage of funding. The Stark County jail is in jeopardy of eliminating all mental health services currently being provided if a county sales tax levy is not passed in November. The Department of Job and Family Services has reduced the number of programs they are able to fund for both parents and children, while the demand has increased. The Family court system likewise has decreased their funding effective July 1<sup>st</sup> for the adolescent drug court, gang intervention and Multi-Systemic therapy. Likewise, with the elimination of Safe and Drug Free Schools funding, as well as other funding streams, the educational system has reduced funding for Teen Screen, mental health consultation and prevention services. All of these reductions are occurring when the gang population is growing (there are currently 12 active gangs in Canton alone), and in the midst of increasing poverty that is creating stress on not only adults but children as well.

The MHR SB continues to work diligently to find efficiencies through partnerships and collaborations thus enabling the Board to help offset the cost of some of the reductions that have been realized in other systems. These collaborations will be discussed in detail in a later section of this document.

The MHR SB also continues to encourage collaborations between agencies which has resulted in several formal partnerships between agencies. Instead of mental health agencies seeking certification to provide AoD services, those services are provided by an AoD agency on site. Instead of the Urban League, who was in need of mental health services on site, getting certified to provide such services, the Board funded an agency to provide services with strong input from the Urban League staff. The Urban League staff was involved in the design of the project as well as the choosing of the agency personnel.

The MHR SB continues to examine under-performing programs to insure they are meeting the needs of the system in the most economical way. Sub-committees of the Program and Evaluation Committee were formed to examine early childhood services, crisis services (including the stabilization unit) and housing services. Each subcommittee worked with Board staff and agency personnel to identify challenges and barriers that impact the agencies ability to deliver services in the most effective and efficient manner. The result of this work has been a redesign of the Crisis Stabilization Unit to increase access, a redesign of way in which Early Childhood Services will be administered by the Board to the agencies and a change of housing providers for transitional housing. All of these initiatives resulted in more efficiency and utilization of dollars.

Finally, the Board decided to combine both the IDDT team with the ACTT team since both teams were located at one agency and often served the same clients. The Board hired a consultant from the ACT Center of Excellence to help facilitate the process of combining the

teams. This merger of two teams resulted in significant savings to both the agency and the Board given that many of the employees were previous CSN employees. Additionally, the clients served on both of these teams are receiving more effective and coordinated care.

#### *Implications of Health Care Reform on Behavioral Health Services*

While it is not totally clear about how health care reform will impact behavioral health services, the Board has identified three areas which will be impacted: increased access to services; increased insurance costs to agencies; integration of physical health and behavioral health.

*Access to services:* It is anticipated that with the expansion of Medicaid that will occur in 2013 that there will be an increased number of people that will be seeking services, at a time with decreasing resources to meet the demand. With resources shifting to manage the increased Medicaid services, there will be a decrease in accessibility for people without Medicaid to behavioral health services as well as a decrease in non-treatment services such as housing and recovery support services. This will leave significant gaps in service populations such as the criminal justice population, or men seeking alcohol/drug treatment, most of which are ineligible for Medicaid.

*Integration of physical health and behavioral healthcare:* The behavioral healthcare system will need to become integrated with physical health which will provide additional challenges to both systems. The Board has begun having conversations with the federally qualified healthcare center in Stark County to determine if there are ways in which the behavioral health care system can work more closely with the FQIC. Additionally, the Board has begun work on a system-wide electronic healthcare record that is not only compatible across treatment agencies but is also compatible with the local hospitals, therefore expediting the coordination of information.

*Increased costs to agencies:* Many of the behavioral healthcare agencies are currently struggling financially given the number of budget cuts and increasing personnel costs. Healthcare costs continue to rise, which is often passed onto the employee, whose salary has not increased proportionate to the cost. Expanding coverage may result in additional burden to an already stressed organization.

#### *Key Factors that Will Shape the Provision of Behavioral Health Care Services in the Board Area*

The populations served have been discussed in the previous section including specific demographics of those people seeking services in Stark County. One emerging trend is that of prescription drug abuse and opiate drug abuse. Stark County has an increased need for medication assisted treatment using Suboxone as well as Methadone.

There is also an increased need for prevention and intervention services for college age students. Stark County has five colleges and universities and it has been noted that there is increased substance abuse and binge drinking on college campuses.

Transitional age youth continue to be a population of interest for the Board. This population is caught between the child system and an adult system and is in need of specialized services in order to be treated effectively.

Lastly, the criminal justice population continues to be a challenge for both treatment and recovery support services. With the impending closing of state prisons, the lack of local funding and the increased need for substance abuse and mental health treatment, as well as recovery support, this population warrants attention.

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

#### *Major Achievements*

In the past two years the Board has taken on several major training initiatives including motivational interviewing, trauma treatment/trauma informed care and workforce development training for CPST and case managers.

**Motivational Interviewing:** Not only did the Board, through a federal grant, sponsor two three-day trainings for MI, but also implemented a peer supervisor learning group that met on a monthly basis to learn how to implement MI throughout the treatment agencies. In that way, not only were direct service staff being trained in MI, but the supervisors could continue the implementation of MI through supervision.

**Trauma Treatment Training:** The Board, in conjunction with the Sisters of Charity, sponsored a series of trainings for clinicians working with adults in the behavioral health system. While Stark County has a rich service array of services for children who have experienced trauma, the adult providers have had limited exposure to the concept of trauma treatment and trauma informed care. This series of four trainings also included training on vicarious trauma to help support the Stark County workforce.

Finally, from a training perspective, the Education and Training Committee implemented a workforce development committee that oversees the development and implementation of training for CPST workers and case managers. This committee worked collaboratively with the provider agencies to create a training schedule. Trainings are conducted by provider personnel and is free to those working in a provider agency. Opportunities for networking and continuing education are also provided.

**Electronic healthcare record:** The MHRSB is the recipient of a grant by the Sisters of Charity Foundation to help build the infrastructure for and implement a system wide electronic health record. Six provider agencies were chosen for the first phase of implementation. All six agencies met with vendors and provided input into choosing the software to be utilized. The next phase is installation of the software and training as the agencies convert to an electronic record.

There have been no significant unrealized goals of the previous community plan.

## **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**

### Process the Board used to assess behavioral health needs

The MHR SB utilizes a variety of data sources to assess the behavioral health needs of Stark County. Data include both qualitative and quantitative sources from various consumers, consumer groups, providers, stakeholders and community members as well as MACSIS billing data, the SEOW data, waiting list data and finally, information that was gleaned during the strategic planning process. The MHR SB is committed to making data driven decisions at all levels of the organization.

Heartland East provide regular occurring reports that are reviewed by the executive staff at the board on a regular basis. Reports that are based upon the MACSIS billing data include service utilization, demographics of clients receiving services, cost of services, average cost per service are available for the entire Stark County system as well as by agency. Additionally, reports are available by diagnosis as well. These reports are monitored on a quarterly basis and shared with the Program and Evaluation Committee of the Board as well. While there are limits to using billing data to determine the need of the community, it is a valuable piece of information given the volume of clients seen in Stark County.

An additional value of the Heartland East reports is the sharing and benchmarking that is available for the six counties that are a part of the consortium. All six counties are able to share aggregate data which allows the Board to compare services across boards. This helps the Board staff benchmark services, determine if there are outliers and compare multi-county information with state level data.

The MHR SB also requires all providers seeking funding for non-Medicaid services (including AoD prevention) to comply with the Performance Target Outcome Framework. Each agency submits proposals based upon the needs of clients/consumers of their organization. The PTO process not only helps the Board to determine if agencies are performing, but also to determine emerging trends and themes. Agencies are required to submit quarterly progress reports utilizing the PTO format that includes number served and the number of people who are moving through the program. Likewise, AoD prevention providers not only utilize the PTO format, but also the PIPAR system, which allows the Board to review outcome data.

The MHR SB staff also monitors waiting list reports that agencies are required to submit on a monthly basis for all services and programs. The waiting list data is compiled and presented to the Program and Evaluation Committee on a quarterly basis, although the staff review it monthly. This helps to determine wait times and demand for all services and especially for specialized services such as ACT, IDDT and MST.

The Board monitors the amount, and types of phone calls and requests that it receives from clients and the community seeking services or those people having challenges accessing services. These are reviewed by the clinical department and compared to other sources of data to determine if they are representative of emerging trends or isolated incidents.

Because the Board is a recipient of two federal grants, a CSAP Drug Free Communities Grant and a CSAT Treatment for the Homeless Grant, there is community level data available for review through these two grants. The Drug Free Communities Grant, which funds the Stark County Anti-Drug Coalition, is working to impact the core measures for community prevention: age of onset of first substance use, perception of risk or harm of use, and parental disapproval. The CSAT Grant, which funds the SHELTER Project, is serving homeless individuals identified as “serial inebriates” and transitional age youth and young adults. Additionally, the SHELTER Project, which has afforded Stark County a great deal of training, gives the Board the opportunity to identify gaps in services and workforce development training needs of provider agencies. For example, through the SHELTER Project, the MHR SB was able to receive technical assistance which identified significant housing challenges for the clients/consumers served in the behavioral health system.

Finally, the Board staff review state level quantitative data when available. Data from the SEOWS, OSAM, health departments and courts are all used in evaluating the needs of the community. The executive director as well as Board staff are involved in a variety of community level review committees including United Way, Child Fatality Review Board, Traumatized Child Task Force, Family Council and Community Corrections Planning Board- all which contribute to providing information that is used for service planning, coordination and implementation.

The MHR SB recently completed a comprehensive strategic planning process. This process included consumer and provider focus groups, surveys, agency input and community stakeholder input. All attempts were made to be as inclusive as possible to insure that the strategic plan that was being developed was comprehensive and representative of the needs of the community. A strategic plan was created and has been directing the work of the Board for the past two years.

#### Findings of the needs assessment

As indicated in the previous section, the Board, in collaboration with the provider network, family and consumer groups and community partners determine the prevention and treatment needs for the system. Those who use and refer to the system, as well as use of the available data provide the tools to determine development an enhancement of services for people served in Stark County.

*Adult Residents of the district hospitalized at the Regional Psychiatric Hospital:* The MHRSB is committed to ensuring that people in Stark County have access to state hospitalization for those in need of the service. Board staff use a guiding principle of “right service for the right client for the right amount of time” in coordinating service planning. Board staff in conjunction with an organized committee of provider agencies meet on a weekly basis to review admissions to, and discharges from the state hospital. This group has been meeting consistently since 2008 and is comprised of agency clinical directors/supervisors, the hospital liaison and board staff. All people are reviewed to determine if there were other community options available to prevent hospitalization or to determine what services and supports will be needed to return to the community. Additionally twice per month, Board staff meet with the local hospitals to discuss challenging issues and high utilizers of local hospitals. This committee is comprised of the five local hospitals, the hospital liaison employed by the Crisis Intervention and Recovery Center and Board staff. The purpose of both of these groups is to coordinate care, ensure clients are receiving the appropriate supports in the community upon discharge and prevent re-hospitalization.

Challenges to hospitalization have been identified through both of these groups, which led the Board to fund a full time position through the Crisis Intervention and Recovery Center to help facilitate the admission and discharge planning of hospitalized clients. This also helps to foster relationships with local and regional hospitals to ensure that clients are placed in the least restrictive environment as well as efficient use of resources such as Medicaid.

The result of these two groups have been significant and have enabled the Board to reduce the utilization of state hospital as well as more efficient use of resources such as Medicaid. First, agency providers were able to identify several people who have had long term hospitalizations that were able to be discharged from the hospital to the community with additional supports. One particular client had been hospitalized over 20 years and one client had been hospitalized over 10 years. This group was able to create safety plans so that these clients are now able to live in the community. To date, all of the “long term” clients have been living successfully in the community.

The savings in bed day costs that were realized as a result of the collaborations of the agencies were then returned to the community and enabled the Board to implement several pilot projects. The Board requested creative proposals from the agencies to use these dollars to create programs or services that would help support people living successfully in the community. Additionally, provider agencies requested the creation of a “flexible” fund that could help fund non-traditional supports for people at risk of multi-hospitalizations. These funds have been used to support additional security, to fund “non-traditional” outreach and help defray non-reimbursable costs for client care. As a result of this group, the Board has been able to lower the number of purchased to 4,543 (149 admissions) with the savings being returned to the community for services. For Stark County, this has been a trend downward in utilization. In 2008 the Board planned for 18 inpatient days. In 2010 the Board was approved for 16 total inpatient days. In FY 2012 the Board requested 12 days. Clients are able to continue access the state hospital if needed, but those clients with long hospitalizations are living in the community. It should also be noted, that many of those particular clients not only had mental illness but also had developmental disabilities that challenged their discharges. By collaborating with the local Board of Developmental Disabilities, these clients were able to return to the community.

Likewise, the bi-monthly meetings with the local hospitals have enabled the community partners to be involved in the care planning of people with high needs that frequent emergency rooms. A joint release of information was developed by all members so that care planning can occur with the permission of the client. Specific cases are then brought forth by either the hospital staff or by provider agency staff with concerns. Typically, the psychiatric nursing supervisors of the local hospitals attend these meetings, as well as board staff and Crisis Intervention and Recovery Center staff attend.

