

*Richland County Mental Health and recovery Services Board*

**COMMUNITY PLAN FOR SFY 2012-2013**

*August 26, 2011*

### MISSION STATEMENT

The Mission of the Richland County Mental Health and Recovery Services Board is to secure sufficient funds to plan, establish and maintain unified services primarily for the mentally ill, drug or alcohol dependent individuals, their families and the general population. Toward these ends, the Board shall: encourage the development of high quality, cost effective, and comprehensive services; adapt to the changing needs, especially for severely mentally disabled children, adolescents and adults; fulfill the mandates of the Ohio Revised Code; and promote the integrity and individuality of consumers of mental health and drug and alcohol services.

### VISION STATEMENT

Richland County Mental Health and Recovery Services Board envisions a society in which consumers of mental health and drug and alcohol services are provided with continuity in their care; are treated with respect, dignity and opportunity; and are provided with resources so they may achieve their full potential free from prejudice, discrimination and intolerance.

### VALUE STATEMENTS

The Richland County Mental Health & Recovery Services Board identified the following values that should guide the work of its strategic plan. It is in the best interest of consumers to: - Have a safe, secure, stable environment, -Have access to medication and effective care, -Maintain a relationship with his/her own family, -Be valued as individuals, -Be encouraged to reach their potential, -Be independent while having a sense of belonging. It is in the best interest of family members to: -Be able to resolve conflicts (by utilizing skills gained through community educational programs such Family-to-Family), -Be respectful of the individual strengths, needs, and abilities, -Collaborate with providers and community partners in understanding roles, -Have resources available to family members. It is in the best interest of the community to: -Provide the resources necessary to assist consumers in maintaining the highest level of stability and success possible, -Provide support and information to family members which will assist them in understanding and helping their family member, -Use community resources to fulfill the Boards mission

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

Richland County Mental Health and recovery Services Board  
ADAMHS, ADAS or CMH Board Name

  
ADAMHS, ADAS or CMH Board Executive Director

8-25-11  
Date

Maile K. Brown.  
ADAMHS, ADAS or CMH Board Chair

8.26.11  
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

Richland County has faced more than its share of hardships during this economic down turn. Among these has been the loss of the County's largest employer, General Motors. With the loss of GM the County also experienced the domino effect of downsizing and closures of several smaller feeder companies for GM supplies. These have contributed to an unemployment rate that has been as high as 12% and currently 10.9%, and a foreclosure rate as of October of 2010 of 1 in 267 homes. As of 2008 14.7% of the population is below the poverty level with 20.9% or residents under the age of 18 living in poverty.

As the unemployment rate has risen, we have also experienced a rise in the demand for crisis services and critical assessments. Since the start of Fiscal Year 2009 requests for crisis services alone have increased by 40%. Richland County has seen a suicide rate of 12.1 per 100,000 citizens and an unintentional death by drug over dose of 10.4 per 100,000.

A growing percentage of people are entering the public system that have never been served by the public system previously. This has typically been due to one of two reasons. One: they had a pre-existing mental health or substance addiction that was being treated by a professional in the

private sector. The individual has lost their job and their insurance and are now need to seek publicly supplemented care. Two: individuals who are experiencing their first difficulties with depression, anxiety or addiction as a direct result of job loss, loss of their home or other economic difficulties.

Unfortunately as we have seen the community turning to the public behavioral health system for assistance and significant increases in the demand