The result of this meeting is that care plans for people that frequently seek services through the emergency rooms, or people who have been challenging on the hospital psychiatric units are developed. This has resulted in better coordination of care for clients both psychiatrically and in terms of clients physical health issues. Additionally, at times, one of the local Medicaid managed care companies have been involved in the care planning and data sharing. While the data collection has not been formalized, all parties agree that they have seen a decrease in the number of people seeking emergency room services for non-emergent care (one client came to the ER for food on a regular basis), an increased access to behavioral health services for clients when appropriate, and improved collaborations with community partners. Finally this group is also used to identify solutions to challenges of cross system collaboration that has lead to decrease utilization of hospital services, better coordination of care and overall cost savings to Stark County.

*Adults with severe mental disability (SMD) and children and youth with serious emotional disturbances (SED) living in the community:* Data collected through Heartland East MACSIS billing indicates that a total of 3,512 stark county residents were designated as severely mentally ill in FY10 compared to 3,537 adults in FY09. This accounts for a 1% decrease in the number of adults. The top three diagnostic groupings of individuals receiving mental health services in FY09 was Bipolar Disorders (1,466), Depressive Disorders (1,424) and Schizophrenic/Other Psychotic Disorders (997). In FY10 the top three diagnostic were Depressive Disorders (1,473), Bipolar Disorders (1,433) and Schizophrenic/Other Psychotic Disorders (964). While there was a difference between the top diagnostic grouping between FY09 and FY10, the difference was not indicative of an emerging trend in populations presenting or receiving services.

The majority of people classified as SMD who received treatment services were predominately Caucasian and female. The majority of people were between the ages of 45-54 followed by young people age 25-34. The Stark County system only served 299 18-24 year old people in FY09 and 216 18-24 year olds in FY10. This may warrant further exploration given that first onset of severe mental illness typically occurs during these years. It is unclear at this time if more youth are being served as part of the children's mental health system or if it can be attributable to other causes such as young people dropping out of treatment at age 18, youth in jail or youth leaving the county. Further exploration is warranted.

In FY09, the total cost of services for adults with SMD was \$10,552,447.51. In FY10, the total cost was \$9,951,325.78 per MACSIS billings. This calculates to an average cost of service in FY09 for SMD of \$2,985.13 versus an average cost in FY10 of \$2,833.52. Per the MACSIS billings, there were 146 fewer units of AoD non-Medicaid assessments in FY10 than in FY09. While many AoD services were slightly less than the previous year most other services remained

consistent.

There were 1,971 children and youth who met the criteria for severely emotionally disturbed who received mental health treatment services in FY10. The top three diagnostic groupings for children (under 18 years) were Adjustment Disorders (653), Conduct Disorders (388) and Anxiety Disorders (319). The top three diagnostic categories for adults (ages 18-24) meeting the criteria for SED were Depressive Disorders (155), Bipolar Disorders (138) and Anxiety Disorders (107). These numbers are probably reflective of the number of children receiving intensive services for trauma or those that are placed in residential treatment for disturbances of conduct. Total dollars spent on all services in the Stark County system FY10 was \$6,049,470.06.

The MHR SB continues to support services for the SED population and has worked diligently with community partners such as the Family Court and Job and Family Services to ensure that children and youth receive the "right service for the right amount of time," thus bringing many children and youth back into the community that were placed in residential treatment. Additionally, the MHR SB has added transitional age youth and young adults as a population of focus as the Board supports the implementation of the Transition to Independence Process (TIP) model in Stark County.

*Individuals receiving general outpatient community mental health services:* There were 12,491 people (adults, children and youth) in Stark County who received outpatient services in FY10. Total cost of mental health services was \$23,763,609.23. The top three diagnostic categories that received mental health services for adults were Depressive Disorders (2,875), Bipolar Disorders (2,369) and Anxiety Disorders (1,330). For children the top three diagnostic categories were Conduct Disorders (1,128), Adjustment Disorders (1,093) and Attention Deficit/Disruptive Disorders (764). Females (53.42%) and males (46.58%) were almost equally represented. Whites accounted for 78.64% of the people receiving services, followed by 16.53% black and the remaining as "other, multi-racial, Hispanic, or unknown." The largest age group receiving services were those 25-34 yrs (2,250), followed by 45-54 yrs (1,958) and 35-44 year olds (1,906). For children and youth (under 18 years) 1,223 were 14-17, 1,088 were 10-13 and 1,129 were ages 0-9. These numbers are consistent with previous years with the exception of those that identified themselves as Hispanic. Agency providers indicate a rise in the number of Hispanic clients seeking services and clinicians who are bi-lingual in demand locally.

Only 2.12% of the people receiving outpatient mental health services pay for the services they receive. 9.88% pay for some portion of the cost of services and 87.99% pay zero. This has remained consistent in spite of the local challenges in job loss and increased poverty. Collateral information suggests that many people are seeking services outside the public behavioral health system such as through churches, United Way and informal supports. United Way of Stark County indicates that while donations are decreasing, the demand for services and supports are increasing.

*Availability of crisis services to persons without Medicaid and/or other insurance:* Crisis services are provided through the Crisis Intervention and Recovery Services, Inc. (CIRC). CIRC provides mobile crisis services, crisis intervention, crisis hotline, the 12 bed crisis stabilization unit, the 8 bed detoxification unit, and serves as the prescreening authority for hospitalization.

They coordinate the suicide prevention coalition, Crisis Intervention Training and critical debriefing services for businesses and communities who have experienced trauma/tragedies such as violent death, suicide etc. CIRC is certified by both ODMH and ODADAS and is able to provide ongoing services for people dually diagnosed through the SAMI Program. They also provide other intensive services such as ACT and MST. Additionally, CIRC has a full time contracted Hospital Liaison position that is responsible for the coordination of care for people who have been hospitalized both at the state or private hospitals.

During normal business hours, consumers are encouraged to contact their ongoing treatment providers although the CIRC hotline is available 24 hours/7days week/365 days a year. The MHRSB contracts with CIRC to provide both Medicaid and non-Medicaid services and has a total of three psychiatrists and one medical doctor on staff. They are able to provide crisis intervention services, crisis care, diagnostic and AoD assessments. While the CIRC haven taken some budget reductions in the past budget cycle, the crisis program has remained intact with minimal reductions or impact on clients. The capacity to provide crisis services has remained the same since the previous community plan.

*Adults, children and adolescents who abuse or are addicted to alcohol or other drugs:* 3,679 adults received AoD treatment services in FY10. 300 youth between the ages of 13 and 17 received treatment services as well. The top three diagnostic categories for adults are alcohol use disorders (1,655) cannabis use disorders (768) and opioid use disorders (535). For youth, ages 13-17, the top three diagnostic categories are cannabis use disorders (20), V-codes (95) and conduct disorders (46).

Adult demographics indicate that 64% of the people receiving AoD treatment services are males and 79.4% are white. 18.13% are Black. For adolescents, 67% are male and only 69.67% are White. 25.67% are Black. Total cost for services for adults is \$5,332,483.44. Total cost for adolescents is \$381,318.78. The highest proportion of service dollars for adults are spent on mental health CSP, mental health medical somatic and non-acute residential. For adolescents, the top three services provided are mental health counseling, mental health CSP and AoD assessment. 1,193 adults between the ages of 25-34 received services, 830 were between the ages of 35-44 and 787 were between the ages of 18-24. The AoD population continues to become younger and younger which is probably reflective of the rising opiate/prescription drug abuse problem which affects a younger population at higher rates. For the first time, people with Opioid Use Disorders exceed the number of people with cocaine use disorders seeking services.

The fact that a large number of mental health services are being provided with an alcohol and drug diagnosis is probably reflective of the number of agencies that are now dually certified to provide mental health and AoD services. Since the board merger in 2008, all the existing mental health agencies sought and received AoD certification, believing this would increase resources to their agencies and clients. While the MHRSB funds an IDDT team to serve approximately 100 quadrant IV SAMI clients, the Board recognizes that many, if not the majority of clients receiving mental health services will develop a substance use disorder over the course of their lifetime. With this thought in mind, the Board has spent considerable time ensuring that mental health agencies that are serving clients with dual disorders have access to best practice training such as motivational interviewing.

Provider agencies and chart reviews, along with MACSIS billing indicate that there is a rising opiate and prescription drug abuse problem in Stark County. While many people are presenting with dependency issues or consequences related to their alcohol use disorder, most people that are presenting for treatment services have histories of abusing opiates and prescription drugs. OSAM data gathered by ODADAS confirm these findings as well.

Stark County is one the few counties fortunate to have a full continuum of AoD services available in the community. Services continue to be accessible and providers have worked diligently to manage wait times to ensure that people have services and supports while waiting for particular levels of care, such as residential treatment.

Stark County has also been fortunate to be able to participate in the Access to Recovery Grant in partnership with ODADAS. This project has increased capacity to treatment as well as building recovery supports within the community for people receiving AoD services. Stark County has been able to realize over 1 million dollars in grant funds with this project.

Youth often receive some of the most intensive services due to many youth being placed in residential treatment facilities as a result of legal involvement. Oftentimes, these youth have complex problems, one of which is substance use; however, they are often placed in residential facilities in lieu of placement in DYS. The MHR SB has funded a full time position to provide AoD assessments to the family court and the community to help ensure that youth with substance abuse issues are being placed in the appropriate level of care.

Stark County is also fortunate to be involved with the Smith House Project which has provided transitional services for youth/adolescents in DYS custody. They have recently expanded services to include additional treatment services for those in need of such services. This was in response to the community need as well as the need of DYS to serve more youth in the community.

As previously discussed, the MHR SB is the recipient of a CSAT Treatment for the Homeless Grant that serves homeless transitional age youth and serial inebriates (those adults who frequent jails, hospitals, emergency services due to substance use) that also have a mental illness (excluding quadrant IV clients). This federal grant has enabled the Board to not only sponsor a great deal of trainings in Motivational Interviewing, the TIP model and trauma, preliminary findings indicate that people who receive appropriate supports will utilize less costly treatment services and recover more quickly. The Board is currently investigating how these findings can be implemented to the larger behavioral health system. This 2.5 million, five year grant has also provided a large amount of technical assistance for the housing continuum that will be discussed in other sections of this document.

*Children and Families receiving services through a Family and Children's First Council:* The Stark County Family Council is the main provider of high fidelity Wrap Around Services for multi-system involved youth and families. In FY10 they served approximately 50 multi-system involved families with High Fidelity Wrap Around service coordination. Both the executive director and board staff are involved in the planning and coordination of services of multi-system

youth and families. It is also through this two tiered planning committee, one of which involves executive directors of the child serving systems, and a second committee involved with decision making senior staff members of the same child serving systems that residential placement is approved and reviewed to ensure that families are receiving the appropriate supports for their children in the community.

*Persons with substance abuse and mental illness:* The MHR SB funds both an ACT team and an IDDT team at the Crisis Intervention and Recovery Center. In addition to the IDDT team that provides intensive case management and integrated treatment to people with both severe mental illness and severe substance use disorders, they have a robust outpatient program for those people who do not qualify for intensive services, but need integrated services nonetheless.

The IDDT team has been in operation since 1999 and serves approximately 100 people per year. The IDDT team includes intensive case management, behavioral health counseling, and medical somatic services. Heartland East, in conjunction with the Ohio Center for Evidence Based Practices have been developing standardized reports utilizing the affiliation code. These reports are monitored quarterly and indicate significant savings have been realized using PCS data. While some other costs have increased, such as outpatient therapy and CPST, overall significant system savings have been realized.

In the past year, the MHR SB made the decision to combine the ACT Team and IDDT team and chose not to renew the CSN contract. This decision realized a savings of approximately \$100,000 to the system due to the higher cost of state employees. The rationale behind combining the two teams was driven by data that indicated that often times the teams were serving the same individuals. While the ACT team was able to provide intensive community based services, they had never been trained in IDDT in spite of serving many SAMI clients. Likewise, the IDDT team struggled with providing the needed intensity of services in the community and often referred SAMI clients to the ACT team when clients needed a more intensive level of care, although the IDDT team was not designed to be a less intensive service. After careful planning with a consultant from the ACT Coordinating Center of Excellence, as well as the SAMI CCOE, the decision was made to merge the two teams. This became effective July 1, 2011 and is currently serving approximately 190 clients. It is anticipated that not only will cost savings be realized, but will result in better coordination of care for those in need of intensive services.

Since all the mental health agencies have become ODADAS certified, many are providing outpatient level services to people with both disorders. Most agencies however, do not have capacity to serve quadrant IV clients intensively, and they are typically referred to the ACT/IDDT team.

*Individuals involved in the criminal justice system (both adults and children):* The MHR SB has worked extensively to meet the needs of the criminal justice system for people with mental health and/or alcohol drug issues. The Board, in collaboration has sponsored a variety of programs.

Mental Health Court: Stark County has two diversion court programs for people with mental illness: a formalized mental health court in Canton Municipal Court (Polaris Program) and a Mental Health Track (Hope Program) for those felony offenders who have either a mental illness or who are dually diagnosed with both a mental illness and a substance use disorder. Both of these programs are designed to provide services for people in the community to reduce recidivism, link people with supports and prevent incarceration in prison. Both programs serve approximately 100 people per year. Referrals for both programs have been increasing each year, although the program is manageable at current staffing levels.

Jail Liaison: The MHR SB has funded a full time position at a provider agency to link people currently at the Stark County Jail with providers in the community. The jail currently sends the Board a fax copy of booking reports which are then matched with the Heartland East database for Stark County clients. Those clients who received services in the past year are then linked with the previous service provider. The jail liaison also helps the jail with challenging cases such as those with both mental illness and developmental disorders. The jail liaison is essentially the “go to” person for jail personnel for people in the behavioral health system. Those people who have frequently been incarcerated have been identified and care plans have been put into place to ensure people are not falling through the cracks. This position began as a pilot project and has been in operation for less than one year.

While it is often said that jails and prisons are the “defacto mental hospital” preliminary data that has been collected from the jail reports indicate that approximately 28% of the people who have been “booked” into the Stark County jail have received services in the public behavioral health system in the year previous to incarceration, and a majority of them are people who were involved with AoD services. Of course this does not include the number of people who were receiving services from private practitioners or who were in need of services but didn’t receive them. The Board continues to track these individuals and hopes to find a mechanism to automate the reports by getting access to the Stark County Criminal Justice Information System. This would allow for more efficient means of cross referencing people involved in both systems.

Stark County is fortunate to have an excellent TASC program that provides services to both youth and adults involved in the criminal justice system. The provide assessment and case management services as well as limited AoD treatment to youth involved with DYS.

The Board is also involved with a variety of community initiatives with the criminal justice system including the Reentry Coalition, the Stark County Criminal Justice Reform Committee and the CIRV (Canton Initiative to Reduce Violence) Project. Finally, by resolution of the Stark County Commissioners, the Board created a Crisis Intervention Committee that was formed to address the needs of those individuals in which all previous care coordination has been ineffective. Involved in this collaborative is the executive level decision makers from all the systems: DD, MH, HBH, the courts, the public defender’s office and the local hospitals. The majority of work of this committee has been focused on improving the involuntary hospitalization process of people in Stark County jail. To date, no meetings have had to be called to coordinate care at the client level due to the increased collaboration among the various systems.

If statewide numbers are applied locally that indicate that 80% of the people incarcerated have an untreated substance use disorder and 28% have a mental illness, and the prison population will be reduced significantly, it is of concern that there will not be new resources available in the community to address these needs. The current system is operating at capacity and it will create additional challenges to significantly increase the number of people receiving services in the system.

Family Court: As previously discussed the Board funds a full time position to assess youth in need of AoD treatment. The Family Court also funds an adolescent drug court through the Board. Additionally, the Board is actively involved in the planning of services for court involved youth and with youth who have experienced trauma and are court involved. As the court continues to divert youth from DYS placement and resources become more strained, the court looks to the MHRSB to help offset funding cuts for programs that have been created by the courts, such as drug court outreach and gang services.

*Veterans, including the National Guard, from the Iraq and Afghanistan conflicts:* Stark County served over 400 veterans in the past year, which has remained consistent since the previous community plan. The Veterans Administration works collaboratively with the Board to provide AoD residential treatment. Mental health services are provided by the local Veterans Administration office.

#### Access to Services

Most providers identify the challenge of “doing more with less” as the greatest concern regarding access to services. Providers are being asked to be more efficient and more effective with more challenging clients and fewer resources. Additionally, due to the limited resources, agencies are challenged with managing the mix of clients to ensure that they main fiscally solvent. At times this has created longer waiting lists or referrals to other agencies if the agency is at capacity.

Providers have also identified the challenge of providing evidence based practices that produce desirable outcomes without resources to support the amount of non-billable activities associated with the service such as supervision demands and staffing ratios.

Easy access for clients to affordable housing continues to be a concern, especially for the criminal justice population that have restrictions of locations and are at risk of incarceration.

Providers also identify the need for increased prevention (both mental health and AoD) for both children and college age populations.

Stark County has interpreters available for the deaf or hard of hearing, although services are limited and only available for outpatient services. Veterans are able to access services in provider agencies or through the local Veterans Administration as discussed in other sections. Individuals being released from the state hospital or prisons without Medicaid eligibility places an increased burden on the public system; however, at this time Stark County has a levy that can provide non-Medicaid resources until approved for Medicaid. Currently Stark County does not have anyone that is certified to provide gambling addiction services or work with problem gamblers, although this has not, to date, been identified as a major concern.

Services for ex-offenders continue to be challenging due to complex nature of their needs. While treatment services are available, recovery support services are limited to what is provided through the ATR grant. Additionally, demands of probation at times make participation in treatment or other services difficult for the ex-offender. Finally, while the behavioral health system is able to treat ex-offenders with either mental health or AoD issues, the Stark County system could benefit from training to become culturally competent in working with this population.

The MHRSB recognizes that there are some gaps in services for children and adolescents seeking crisis services in the county. The Board continues to explore efficient and effective means to bridge this gap. The mobile outreach team is available; however, if the child or adolescent is in need of inpatient level of care, the closest facility is in Summit County. Currently there is no stabilization unit or mental health residential services available in the county.

Staff at all provider agencies are trained to identify the need for crisis intervention services and to access resources to meet the need as they arise. Stark County has a free standing Crisis Intervention agency that serves as the primary resource to respond to persons requiring immediate care. The staff of this organization have ongoing, intensive training to respond to crisis situations, suicide and disaster management.

#### Workforce Development and Cultural Competence

The Mental Health and Recovery Services Board of Stark County has been addressing workforce development and has developed a sub-committee of the Education and Training Committee to address workforce development issues. The ability to attract and retain staff is becoming increasingly difficult when other public and private entities offer higher salaries and/or benefits. The number of young professionals choosing to enter the social service field is dwindling due to funding reductions, increased workloads, and greater opportunity in other professional and technical fields.

The provider organizations identified a number of efforts they have implemented to retain and develop qualified staff for alcohol, drug, and mental health service provision. The following are some of the identified areas:

- A positive and directive clinical supervision environment,
- working staff development plans, training plans and opportunities for training,
- personal coaching,
- incentive plans

Providers are limited in the amount of funding they are able to allocate to assist staff in continuing education and advanced degree programs that would benefit the system. All providers offer some in-service trainings and continuing education training to provide staff with updated information and training that will enhance their ability to function within the organization. These training opportunities are expected to enhance client services. Several providers indicated that they host interns from local colleges and universities and some of the students become employed by the organization upon completion of their internship.

The Board also has an education and training committee to develop training opportunities for the system. The Board is also a provider of CEUs and RCHs thus making it possible for most staff in the system to obtain the required credentialing within the county at a time when training budgets are limited for out-of-county travel. The Board offered numerous free training opportunities including intensive training in Motivational Interviewing, Trauma Treatment, Trauma Informed Care and Vicarious Trauma, FASD, Transition to Independence Process Model, a series of trainings coordinated with the DD system for providers who work with dually diagnosed MI/DD clients, and stigma, and the use of social media.

The Board has also worked with the provider network to develop a series of core competencies for case managers. A training calendar is on the Board's website to notify and coordinate training opportunities for the system. The Board provides annual supervision and ethics trainings to meet requirements of licensure and credentialing bodies. Technical assistance is available for providers from Board staff with assistance, as needed by ODADAS and ODMH. The Board created a certification workgroup to provide technical assistance to prevention agencies needing to be certified by 2010.

Trainings in cultural competency have long been a focus of the Board area. Most providers offer training on issues of cultural diversity for their staff. The primary ethnic/racial groups had been African-American and Native American. Stark County has shown an increase in the Hispanic/Latino population. The Board has sponsored training specifically focused on the Hispanic population. Provider organizations report an increase in the number of Hispanic persons served; however, stigma, language barriers, and having available staff who can relate to the culture are barriers in working with this population. Although 0.7% of Stark County's population is Asian; the number of Asian persons served in the public behavioral health system is negligible. The Asian population in Stark County is more likely to seek services in the private sector.

Cultural diversity is not limited to ethnic/racial groupings. Poverty, disabilities, diagnostic groupings, age, gender, ex-offenders, and family structure are cultures that have been identified areas for cultural diversity training among the Board's provider organizations. Attracting and retaining a culturally diverse staff was identified as an area of focus for providers. There currently is not sufficient diversity among the direct service providers to mirror the populations served.

Community partners and stakeholders have identified the need for a more culturally diverse staff to work in the urban schools and especially in the predominately African American communities. The Board has partnered with the Urban League to pilot a project to provide services in the community. The Board continues to explore ways in which to meet the needs of African American community. At this time, the Board's 2012 Administrators Annual Conference will be focusing on building a culturally competent workforce and will include training in working with many of the diverse populations.

### Capital Improvements

The following is a partial list of capital (construction and/or renovation) needs that have been identified by the MHRSB provider network:

- The Canton Friendship Center and Foundations are seeking funding for a facility with program meeting space that accommodates both organizations. Current programming within the two organizations include education and recovery classes and groups, peer run respite, representative payee program, social/drop in center with daily activities, hot meal and Pantry Program.
- Coleman Behavioral Health is seeking funding for 10 units of permanent supportive housing with supportive services available on site for adults with SMD, Co-morbid or co-occurring illness, chronically homeless or high system users and 10 units of permanent supportive housing with available supportive services for adults with SMD, released from jails/prison, chronically homeless and/or high system users of jails and shelters experiencing homelessness
- Community Services of Stark County is seeking funding for a 20 unit permanent supportive housing venture for 18-25 year old individuals who are homeless or at eminent risk of homelessness and behavioral health concerns. This facility will also include a small consumer operated employment venture within the complex.

### **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

The MHRSB in conjunction with providers, stakeholders, consumers, and community members determine the prevention, treatment and capacity priorities. The information gathered from the multiple sources for the needs assessments help to formulate the priorities of the work of the Board. Priorities are also dependent upon available funding, current resources and future commitments, such as Medicaid. The Board strategic planning process has also helped to inform the process for identifying priorities.

Each provider seeking non-Medicaid funding must submit a proposal utilizing the Performance Target Outline. A review of the services provided, services proposed and the funding requested are reviewed jointly by the Program and Evaluation Committee and the Alcohol and Drug Committee. Recommendations for funding are then made in conjunction with the Finance Committee who reviews the budget for the Board.

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

Priority: Adults with Severe and Persistent Mental Illness/Severe Mental Illness (SPMI/SMI)

Goal: Maintain service capacity to adults with SPMI/SMI

Objective: Integrate ACTT/IDDT team to full fidelity

Objective: Determine impact of Medicaid limits on SPMI/SMI and redirect funding if needed for best outcomes

Priority: Children and Youth with Severe Emotional Disturbance (SED)

Goal: Maintain service capacity to children and youth with SED

Objective: Determine impact of Medicaid limits on SED and redirect funding to support best practices and outcomes if needed

Objective: Implement family counseling/therapy model

Objective: Decrease the number of youth in out of home placement based on SED

Priority: Transitional Age Youth and Young Adults

Goal: Increase the number of agencies utilizing the Transition to Independence Process Model

Objective: Provide two provider and community trainings in the TIP model (with CEU/RCH)

Objective: Create a collaborative process for system-wide case consultation for implementation of the TIP Model

Priority: Criminal Justice Involved Clients/Consumers

Goal: Increase the cultural competence of provider network for serving criminal justice involved clients/consumers

Objective: Provide at one cross system training for CJ and BH providers (with CEU/RCH)

Objective: Identify needed treatment and recovery supports for CJ involved consumers

Objective: Determine capacity for providing treatment/recovery supports

Priority: Housing

Goal: Decrease homelessness for people with behavioral health needs

Objective: Identify and support housing best practices

Objective: Increase funding for best practice housing

Objective: Create and implement level of care assessment for people in ACF's

Objective: Increase flexible funding for residential housing supports

Objective: Provide training for ACF serving mental health consumers

- Priority: Increase Recovery Support Services  
 Goal: Increase the number of people able to provide peer support  
 Objective: Make training available for Recovery Coaching Model supported by ATR (CARR)  
 Objective: Evaluate and increase capacity to offer system wide peer support groups such as WMR, WRAP, and Bridges
- Priority: Opiate/Prescription Drug Abuse  
 Goal: Decrease the misuse of opiates/prescription drug abuse for youth and adults  
 Objective: Successfully implement Opiate Task Force  
 Objective: Successfully implement “Youth Matter” (SPF-SIG) for three college campuses  
 Objective: Provide community education  
 Objective: Increase treatment options for people with Opiate Use Disorders

It should be noted that at this time, the Board continues to be interested in investing in programs with measurable outcomes as in the past. The Board utilizes the PTO format for both mental health and AoD programming and has therefore developed investor targets that reflect the ongoing priorities of the Board.

***AoD Prevention Targets***

- Programs that increase the number of customers who avoid AToD use and perceive non-use as the norm
- Programs that increase the number of customers who perceive AToD use as harmful
- Programs that increase the number of customers who experience positive family management
- Programs that increase the number of customers who demonstrate school bonding and educational commitment
- Programs that increase the number of initiatives that demonstrate an impact on community laws and norms
- Programs that reduce the number of customers who misuse prescription and/or the over-the-counter medications

***Mental Health Prevention Targets***

- Programs that promote community education focused on suicide prevention
- Programs that increase understanding of signs and symptoms of depression through depression screening, including maternal depression screenings
- Programs promoting early identification of mental health issues
- Programs that promote stigma reduction
- Programs that promote education of law enforcement officers to intervene with persons with behavioral health issues through Crisis Intervention Training (CIT)

***Alcohol and Drug Treatment and Recovery Support Investor Targets***

- Increase in the number of customers who achieve and maintain abstinence for 12 months after completion of the program
- Increase in the number of customers who are abstinent and incur no new arrests for 12 months after completion of the program

- Increase in the number of customers who are abstinent and gain and maintain employment for at least 12 months post-completion
- Increase in the number of customers with both chemical dependency and mental disorders who achieve and maintain both mental health stability and abstinence for at least 12 months.

***Mental Health Treatment and Recovery Support Investor Targets***

- Increase the number of consumers reporting positively about their quality of life
- Increase competitive employment of consumers who express a desire to work
- Decrease school suspensions & expulsions
- Decrease criminal and juvenile justice involvement for persons requiring services in the behavioral health system
- Increase access to housing as demonstrated by stable housing at the beginning and at termination of services
- Decrease homelessness for persons involved in the public system
- Decrease the rate of readmissions to State psychiatric hospitals within a 30 day period

Access to Services

- Goal: Increase Resources to Provider Agencies  
 Objective: Seek additional resources to diversify funding  
 Objective: Increase capacity for implementation of NIATx strategies  
 Objective: Provide access to trainings, supervision and continuing education

Workforce Development and Cultural Competence

- Goal: To increase the cultural competence of the BH system  
 Objective: To provide at least two culture specific trainings (with CEU/RCH)  
 Objective: Identify a “listserv” of clinicians with culture specific competency (ie Spanish speaking, ASL etc) and publish to providers as resources  
 Objective: Increase collaborations with local colleges for workforce recruitment  
 Objective: Continue workforce development sub-committee and trainings

ORC 340.033(H) Goals

- Goal: Decrease the average wait time for women in danger of losing custody of their children to 72 hours  
 Objective: \*In Stark County, 484 Funding has been used to support outpatient AoD services at the Domestic Violence Project and have been blended with other funds to serve women referred by the Department of Job and Family Services. No specific objectives have been developed for this statute at this time. Waiting list data will be reviewed to ensure access to services. Specific outcome measures will be developed in conjunction with the provider and Department of Job and Family Services specific to this topic in this fiscal year.

HIV Early Intervention Goals

- Goal: Increase the number of clients who receive community education about the interaction between alcohol and drug/abuse and increased risk of HIV infection  
 Objective: Maintain capacity to provide outreach and education to clients with substance use disorders and HIV infection

Objective: Increase the amount of educational materials available to the community  
Objectives: Provide at least one community training for behavioral health system regarding risk of HIV infection and substance use disorders

#### Addressing Needs of Civilly and Forensically Hospitalized Adults

*Civilly hospitalized adults:* Crisis Intervention and Recovery Services provides the prescreening services for people being civilly committed to both local and state hospitals. They also employ a full time clinician that has the ability to provide linkage, service coordination and discharge planning for people civilly hospitalized. Additionally, as discussed elsewhere, Stark County has a weekly “Bed Day Meeting” of all provider agencies to discuss people who has been hospitalized as well as to plan for discharges that include community supports to reduce repeat hospitalization. If needed, ICAN Housing Solutions, the Board’s primary housing agency, is invited to attend these meetings to discuss ways in which people being discharged from the hospital can be linked to available housing and community supports. Finally, Board staff work collaboratively with HBH and provider staff to provide case consultation when needed to reduce barriers to discharge and find creative options for community support. The Board has designated a funding line in the budget for “flexible” funding to address unmet needs of clients.

*Forensically hospitalized adults:* The Board contracts with the Crisis Intervention and Recovery Center to provide case management services to people forensically hospitalized. In this way, clients can begin to form relationships with people while hospitalized to facilitate the discharge planning process.

The Board has a designated staff person who acts as Forensic Monitoring. The forensic monitor is responsible for monitoring all people on conditional release as well as those currently in the hospital. The forensic monitor, along with the forensic case manager are actively involved in reviewing the progress of people on forensic staff, participate in discharge planning on coordinating the care of people in the community on conditional release. The forensic monitor maintains consistent communication both verbally and through monthly written reports on the progress of those either hospitalized or in the community. The forensic monitor also acts as a resource person for the Stark County court system for information and consultation regarding both civilly and forensically hospitalized clients.

The Board has begun to explore outpatient commitment and the implications of this on the courts and the system. Board staff have had preliminary internal discussions about the feasibility of outpatient commitment and will continue to explore this as an option.

#### **Implications of Behavioral Health Priorities to Other Systems**

Stark County works to ensure that there is significant community input when determining priorities for behavioral health services. However, it is inevitable in these difficult economic times that not all needs can be addressed. The MHR SB welcomes the opportunities to discuss these implications with other systems and search for creative solutions to address the unmet needs such as braided funding, or consolidation of services. At this time, the Board does not anticipate that the priorities that have been developed will negatively impact other systems.

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

Primary funding for services distributed by the Board comes from Federal, State and Local funds and a variety of ODADAS, ODMH, and Federal grants. Stark County is fortunate to have a local levy that includes both mental health and alcohol/drug services that can be utilized in the event of further funding reductions.

The Board has worked to contain costs and find efficiencies within the system by focusing on collaborative efforts, reducing duplication and revising/revamping ineffective programming. The Board is also actively in search of grant opportunities to minimize dependence on shrinking state and federal funding.

The Board is currently in the process of evaluating cost-effective service delivery by reviewing the practicality of a centralized assessment approach, coordinating the diagnostic assessment process across the provider system, and increased collaboration and shared service when appropriate. The primary goal in any cost containment process is to ensure quality client care and maintain options for client choice when possible.

Although finding resources to meet the programming needs of persons served in the system continues to be challenging, the Board is committed to exploring available resources and cross-system collaborations to ensure continued services and programs. The Board will continue to work on community awareness about services that are provided and the impact of Board operations on the community.

It is the hope that the Board will be able to continue to prioritize services to “high risk” individuals in the event of funding reductions; however this would be contingent upon the funding streams that are reduced at the state or federal level. Some funding streams may not be able to be absorbed and compensated for at the local level. In the past the Board has utilized a process to “rank” non-mandated services into critical, vital and essential services. This was done with significant provider and consumer feedback and will be explored as an option as well.

- 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

Stark County is working collaboratively with the other Boards served by Heartland Behavioral Health to complete the Continuity of Care Agreement. The Boards are working collaboratively to ensure continuity for those persons who wish to move to other counties in the service area. The Heartland Collaborative has worked very closely with the BHO over many years to enhance service delivery as part of the continuum of care for persons needing an inpatient level of care.

The Mental Health and Recovery Services Board of Stark County is actively engaged in a number of collaborative relationships to increase the quality of service available to persons seeking service from the system. The Board has developed a number of committees to engage community partners in planning and developing services for residents of the county.

### **Criminal Justice System:**

The MHRSB has been actively involved in a number of projects and collaborations with both the adult and juvenile criminal justice system. These collaborations have been described in detail in the needs assessment section of this document.

### **Stark County School Systems**

The school systems have had long-term collaborations with the behavioral health system. Prevention, treatment and recovery services are provided in the school systems. The Board supports LifeSkills curriculum, Teen Screen, Care Teams, Early Childhood Resiliency programs, and school-based treatment services for the school districts in the county. Board staff participates in various committees to plan, enhance and implement programming for at risk children/youth in the school systems. AoD prevention programs are provided as after school programs for school systems in the county. Project Alert is an evidenced-based AoD prevention program in the Canton City Middle Schools.

### **Department of Job and Family Services (DJFS)**

#### **Stark County Family Council**

#### **Stark County Board of Developmental Disabilities**

The Board is frequently involved in collaborations with the entities identified above. The Board and these entities have pooled resources to review placement needs of Stark County children/youth and develop alternatives to out of county placements permitting children/youth to be served in county as much as possible. The efforts of the Board, these entities, and Stark County Family Court have reduced the number of residential placements for children/youth. The funds saved by minimizing residential placements provide increased resources for services in county. The Board has established two levels of review to ensure that children with cross-system issues receive the appropriate levels of care in the least restrictive environment. The Service Coordination Committee is comprised of executive level leadership from DJFS, Family Council, DD, and Family Court; this committee has been charged with pooling funds when necessary to provide the proper level of care for children/adolescents when there is need for coordinated/collaborative levels of care. The second committee is the Service Review Committee; it is designed to review the needs of individual children/adolescents who are at risk or currently placed in residential facilities. The goal of this committee is to ensure that children/adolescents with cross-system needs have access to levels of care that meet their

specific need. The work of these two committees has successfully developed in-county services to meet the child/family needs thus reducing the need of out-of-home or residential placement.

The Board has established a collaborative process with the Board of Developmental Disabilities that has included training and case consultation for clients with both mental illness and developmental disabilities. Through pooled training funds, Stark County has been able to cross train approximately 50 individuals from both the behavioral health system and the developmental disability system to work with the dually diagnosed. This has increased understanding and communication across both systems, and increased care coordination by providing a process by which either system can request case consultation.

### **Homeless Collaborative/Stark County Interagency Council on Homelessness (SCICH)**

MHR SB staff participates on committees of the Stark County Homeless Collaborative, and the executive director participates on the executive committee of SCICH. The Board through Heartland East also manages the Homeless Hotline and HMIS system for data collection.

### **County Commissioners**

The Board works in consultation with the county commissioners to provide funding for an AoD residential treatment facility. The County Commissioners have identified and sanctioned representatives from the behavioral health, criminal justice, Stark County Criminal Justice Planning Committee, judges, public defenders, Board of Developmental Disabilities, and the local private hospitals to be designated as the Stark County Crisis Management Team. The Team is designed to resolve issues related to persons crossing various systems where there is need for decision making that exceeds the day-to-day collaboration among community resources.

### **Clients and Families**

Persons seeking services and their families are key to all services funded by the Board. Collaboration with clients and family members assist in determining types of service, quantity, and report of quality of service. The Board believes collaboration with clients and family members is required in planning and development of services to ensure accessibility, appropriateness, and quality. The Board offers clients and family members the opportunity to participate in prioritization of services/programs, planning and, where appropriate, evaluation and implementation of programs and services.

### **Stark County Anti-Drug Coalition**

The Stark County Anti-Drug Coalition focuses on the reduction of substance abuse with a focus on changing environmental laws and norms that contribute to substance abuse in the community. The coalition has established an Advisory Committee with approximately 11 individuals from different sectors of the Stark County community. These individuals are charged with oversight of the Coalition and ensuring that the Coalition stays focused on their vision and mission. The vision of the Stark County Anti-Drug Coalition is that Stark County citizens will live in an educated, healthy community that is purposefully drug-free. The mission of the Coalition is to promote a drug-free community by mobilizing diverse partnerships; developing, implementing and supporting environmental strategies; and increasing public awareness of the harmful effects of alcohol, tobacco and other drugs.

## **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 has adopted the Performance Target Outcome Framework (PTO) as the current evaluation process to review all programs and services funded by the system. Provider contracts are based on the Performance Target Outcome Framework and each provider must submit a performance target outcome for each program that aligns with the Board's investor targets. Performance Target Outcomes are set by the provider and are a specific result that they want to achieve, and it almost always represents a change for the customer of the program. The PTO can be verified and is narrow enough to be directly influenced by the implementer. Each PTO is formatted with Milestones that are logical sequences of changes in behavior or condition that indicate that the customer is on track to meeting the end result that is the Performance Target Outcome. Each provider tracks and reports the process of milestone and PTO completion for each customer. The quarterly and annual reports generated by the outcomes data will be used to tie the results to the program's services. Also, the data generated by the PTO will be used by the programs to manage their services and identify any needed changes. The Board believes that the use of outcome management will increase the ability to leverage funds for programs that can tie results directly to the services provided.

### Mental Health, Treatment and Recovery Support Programs

Agencies are required to monitor progress of clients in programs and report outcomes on a quarterly basis to the Board. These results are reviewed and monitored by Board staff, who then reports to the Program and Evaluation Committee. Agencies who appear to be having difficulty meeting milestones and projections are offered technical assistance and support by Board staff.

### AoD Prevention Evaluation

Agencies offering AoD prevention services utilize the ODADAS PIPAR system to record data projections and actual results.

### Waiting List Management

The Mental Health and Recovery Services Board of Stark County believes improving client access and engagement is critical to quality care. To this end the Board has established waiting list reports that aid the agency to monitor and improve consumer access and engagement at first request for service, and at subsequent levels of clinical care. Each provider agency will establish

monthly waiting list management reports and include waiting list data in quarterly reports sent to the Board. Standardized reports have also been developed through Heartland East to provide agency specific and system-wide analysis of waiting lists.

Evaluation results will direct funding, enhancement, reductions and management of programs and services. The Board has quarterly Lessons Learned meetings with the providers to review AoD prevention and treatment outcomes. The Program and Evaluation Committee receives monthly reports on various programs and services, their effectiveness, efficiencies, successes and problems that are then taken to full Board as indicated.

# **Portfolio of Providers and Services Matrix**

**(Excel documents attached)**

Table 1: Portfolio of Alcohol and Drug Services Providers - MHR SB of Stark County

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
								ODADAS	Medicaid Only	
<b>PREVENTION</b>										
Information Dissemination	Canton Community KidSummit Against Drugs	Father's Day March; Metro Drug Free Rally	Families	Universal	(List the EBP name)	1	No	Yes	No	2563
	Quest Recovery and Prevention Services	Awareness Presentations, Health Fairs	General Population	Universal		1	No	Yes	No	12493
	North Canton Playhouse	Substance Abuse/Domestic Violence Plays	Elementary – High School Students	Universal		20	No	Yes	No	8033
Alternatives	Canton Community KidSummit Against Drugs	Family Social Events	Families	Universal	Communities that Care Developmental Assets/Risk & Protective Factors/Resiliency	1	No	Yes	No	2563
	Multi-Development Services of Stark County	LIFE Program	Elementary School Students	Selected		1	No	Yes	No	10500
	Quest Recovery and Prevention Services	High School Leadership and Resiliency Program	High School Students	Selected	Youth Matters Mentoring (CSAP), Leadership and Resiliency Program (LRP)	2	No	Yes	No	12493
Education	Canton Community KidSummit Against Drugs	KidSummit Chapters	Elementary School Students	Universal	LifeSkills	7	No	Yes	No	2563
	Domestic Violence Project	LifeSkills	Middle School Students	Universal	LifeSkills	2	No	Yes	No	6694
	Quest Recovery and Prevention Services	LifeSkills, Project ALERT, Leadership and Resiliency	Elementary – High School Students	Universal and Selected	LifeSkills, Project ALERT, Leadership and Resiliency Program	2	No	Yes	No	12493

Table 1: Portfolio of Alcohol and Drug Services Providers - MHRBS of Stark County

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		
				(Universal, Selected or Indicated)	(List the EBP name)		ODADAS	Medicaid Only			
<b>PREVENTION</b> Community-Based Process	Canton Community KidSummit Against Drugs	Community Trainings	Parents	Selected	Parent to Parent Project, Communities that Care	6	No	Yes	2563		
	Quest Recovery and Prevention Services	Mentoring Programs, Leadership and Resiliency	Middle – High School Students	Selected	Youth Matters Mentoring, Leadership and Resiliency Program	2	No	Yes	12493		
	Environmental	Stark County Anti-Drug Coalition (all programs)	Parents Who Host Lose the Most	Parents of Middle/High School Students	Universal		11	No	No	n/a	
			Vendor Training	Sellers and Servers of Alcohol	Universal		2	No	No	n/a	
			Media Campaigns	General Population	Universal		1	No	No	n/a	
			Red Ribbon Committee of Stark County	General Population	Universal		1	No	Yes	No	n/a
			Compliance Checks	Sellers of Alcohol and Tobacco	Selected		15	No	No	No	n/a
			FASD Committee	Primarily Females, Medical Field, Schools, Juvenile Justice, Foster Care	Universal, Selected, Indicated	Not A Single Drop	n/a	No	No	No	n/a
			Problem Identification and Referral						Yes	No	Yes

Table 1: Portfolio of Alcohol and Drug Services Providers - MHR SB of Stark County

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	
<b>PRE-TREATMENT (Level 0.5)</b>										
	Stark County TASC	Referral and Case Management	Adults Adolescents (Criminal Justice System)		Case Management	2	No	Yes	No	8321
	Options for Youth	Prevention Research Institute Curriculum (Prime for Life) (1 <sup>st</sup> Time Adolescent AoD Offenders)	Adolescents		Prevention Research Institute Curriculum	3	No	No	No	NA
<b>OUTPATIENT (Level 1)</b>										
Outpatient	Crisis Intervention and Recovery Center	Free Space for Women/ Adults with CD/DV Problems	Adult Women		Motivational Interviewing MAST	1	No	Yes	No	1492
	Crisis Intervention and Recovery Center	IDDT and Co-occurring	Adults		Integrated Dual Disordered Treatment	1	No	Yes	No	1492
	Domestic Violence Project, Inc.	RENEW Program	Adult Women		SASSI-3 MAST 12-step Facilitation Therapy, Reality Therapy, Cognitive Behavioral Therapy, Client Centered Therapy, Motivational Interviewing, Case Management, Stephanie Covington Recovery Program	1	No	Yes	No	6694

Table 1: Portfolio of Alcohol and Drug Services Providers - MHRBS of Stark County

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	
				(Universal, Selected or Indicated)	(List the EBP name)		(Check the box if yes)	<b>ODADAS</b> <b>Medicaid Only</b>		
<b>OUTPATIENT (Level I)</b>										
Outpatient continued	Community Services of Stark County	Co-Occurring Disorders Program	Adults		Motivational Interviewing	1	No	Yes	No	10021
	Phoenix Rising Behavioral Healthcare and Recovery, Inc.	Co-Occurring Disorders Program	Adults		Motivational Interviewing, IDDT	1	No	Yes	Yes	12451
	Quest Recovery and Prevention Services	Adults, Adolescents with CD Issues	Adults, Adolescents		Motivational Interviewing, Teen Intervene	3	No	Yes	No	1491
	Stark County TASC	DYS Project	Adolescents		Motivational Interviewing Stages of Change Model, Case Management, NIDA/SAMSHA Protocols	3	No	Yes	No	8321
	Trillium Family Solutions	Adults and Adolescents with CD and/or Co-Occurring Disorders	Adults, Adolescents		Anger Management Brief Intervention Cognitive Behavioral Therapy/Treatment, Client-centered Therapy, Motivational Interviewing, Motivational Interviewing, NIDA/SAMHSA, Protocols	3	No	Yes	No	10023
	Community Health Center	DYS Project	Adolescents			1	Yes	Yes	No	1508

Table 1: Portfolio of Alcohol and Drug Services Providers - MHRBSB of Stark County

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	
<b>OUTPATIENT (Level 1)</b>										
Intensive Outpatient	Domestic Violence Project, Inc.	RENEW Program	Adult Women			1	No	Yes	No	6694
	Quest Recovery and Prevention Services	Adults, Adolescents with CD Issues	Adults, Adolescents			3	No	Yes	No	1491
Day Treatment	Domestic Violence Project, Inc.	RENEW Program	Adult Women			1	No	Yes	No	6694
	Quest Recovery and Prevention Services	Adults, Adolescents with CD Issues	Adults, Adolescents			3	No	Yes	No	1491 1838 10706
<b>COMMUNITY RESIDENTIAL (Level 2)</b>										
Non-Medical	Quest Recovery and Prevention Services	Deliverance House	Adult Women		Motivational Interviewing, Pharmaceutical Best Practices	1	No	Yes	No	2306
	Quest Recovery and Prevention Services	Wilson Hall	Adult Men		Therapeutic Community	1	No	Yes	No	1494
	Quest Recovery and Prevention Services	Smith House	Adolescents		Therapeutic Community	1	No	Yes	No	10473

Table 1: Portfolio of Alcohol and Drug Services Providers - MHRBS of Stark County

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
				(Universal, Selected or Indicated)	(List the EBP name)		(Check the box if yes)	ODADAS Medicaid Only	
<b>COMMUNITY RESIDENTIAL (Level 2)</b>									
Medical							Yes No	Yes No	Yes No
<b>SUBACUTE (Level 3)</b>									
Ambulatory Detoxification							Yes No	Yes No	Yes No
23 Hour Observation Bed	Crisis Intervention and Recovery Center	Indigent Detox Center	Adults		Medical Protocol for Detoxification, CENAPS Relapse, Prevention, Cognitive Behavioral Therapy/ Treatment, Stages of Change Model		No	Yes No	1492
Sub-Acute Detoxification	Crisis Intervention and Recovery Center	Indigent Detox Center	Adults		Medical Protocol for Detoxification, CENAPS Relapse, Prevention, Cognitive Behavioral Therapy/ Treatment, Stages of Change Model	1	No	Yes No	1492
<b>ACUTE HOSPITAL DETOXIFICATION (Level 4)</b>									
Acute Detoxification	Mercy Medical Center IMPACT Program	Acute medical Detox (not a Board provider)	Adults			1	No	No Yes	10702

Table 2: Portfolio of Mental Health Services Providers - MHR SB of Stark County

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 (please be specific)	g. Estimated Number in SFY 2012	h. Estimated Number 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)	Crisis Intervention and Recovery Center	1492	1		Yes	Yes	Yes	No	Quadrant IV- SAMI	100	100
	Assertive Community Treatment (ACT)	1492	1		Yes	Yes	Yes	No	SMI/SPMI Quadrant IV SAMI	100	100
Multi-Systemic Therapy (MST)	Crisis Intervention and Recovery Center	1492	1		Yes	No	Yes	Yes	Youth at risk of out of home placement Youth returning home after placement Youth with problem sexual behaviors	100	100
	Functional Family Therapy (FFT)				Yes	No	Yes	No			
Supported Employment	Community Services of Stark County	10021	1		No	No	Yes	No	Adults with SMI/SPMI	35	35
	Coleman Professional Services	10697	1		No	No	Yes	No	Transitional age youth and young adults	45	45

Table 2: Portfolio of Mental Health Services Providers - MHR SB of Stark County

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 (please be specific)	g. Estimated Number in SFY 2012	h. Estimated Number in SFY 2013
					Medicaid + Match	GRF (Not as Medicaid Match)	Levy (Not as Medicaid Match)	Other (Not as Medicaid Match)			
Supportive Housing	ICAN Housing Solutions	10025			No	No	Yes	No	SMI/SPMI Adults		
	Freed Housing Corporation	NA	1		No	No	Yes	No	SMI/SPMI or co-occurring	50	50
	Foundations	NA	1		No	No	Yes	No	Adults with SMI/SPMI	200	200
Wellness Management & Recovery (WMR)					Yes	No	Yes	No			
Red Flags					Yes	No	Yes	No			
EMDR	Community Services of Stark County	10021	1		Yes	No	Yes	Yes			
Crisis Intervention Training (CIT)	Crisis Intervention and Recovery Center	1492	1		No	Yes	Yes	Yes	Police and college campuses	2 trainings per year	2 trainings per year
	NAMI Stark County	NA	1		No	No	Yes	Yes	Police and college campuses	2 trainings per year	2 trainings per year
Therapeutic Foster Care					Yes	No	Yes	No			

Table 2: Portfolio of Mental Health Services Providers - MHR SB of Stark County

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 (please be specific)	g. Estimated Number in SFY 2012	h. Estimated Number in SFY 2013
					Medicaid + Match	GRF (Not as Medicaid Match)	Levy (Not as Medicaid Match)	Other (Not as Medicaid Match)			
Transition Age Services (Transition to Independence Process)	Community Services of Stark County	10021	1		Yes	No	Yes	Yes	16-25 year old SED	100	100
	Child & Adolescent Behavioral Health	3570	1		Yes	No	No	No	14-22 year old SED	100	100
Integrated Physical/Mental Health Svces					Yes	No	Yes	No			
Ohio's Expedited SSI Process					Yes	No	Yes	No			
Medicaid Buy-In for Workers with Disabilities					Yes	No	Yes	No			
Consumer Operated Service	Foundations	NA	1		No	No	Yes	No	Adult SMI/SPMI	520	550
	Make-A-Way	NA	1		No	No	Yes	No	Adult SMI/SPMI	352	352
Peer Support Services	Foundations	NA	1		No	No	Yes	No	Adult SMI/SPMI	230	240
	Child & Adolescent Behavioral Health	3570	1		No	No	Yes	No	14-22 year old SED	140	140

Table 2: Portfolio of Mental Health Services Providers - MHR SB of Stark County

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 (please be specific)	g. Estimated Number in SFY 2012	h. Estimated Number in SFY 2013
					Medicaid + Match	GRF (Not as Medicaid Match)	Levy (Not as Medicaid Match)	Other (Not as Medicaid Match)			
MI/MR Specialized Services					Yes No	Yes No	Yes No	Yes No			
Consumer/Family Psycho-Education	NAMI Stark County	NA	1		No	No	Yes	No	Families and Adults	906	906

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

**SERVICE LEVEL CHECKLIST**

**Note:** 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, please provide the following information:

- 1) For SFY 2011: What services did you offer in FY 2011?
- 2) For SFY 2012: What services do you plan to offer in SFY 2012?
- 3) For SFY 2012: How do you expect Medicaid consumer usage to change in SFY 2012?
- 4) For SFY 2012: How do you expect Non-Medicaid consumer usage to change in SFY 2012?

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

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

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

	SFY 2011	SFY 2012		
	(Question 1) Offered Service	(Question 2) Plan to:	(Question 3) Medicaid Consumer Usage:	(Question 4) Non-Medicaid Consumer Usage:
Service Category	Yes/No/Don't Know  <i>Specify the answer for each category</i>	Introduce (Intro)  Eliminate (E)  Increase (I) Decrease (D) No Change (NC)  Don't Know (DK) <i>Specify the answer for each category</i>	Increase (I)  Decrease (D)  No Change (NC) Don't Know (DK) <i>Specify the answer for each category</i>	Increase (I)  Decrease (D)  No Change (NC) Don't Know (DK) <i>Specify the answer for each category</i>
Other MH Svc, not otherwise specified (healthcare services)	Yes	NC	NC	NC
Other MH Svc., (non-healthcare services)	Yes	NC	NC	NC
Self-Help/Peer Svcs. (Peer Support)	Yes	I	DK	DK
Adjunctive Therapy	No	NC	NC	NC
Adult Education	Yes	NC	NC	NC
Consultation	Yes	NC	NC	NC
Consumer Operated Service	No	NC	NC	NC
Employment (Employment/Vocational)	Yes	NC	NC	NC
Information and Referral	Yes	NC	NC	NC
Mental Health Education	Yes	NC	NC	NC
Occupational Therapy Service	No	NC	NC	NC
Prevention	Yes	NC	NC	NC
School Psychology	No	NC	NC	NC
Social & Recreational Service	No	NC	NC	NC
Community Residence	No	NC	NC	NC
Crisis Care/Bed <b>Adult</b> [see service definition below]	Yes	NC	NC	NC
Crisis Care/Bed <b>Youth</b> [see service definition below]	No	NC	NC	NC
Foster Care <b>Adult</b>	No	NC	NC	NC

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

**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 <i>(Please include Forensic &amp; Sex Offender Sub)</i>	Number of Units	Number of Beds
<b>Crisis Care</b>	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"> <li>• Crisis Bed</li> <li>• Crisis Residential</li> <li>• Crisis Stabilization Unit</li> </ul>	Total Number: 12 Forensic Sub-Population Total: 0 Sex Offender Sub-Population Total: 0	1	12
<b>ODMH Licensed Residential Care</b>	Includes room and board, and personal care 24/7 if specified in license. Rules in program or service agreement attached  Type 1: Room & Board; Personal Care; Mental Health Services Type 2: Room & Board; Personal Care  Type 3: Room and Board	<ul style="list-style-type: none"> <li>• Licensed as Type I, II or III (Residential Facility Care)</li> <li>• Residential Support</li> <li>• Supervised Group Living</li> <li>• Next-Step Housing from psychiatric hospital and/or prison</li> </ul>	Total Number: 8 Forensic Sub-Population Total: 0 Sex Offender Sub-Population Total: 0	1	8
				0	0
				0	0

Housing Categories	Definition	Examples	Number of SPMI/SMI (Please include Forensic & Sex Offender Sub	Number of Units	Number of Beds
<b>ODH Licensed Residential Care</b>	Includes room and board, and personal care 24/7 if specified in license. Rules in program or service agreement attached to housing are applicable. Treatment services are billed separately. Usually operator owned and staffed; provides 24-hour supervision in structured environment.	<ul style="list-style-type: none"> <li>• Adult Care Facilities</li> <li>• Adult Family Homes</li> <li>• Group Homes</li> </ul>	Total Number: 12 Forensic Sub-Population Total: 0	12 0	98 0
<b>Respite Care</b>	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"> <li>• Placement during absence of another caretaker where client usually resides</li> <li>• Respite Care</li> </ul>	Sex Offender Sub-Population Total: 0  Total Number: 1 Forensic Sub-Population Total: 0 Sex Offender Sub-Population Total: 0	0 1 0 0	0 5 0 0
<b>Temporary Housing</b>	Non-hospital, time limited residential program with an expected length of occupancy and goals to transition to permanent housing. Includes room and board, with referral and access to treatment services that are billed separately.	<ul style="list-style-type: none"> <li>• Commonly referred to and intended as time-limited, short term living</li> <li>• Transitional Housing Programs</li> <li>• Homeless county residence currently receiving services</li> <li>• Persons waiting for housing</li> <li>• Boarding Homes</li> <li>• YMCA/YWCA (not part of a supportive housing program)</li> </ul>	Total Number: 3 Forensic Sub-Population Total: 0 Sex Offender Sub-Population Total: 0	3 0 0	27 0 0

Housing Categories	Definition	Examples	Number of SPMI/SMI (Please include Forensic & Sex Offender Sub)	Number of Units	Number of Beds
<b>Board/Agency Owned Community Residence</b>	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"> <li>• Service Enriched Housing</li> <li>• Apartments with non-clinical staff attached</li> <li>• Supervised Apartments</li> <li>• No leases: NOT covered by Ohio tenant landlord law</li> </ul>	Total Number:  Forensic Sub-Population Total: Sex Offender Sub-Population Total:	0  0 0	0  0 0
<b>Permanent Supportive with Primary</b>	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"> <li>• HAP</li> <li>• Housing as Housing</li> <li>• Supervised Apartments</li> <li>• Supportive Housing</li> <li>• Person with Section 8 or Shelter Plus Care Voucher</li> <li>• Tenant has lease</li> <li>• <b>Supportive Services 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.</b></li> </ul>	Total Number: Forensic Sub-Population Total: Sex Offender Sub-Population Total:	0 0 0	0 0 0

Housing Categories	Definition	Examples	Number of SPMI/SMI <i>(Please include Forensic &amp; Sex Offender Sub</i>	Number of Units	Number of Beds
<b>Permanent Supportive with Supportive</b>	<p>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.)</p>	<ul style="list-style-type: none"> <li>• HAP</li> <li>• Housing as Housing</li> <li>• Supervised Apartments</li> <li>• Supportive Housing</li> <li>• Person with Section 8 or Shelter Plus Care Voucher</li> <li>• Tenant has lease</li> <li>• <b>Supportive Services staff primary offices are <u>not on-site</u>; supportive serve staff may come on-site to deliver supportive services or deliver them off-site.</b> (In this model a primary mental health CPST worker may be delivering the supportive services related to housing in addition to treatment services.)</li> </ul>	<p>Total Number: 143 Forensic Sub-Population Total: 0 Sex Offender Sub-Population Total: 0</p>	143	143

Housing Categories	Definition	Examples	Number of SPMI/SMI <i>(Please include Forensic &amp; Sex Offender Sub</i>	Number of Units	Number of Beds
<b>Independent (Rent or Home Ownership)</b>	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"> <li>• Own home</li> <li>• Person with Section 8 Voucher (not Shelter Plus Care)</li> <li>• Adult with roommate with shared household expenses</li> <li>• Apartment without any public assistance</li> <li>• Housing in this model is not connected to the mental health system in any way. Anyone can apply for and obtain this housing.</li> </ul>	<p>Total Number:</p> <p>Forensic Sub-Population Total:</p> <p>Sex Offender Sub-Population Total:</p>	0	0

## 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**

**(Excel documents attached)**

**(not numbered within complete Community Plan)**

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 Block Grant (forensic portion) CFDA 93-958	Federal Block Grant (Base) CFDA 93-958	Federal Title XX CFDA 93-667	Federal PATH CFDA 93-150	Federal Other	Local Levy	Local Other	Total Board Spending	Medicaid	Notes
	<b>BALANCES:</b>																
	Beginning Mental Health Fund Balance <sup>1</sup>						\$ 22,500								\$ 11,500		
	PRIOR PERIOD ADJUSTMENTS (Explain in the Note column)																
	Restated MH Beginning Fund Balance						22,500								11,500		
	<b>REVENUES:</b>																
	Total Mental Health Revenues	9,563		333,609	2,630,426			237,264	2,683	227,577	94,517	1,228,394	6,936,773	337,750	12,038,556		
	<b>BOARD ADMINISTRATION:</b>																
	Salaries, Fringes, and Operating														1,625,222		
	Board Capital Expenditures														35,600		
	<b>BOARD SERVICES TO OTHER BOARDS OR AGENCIES:</b>																
	Agency Salaries, Fringes, and Operating														211,674		
	Agency Capital Expenditures														671,771		
	<b>EXPENSES:</b>																
90862	Pharmacologic Mgt. (Medication/Somatic)	4,300			620,867					69,641			958,576	57,899	1,711,283	2,504,855	4,216,138
H0031	Mental Health Assessment (non-physician) (Diag. Assess.)	556			80,222					23,075			290,847	7,481	402,181	1,458,956	1,861,137
90801	Psychiatric Diagnostic Interview (Physician) (Diag. Assess.)	303			43,752								49,414	4,080	97,549	255,519	353,068
H0004	BH Counseling and Therapy (Incl.) (Ind. Counseling)	1,540			222,349					85,430			918,205	20,734	1,248,258	4,925,704	6,173,962
H0004	BH Counseling and Therapy (Grp.) (Grp. Counseling)	167			24,132					2,105			68,970	2,250	97,624	1,223,666	1,321,290
S9484	Crisis Intervention MH Services (Crisis Intervention)	1,685			243,277								113,787	22,686	381,435	227,455	608,890
S0201	Partial Hospitalization, less than 24 hr. (Partial Hospitalization)															452,083	452,083
H0036	Community Psychiatric Supportive Treatment (Ind.) (Ind. CPST)	1,012			146,061					47,326			775,832	51,121	1,021,352	5,693,477	6,714,829
H0036	Community Psychiatric Supportive Treatment (Grp.) (Grp. CPST)															30,193	30,193
	Board Support for Medications														333,609		
H0040	Assertive Community Treatment (Clinical Activities)																
M1910	Assertive Community Treatment (Non-Clinical Activities)																
H2016	Intensive Home-Based Treatment (Non-Clinical Activities)																
M1810	Intensive Home-Based Treatment (Non-Clinical Activities)																
H0030	Behavioral Health Hotline Service (Hotline)																
H0046	Other MH Svcs., not otherwise specified (Other Care)														2,200,025		
M3140	Other MH Svcs. (non-billable) <sup>2</sup>																
H0038	Self-Help/Peer Svcs. (Peer Support)																
M1440	Adjunctive Therapy																
M1540	Adult Education																
M4120	Consultation						22,500										
M3120	Consumer Operated Service																
M1620	Employment / Vocational																
M4130	Information and Referral																
M4140	Mental Health Education																
M1430	Occupational Therapy Svc																
M4110	Prevention																
M1530	School Psychology																
M1550	Social & Recreational Svc																
M2240	Community Residence																
M2280	Crisis Care (Crisis Bed)							237,264									
M2250	Foster Care																
M2200	Residential Care (Residential Treatment/Residential Support)																
M2270	Respite Care (Respite Bed)																
M2260	Subsidized Housing																
M2290	Temporary Housing																
**	Forensic Evaluation																
**	PASARR																
**	Inpatient Psychiatric Service (Private hospital only)																
	<b>Total Mental Health Expenditures</b>	\$ 9,563	\$ -	\$ 333,609	\$ 2,630,426	\$ -	\$ 22,500	\$ 237,264	\$ 2,683	\$ 227,577	\$ 94,517	\$ 1,228,394	\$ 7,595,764	\$ 337,750	\$ 12,720,047	\$ 16,771,908	
	<b>Net Mental Health Current Year</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	<b>Ending Mental Health Fund Balance</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Non-Mental Health Revenue																
	Non-Mental Health Expenditures																
	Net Non-Mental Health																

Specify Type of Accounting (cash, accrual, modified accrual): Modified 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".



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

HCPCS Procedure	Category	State 401 (C) Forensic Monitoring	State 401 (5) Forensic Centers	State 419 Community Medication	State 505 Local MH SOC	State 505 Special	State Other Funds	Federal Block Grant (forensic portion) CFDA 93.958	Federal Block Grant (Base) CFDA 93.958	Federal Title XX CFDA 93.667	Federal PATH CFDA 93.150	Federal Other	Local Levy	Local Other	Total Board Spending	Medicaid	Notes
<b>BALANCES:</b>																	
	Beginning Mental Health Fund Balance <sup>1</sup>																
	PRIOR PERIOD ADJUSTMENTS (Explain in the Note column)																
	Restated MH Beginning Fund Balance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	<b>REVENUES:</b>																
	Total Mental Health Revenues	9,563		333,609	2,630,426			237,264	2,683	227,577	94,517	1,228,394	6,936,773	422,688	12,123,494		
	<b>BOARD ADMINISTRATION:</b>																
	Salaries, Fringes, and Operating	0	0	0	1,249,766	0	0	0	0	0	0	7,713	367,743	0	1,625,222		
	Board Capital Expenditures	0	0	0	0	0	0	0	0	0	0	0	35,600	0	35,600		
	<b>BOARD SERVICES TO OTHER BOARDS OR AGENCIES:</b>																
	Agency Salaries, Fringes, and Operating	0	0	0	0	0	0	0	0	0	0	0	121,226	196,437	317,663		
	Agency Capital Expenditures	0	0	0	0	0	0	0	0	0	0	0	100,000	0	100,000		
	<b>EXPENSES:</b>																
90862	Pharmacologic Mgt. (Medication/Somatic)	4,300	0	0	620,867	0	0	0	0	69,641	0	0	958,576	57,899	1,711,283		1,711,283
H0031	Mental Health Assessment (non-physician) (Diag. Assess.)	556	0	0	80,222	0	0	0	0	23,075	0	0	290,847	7,481	402,181		402,181
90801	Psychiatric Diagnostic Interview (Physician) (Diag. Assess.)	303	0	0	43,752	0	0	0	0	0	0	0	49,414	4,080	97,549		97,549
H0004	BH Counseling and Therapy (Ind.) (Ind. Counseling)	1,540	0	0	222,349	0	0	0	0	85,430	0	0	918,205	20,734	1,248,258		1,248,258
H0004	BH Counseling and Therapy (Grp.) (Grp. Counseling)	167	0	0	24,132	0	0	0	0	2,105	0	0	68,970	2,250	97,624		97,624
S9484	Crisis Intervention MH Services (Crisis Intervention)	1,685	0	0	245,277	0	0	0	0	0	0	0	113,787	22,686	381,435		381,435
S0201	Partial Hospitalization, less than 24 hr. (Partial Hospitalization)																
H0036	Community Psychiatric Supportive Treatment (Ind.) (Ind. CPST)	1,012	0	0	146,061	0	0	0	0	47,326	0	0	775,832	51,121	1,021,352		1,021,352
H0036	Community Psychiatric Supportive Treatment (Op.) (Op. CPST)																
	Board Support for Medications	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
H0040	Assertive Community Treatment (Clinical Activities)	0	0	333,609	0	0	0	0	0	0	0	0	0	0	333,609		333,609
M1910	Assertive Community Treatment (Non-Clinical Activities)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
H2016	Intensive Home-Based Treatment (Clinical Activities)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
M1810	Intensive Home-Based Treatment (Non-Clinical Activities)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
H0030	Behavioral Health Hotline Service (Hotline)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
H0046	Other MH Svcs., not otherwise specified (Intitcare) <sup>2</sup>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
M3140	Other MH Svcs. (non-Intitcare) <sup>2</sup>	0	0	0	0	0	0	0	0	0	94,517	0	2,105,509	0	2,200,026		2,200,026
H0038	Self-Help/Peer Svcs. (Peer Support)	0	0	0	0	0	0	0	0	0	0	0	17,190	0	17,190		17,190
M1440	Adjunctive Therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
M1540	Adult Education	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
M4120	Consultation	0	0	0	0	0	0	0	215	0	0	0	315,158	30,000	345,373		345,373
M3120	Consumer Operated Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
M1620	Employment / Vocational	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
M4130	Information and Referral	0	0	0	0	0	0	0	0	0	0	1,220,681	265,500	0	1,486,181		1,486,181
M4140	Mental Health Education	0	0	0	0	0	0	0	1,958	0	0	0	44,397	0	46,355		46,355
M4150	Occupational Therapy Svc	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
M4110	Prevention	0	0	0	0	0	0	0	510	0	0	0	202,698	30,000	233,208		233,208
M1530	School Psychology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
M1550	Social & Recreational Svc	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
M2240	Community Residence	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
M2280	Crisis Care (Crisis Bed)	0	0	0	0	0	0	237,264	0	0	0	0	264,392	0	501,656		501,656
M2250	Foster Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
M2200	Residential Care (Residential Treatment/Residential Support)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
M2270	Respite Care (Respite Bed)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
M2260	Subsidized Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
M2290	Temporary Housing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
**	Forensic Evaluation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
**	PASARR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
**	Inpatient Psychiatric Service (Private hospital only)	0	0	0	0	0	0	0	0	0	0	0	30,000	0	30,000		30,000
	<b>Total Mental Health Expenditures</b>	\$ 9,563	\$ -	\$ 333,609	\$ 2,630,426	\$ -	\$ -	\$ 237,264	\$ 2,683	\$ 227,577	\$ 94,517	\$ 1,228,394	\$ 7,045,044	\$ 422,688	\$ 12,231,765		\$ 12,231,765
	<b>Net Mental Health Current Year</b>																
	<b>Ending Mental Health Fund Balance</b>																
	Non-Mental Health Revenue																
	Non-Mental Health Expenditures																
	Net Non-Mental Health																

Specify Type of Accounting (cash, accrual, modified accrual): Modified 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".

FY 2013 Community Plan Budget Template - Services Detail

Board Name: Mental Health and Recovery Services Board of Stark County

FY: 2013

Receipts and Expenditures

ICPCS Procedure	Category	State 401 (C) Forensic Monitoring	State 401 (5) Forensic Centers	State 419 Community Medication	State 505 Local MH SOC	State 505 Special	State Other Funds	Federal Block Grant (forfeiture portion) CFDA 93.958	Federal Block Grant (Base) CFDA 93.959	Federal Title XX CFDA 93.667	Federal PATH CFDA 93.150	Federal Other	Local Levy	Local Other	Total Board Spending	Notes	
																	Total (enter total in main template)
110046	Non-Medicatid Other MH Svcs., not otherwise specified (lithicare) Service, activity, function:																
Total (enter total in main template)																	
113140	Non-Medicatid Other MH Svcs. (non-lithicare) Service, activity, function:																
	Hospital Liaison & Transfers																
	Respite Services																
	Wraparound																
	Psyse Program																
	Recovery Support Services																
	Community Strategies																
	Path																
	Guardianship																
Total (enter total in main template)																	

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





## Board Membership Catalog for ADAMHS/CMHS Boards

Board Name <b>Mental Health and Recovery Services Board of Stark County</b>		Date Prepared <b>08-09-11</b>
Board Member <b>Hortense B. Bobbitt</b>		Appointment <b>County Commission</b>
Mailing Address (street, city, state, zip) <b>2684 Fordham Circle NW North Canton, Ohio 44720</b>		Sex <b>Female</b>
Telephone (include area code) <b>330-497-9454</b>		Ethnic Group <b>Black or African American</b>
County of Residence <b>Stark</b>		Officer <b>Member</b>
Occupation <b>Retired Dietitian/Owner &amp; Operator</b>		<u>Hispanic or Latino (of any race)</u> <b>No</b>
Term <b>01-01-08 / Second Term (first was partial)</b>	Year Term Expires <b>2014</b>	Representation: select all that apply:
		Mental Health
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		Alcohol Other Drug Addiction
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate

  

Board Name <b>Mental Health and Recovery Services Board of Stark County</b>		Date Prepared <b>08-09-11</b>
Board Member <b>Elizabeth Bowen</b>		Appointment <b>County Commission</b>
Mailing Address (street, city, state, zip) <b>Planned Parenthood of Northeast Ohio 2663 Cleveland Ave NW Canton Ohio 44709</b>		Sex <b>Female</b>
Telephone (include area code) <b>330-456-5329</b>		Ethnic Group <b>White</b>
County of Residence <b>Stark</b>		Officer <b>Secretary</b>
Occupation <b>Regional Director of Development</b>		<u>Hispanic or Latino (of any race)</u> <b>No</b>
Term	Year Term Expires <b>2014</b>	Representation: select all that apply:
		Mental Health
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		Alcohol Other Drug Addiction
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate

  

Board Name <b>Mental Health and Recovery Services Board of Stark County</b>		Date Prepared <b>08-30-11</b>
Board Member <b>Jack Cooper</b>		Appointment
Mailing Address (street, city, state, zip) <b>2225 Mohler Drive NW North Canton, Ohio 44720</b>		Sex <b>Male</b>
Telephone (include area code) <b>330-458-2033</b>		Ethnic Group <b>White</b>
County of Residence <b>Stark</b>		Officer <b>Member</b>
Occupation <b>Attorney at Law</b>		<u>Hispanic or Latino (of any race)</u> <b>No</b>
Term <b>07-01-11 / First Term</b>	Year Term Expires <b>2015</b>	Representation: select all that apply:
		Mental Health
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		Alcohol Other Drug Addiction
		<input type="checkbox"/> Consumer
		<input checked="" type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate

Board Membership Catalog for ADAMHS/CMHS Boards -- Page 2

Board Name <b>Mental Health and Recovery Services Board of Stark County</b>		Date Prepared <b>08-09-11</b>												
Board Member <b>Thomal L. Douce</b>		Appointment <b>County Commissioner</b>												
Mailing Address (street, city, state, zip) <b>8270 E. Wadora Circle NW North Canton Ohio 44720</b>		Sex <b>Male</b>												
Telephone (include area code) <b>330-494-3337</b>		Ethnic Group <b>White</b>												
County of Residence <b>Stark</b>		Officer <b>Hispanic or Latino (of any race)</b>												
Occupation <b>Retired Clergy, LPCC</b>		Member <b>No</b>												
Term <b>01-01-08 / Second Term (first was partial)</b>	Year Term Expires <b>2013</b>	Representation: select all that apply:												
		<table border="0"> <tr> <td><u>Mental Health</u></td> <td><u>Alcohol Other Drug Addiction</u></td> </tr> <tr> <td><input type="checkbox"/> Consumer</td> <td><input type="checkbox"/> Consumer</td> </tr> <tr> <td><input type="checkbox"/> Family Member</td> <td><input type="checkbox"/> Family Member</td> </tr> <tr> <td><input checked="" type="checkbox"/> MH Professional</td> <td><input type="checkbox"/> Professional</td> </tr> <tr> <td><input type="checkbox"/> Psychiatrist</td> <td><input type="checkbox"/> Advocate</td> </tr> <tr> <td><input type="checkbox"/> Other Physician</td> <td></td> </tr> </table>	<u>Mental Health</u>	<u>Alcohol Other Drug Addiction</u>	<input type="checkbox"/> Consumer	<input type="checkbox"/> Consumer	<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Member	<input checked="" type="checkbox"/> MH Professional	<input type="checkbox"/> Professional	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Advocate	<input type="checkbox"/> Other Physician	
<u>Mental Health</u>	<u>Alcohol Other Drug Addiction</u>													
<input type="checkbox"/> Consumer	<input type="checkbox"/> Consumer													
<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Member													
<input checked="" type="checkbox"/> MH Professional	<input type="checkbox"/> Professional													
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Advocate													
<input type="checkbox"/> Other Physician														

  

Board Name <b>Mental Health and Recovery Services Board of Stark County</b>		Date Prepared <b>08-09-11</b>												
Board Member <b>Elizabeth (Liz) Ann Edmunds</b>		Appointment <b>County Commissioners</b>												
Mailing Address (street, city, state, zip) <b>5321 Sweptone St. NW Canton Ohio 44708</b>		Sex <b>Female</b>												
Telephone (include area code) <b>330-363-3439</b>		Ethnic Group <b>White</b>												
County of Residence <b>Stark</b>		Officer <b>Hispanic or Latino (of any race)</b>												
Occupation <b>Nursing Administrator/Vice President Emergency/Surgical Services</b>		Member <b>No</b>												
Term <b>07-01-11 / Second Term (first was partial)</b>	Year Term Expires <b>2015</b>	Representation: select all that apply:												
		<table border="0"> <tr> <td><u>Mental Health</u></td> <td><u>Alcohol Other Drug Addiction</u></td> </tr> <tr> <td><input type="checkbox"/> Consumer</td> <td><input type="checkbox"/> Consumer</td> </tr> <tr> <td><input type="checkbox"/> Family Member</td> <td><input type="checkbox"/> Family Member</td> </tr> <tr> <td><input type="checkbox"/> MH Professional</td> <td><input type="checkbox"/> Professional</td> </tr> <tr> <td><input type="checkbox"/> Psychiatrist</td> <td><input type="checkbox"/> Advocate</td> </tr> <tr> <td><input type="checkbox"/> Other Physician</td> <td></td> </tr> </table>	<u>Mental Health</u>	<u>Alcohol Other Drug Addiction</u>	<input type="checkbox"/> Consumer	<input type="checkbox"/> Consumer	<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Member	<input type="checkbox"/> MH Professional	<input type="checkbox"/> Professional	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Advocate	<input type="checkbox"/> Other Physician	
<u>Mental Health</u>	<u>Alcohol Other Drug Addiction</u>													
<input type="checkbox"/> Consumer	<input type="checkbox"/> Consumer													
<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Member													
<input type="checkbox"/> MH Professional	<input type="checkbox"/> Professional													
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Advocate													
<input type="checkbox"/> Other Physician														

  

Board Name <b>Mental Health and Recovery Services Board of Stark County</b>		Date Prepared <b>08-09-11</b>												
Board Member <b>Margaret Joan Gillespie</b>		Appointment <b>County Commissioners</b>												
Mailing Address (street, city, state, zip) <b>711 24<sup>th</sup> Street NE Canton Ohio 44714</b>		Sex <b>Female</b>												
Telephone (include area code) <b>330-456-6006</b>		Ethnic Group <b>White</b>												
County of Residence <b>Stark</b>		Officer <b>Hispanic or Latino (of any race)</b>												
Occupation <b>Adjunct Instructor</b>		Member <b>No</b>												
Term <b>01-01-08 / Second Term (first was partial)</b>	Year Term Expires <b>2014</b>	Representation: select all that apply:												
		<table border="0"> <tr> <td><u>Mental Health</u></td> <td><u>Alcohol Other Drug Addiction</u></td> </tr> <tr> <td><input type="checkbox"/> Consumer</td> <td><input type="checkbox"/> Consumer</td> </tr> <tr> <td><input type="checkbox"/> Family Member</td> <td><input type="checkbox"/> Family Member</td> </tr> <tr> <td><input type="checkbox"/> MH Professional</td> <td><input type="checkbox"/> Professional</td> </tr> <tr> <td><input type="checkbox"/> Psychiatrist</td> <td><input type="checkbox"/> Advocate</td> </tr> <tr> <td><input type="checkbox"/> Other Physician</td> <td></td> </tr> </table>	<u>Mental Health</u>	<u>Alcohol Other Drug Addiction</u>	<input type="checkbox"/> Consumer	<input type="checkbox"/> Consumer	<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Member	<input type="checkbox"/> MH Professional	<input type="checkbox"/> Professional	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Advocate	<input type="checkbox"/> Other Physician	
<u>Mental Health</u>	<u>Alcohol Other Drug Addiction</u>													
<input type="checkbox"/> Consumer	<input type="checkbox"/> Consumer													
<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Member													
<input type="checkbox"/> MH Professional	<input type="checkbox"/> Professional													
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Advocate													
<input type="checkbox"/> Other Physician														

  

Board Name <b>Mental Health and Recovery Services Board of Stark County</b>		Date Prepared <b>08-09-11</b>												
Board Member <b>Julie L. Gonzalez</b>		Appointment <b>County Commissioners</b>												
Mailing Address (street, city, state, zip) <b>6929 Frank Ave NW North Canton Ohio 44721</b>		Sex <b>Female</b>												
Telephone (include area code) <b>330-451-7771</b>		Ethnic Group <b>White</b>												
County of Residence <b>Stark</b>		Officer <b>Hispanic or Latino (of any race)</b>												
Occupation <b>Pre-Trial Services/Director</b>		Vice President <b>No</b>												
Term <b>07-01-11 / Second Term (first was partial)</b>	Year Term Expires <b>2015</b>	Representation: select all that apply:												
		<table border="0"> <tr> <td><u>Mental Health</u></td> <td><u>Alcohol Other Drug Addiction</u></td> </tr> <tr> <td><input type="checkbox"/> Consumer</td> <td><input type="checkbox"/> Consumer</td> </tr> <tr> <td><input type="checkbox"/> Family Member</td> <td><input type="checkbox"/> Family Member</td> </tr> <tr> <td><input type="checkbox"/> MH Professional</td> <td><input type="checkbox"/> Professional</td> </tr> <tr> <td><input type="checkbox"/> Psychiatrist</td> <td><input type="checkbox"/> Advocate</td> </tr> <tr> <td><input type="checkbox"/> Other Physician</td> <td></td> </tr> </table>	<u>Mental Health</u>	<u>Alcohol Other Drug Addiction</u>	<input type="checkbox"/> Consumer	<input type="checkbox"/> Consumer	<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Member	<input type="checkbox"/> MH Professional	<input type="checkbox"/> Professional	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Advocate	<input type="checkbox"/> Other Physician	
<u>Mental Health</u>	<u>Alcohol Other Drug Addiction</u>													
<input type="checkbox"/> Consumer	<input type="checkbox"/> Consumer													
<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Member													
<input type="checkbox"/> MH Professional	<input type="checkbox"/> Professional													
<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Advocate													
<input type="checkbox"/> Other Physician														

Board Membership Catalog for ADAMHS/CMHS Boards -- Page 3

Board Name <b>Mental Health and Recovery Services Board of Stark County</b>		Date Prepared <b>08-09-11</b>
Board Member <b>Edward W. Lewis, IV</b>		Appointment <b>ODADAS</b>
Mailing Address (street, city, state, zip) <b>418 12<sup>th</sup> St. NW Massillon Ohio 44647</b>		Sex <b>Male</b>
Telephone (include area code) <b>330-451-7508</b>		Ethnic Group <b>White</b>
County of Residence <b>Stark</b>		Officer <b>Hispanic or Latino (of any race)</b>
Occupation <b>Pre-Trial Officer</b>		Member <b>No</b>
Term <b>01-29-09 / Second Term (first was partial)</b>	Year Term Expires <b>2014</b>	Representation: select all that apply:
		Mental Health
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		Alcohol Other Drug Addiction
		<input checked="" type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate

  

Board Name <b>Mental Health and Recovery Services Board of Stark County</b>		Date Prepared <b>08-09-11</b>
Board Member <b>Joseph R. Luckring</b>		Appointment <b>County Commissioners</b>
Mailing Address (street, city, state, zip) <b>2735 Duane Ave NW Massillon Ohio 44647</b>		Sex <b>Male</b>
Telephone (include area code) <b>330-430-6301</b>		Ethnic Group <b>White</b>
County of Residence <b>Stark</b>		Officer <b>Hispanic or Latino (of any race)</b>
Occupation <b>Senior Vice President, Corporate &amp; Institutional Banking</b>		Treasurer <b>No</b>
Term <b>07-01-10 / First Term</b>	Year Term Expires <b>2014</b>	Representation: select all that apply:
		Mental Health
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		Alcohol Other Drug Addiction
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate

  

Board Name <b>Mental Health and Recovery Services Board of Stark County</b>		Date Prepared <b>08-09-11</b>
Board Member <b>Dan F. McMasters</b>		Appointment <b>County Commissioners</b>
Mailing Address (street, city, state, zip) <b>132 22<sup>nd</sup> St. NW Canton Ohio 44709</b>		Sex <b>Male</b>
Telephone (include area code) <b>330-837-9600</b>		Ethnic Group <b>White</b>
County of Residence <b>Stark</b>		Officer <b>Hispanic or Latino (of any race)</b>
Occupation <b>Insurance Agent</b>		Immediate Past President <b>No</b>
Term <b>07-01-11 / Second Term (first was partial)</b>	Year Term Expires <b>2015</b>	Representation: select all that apply:
		Mental Health
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		Alcohol Other Drug Addiction
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate

  

Board Name <b>Mental Health and Recovery Services Board of Stark County</b>		Date Prepared <b>08-09-11</b>
Board Member <b>Eileen Schwartz, MD</b>		Appointment <b>ODMH</b>
Mailing Address (street, city, state, zip) <b>7488 Shady Hollow Rd NW Canton Ohio 44618</b>		Sex <b>Female</b>
Telephone (include area code) <b>330-996-9141 ext. 235</b>		Ethnic Group <b>White</b>
County of Residence <b>Stark</b>		Officer <b>Hispanic or Latino (of any race)</b>
Occupation <b>Psychiatrist</b>		Member <b>No</b>
Term <b>01-01-08 / Second Term (first was partial)</b>	Year Term Expires <b>2014</b>	Representation: select all that apply:
		Mental Health
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input checked="" type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		Alcohol Other Drug Addiction
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate

Board Membership Catalog for ADAMHS/CMHS Boards -- Page 4

Board Name <b>Mental Health and Recovery Services Board of Stark County</b>		Date Prepared <b>08-09-11</b>
Board Member <b>Leigh Shaheen</b>		Appointment <b>ODMH</b>
Mailing Address (street, city, state, zip) <b>3830 Kingman Ave NW Canton Ohio 44709</b>		Sex <b>Female</b>
Telephone (include area code) <b>330-493-0730</b>		Ethnic Group <b>White</b>
County of Residence <b>Stark</b>		Officer <b>Member</b>
Occupation <b>Writer and Writing Instructor/Self Employed</b>		<u>Hispanic or Latino (of any race)</u> <b>No</b>
Term <b>01-01-08 / Second Term (first was partial)</b>	Year Term Expires <b>2013</b>	Representation: select all that apply:
		Mental Health
		Alcohol Other Drug Addiction
		<input checked="" type="checkbox"/> Consumer
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Advocate
		<input type="checkbox"/> Other Physician
Board Name <b>Mental Health and Recovery Services Board of Stark County</b>		Date Prepared <b>08-09-11</b>
Board Member <b>Carol Simpson</b>		Appointment <b>ODADAS</b>
Mailing Address (street, city, state, zip) <b>7590 Driftwood Circle NW North Canton Ohio 44720</b>		Sex <b>Female</b>
Telephone (include area code) <b>330-494-6240</b>		Ethnic Group <b>White</b>
County of Residence <b>Stark</b>		Officer <b>Member</b>
Occupation <b>RN, retired</b>		<u>Hispanic or Latino (of any race)</u> <b>No</b>
Term <b>07-01-11 / Second Term (first was partial)</b>	Year Term Expires <b>2015</b>	Representation: select all that apply:
		Mental Health
		Alcohol Other Drug Addiction
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Psychiatrist
		<input checked="" type="checkbox"/> Advocate
		<input type="checkbox"/> Other Physician
Board Name <b>Mental Health and Recovery Services Board of Stark County</b>		Date Prepared <b>08-09-11</b>
Board Member <b>Mark Spaner</b>		Appointment <b>ODMH</b>
Mailing Address (street, city, state, zip) <b>1421 Market Avenue North Canton OH 44714</b>		Sex <b>Male</b>
Telephone (include area code) <b>330-452-5594 ext 203</b>		Ethnic Group <b>White</b>
County of Residence <b>Stark</b>		Officer <b>Member</b>
Occupation		<u>Hispanic or Latino (of any race)</u> <b>No</b>
Term <b>05-13-11 / First Term (Partial)</b>	Year Term Expires <b>2013</b>	Representation: select all that apply:
		Mental Health
		Alcohol Other Drug Addiction
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Consumer
		<input checked="" type="checkbox"/> Family Member
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Advocate
		<input type="checkbox"/> Other Physician
Board Name <b>Mental Health and Recovery Services Board of Stark County</b>		Date Prepared <b>08-09-11</b>
Board Member <b>Adriann Thornberry</b>		Appointment <b>ODADAS</b>
Mailing Address (street, city, state, zip) <b>Stark County Family Court 110 Central Plaza South, Suite 615 Canton Ohio 44702</b>		Sex <b>Female</b>
Telephone (include area code) <b>330-451-7319</b>		Ethnic Group <b>White</b>
County of Residence <b>Stark</b>		Officer <b>President</b>
Occupation <b>Intake Supervisor</b>		<u>Hispanic or Latino (of any race)</u> <b>No</b>
Term <b>01-01-08 / Second Term (first was partial)</b>	Year Term Expires <b>2014</b>	Representation: select all that apply:
		Mental Health
		Alcohol Other Drug Addiction
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input checked="" type="checkbox"/> Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Advocate
		<input type="checkbox"/> Other Physician

Board Membership Catalog for ADAMHS/CMHS Boards -- Page 5

Board Name <b>Mental Health and Recovery Services Board of Stark County</b>		Date Prepared <b>08-09-11</b>
Board Member <b>Andrew R. Turowski</b>		Appointment <b>County Commissioners</b> Sex <b>Male</b> Ethnic Group <b>White</b>
Mailing Address (street, city, state, zip) <b>1351 West Chester Drive Louisville Ohio 44641</b>		Officer <u>Hispanic or Latino (of any race)</u> Member <b>No</b>
Telephone (include area code) <b>330-875-2871</b>	County of Residence <b>Stark</b>	Representation: select all that apply:
Occupation <b>Police Chief</b>		Mental Health      Alcohol Other Drug Addiction
Term <b>03-01-10 / First Term (partial)</b>	Year Term Expires <b>2012</b>	<input type="checkbox"/> Consumer <input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member <input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional <input type="checkbox"/> Professional
		<input type="checkbox"/> Psychiatrist <input type="checkbox"/> Advocate
		<input type="checkbox"/> Other Physician
Board Name <b>Mental Health and Recovery Services Board of Stark County</b>		Date Prepared <b>08-09-11</b>
Board Member <b>Patricia Williams</b>		Appointment <b>County Commissioners</b> Sex <b>Female</b> Ethnic Group <b>Black or African American</b>
Mailing Address (street, city, state, zip) <b>The Timken Company 1835 Dueber Ave SW Mail Drop - GNW 11 Canton Ohio 44706</b>		Officer <u>Hispanic or Latino (of any race)</u> Member <b>No</b>
Telephone (include area code) <b>330-471-3901</b>	County of Residence <b>Stark</b>	Representation: select all that apply:
Occupation <b>Accountant</b>		Mental Health      Alcohol Other Drug Addiction
Term <b>12-01-09 / First Term (partial)</b>	Year Term Expires <b>2012</b>	<input type="checkbox"/> Consumer <input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member <input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional <input type="checkbox"/> Professional
		<input type="checkbox"/> Psychiatrist <input type="checkbox"/> Advocate
		<input type="checkbox"/> Other Physician
Board Name <b>Mental Health and Recovery Services Board of Stark County</b>		Date Prepared
Board Member		Appointment      Sex      Ethnic Group
Mailing Address (street, city, state, zip)		Officer <u>Hispanic or Latino (of any race)</u>
Telephone (include area code)	County of Residence	Representation: select all that apply:
Occupation		Mental Health      Alcohol Other Drug Addiction
Term	Year Term Expires	<input type="checkbox"/> Consumer <input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member <input checked="" type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional <input type="checkbox"/> Professional
		<input type="checkbox"/> Psychiatrist <input type="checkbox"/> Advocate
		<input type="checkbox"/> Other Physician

### Board 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
Patrice Fetzer	MHR SB of Stark County 800 Market Ave North, Suite 1150	Canton	44702	330-455-6644	<a href="mailto:pfetzer@starkmhrs b.org">pfetzer@starkmhrs b.org</a>

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

Name	Street Address	City	Zip	Phone Number	Email
Susan Fox	MHR SB of Stark County 800 Market Ave North, Suite 1150	Canton	44702	330-455-6644	<a href="mailto:sfox@starkmhrs b.org">sfox@starkmhrs b.org</a>
Patrice Fetzer	MHR SB of Stark County 800 Market Ave North, Suite 1150	Canton	44702	330-455-6644	<a href="mailto:pfetzer@starkmhrs b.org">pfetzer@starkmhrs b.org</a>

**INSERT ADDITIONAL BOARD APPENDICES AS NEEDED**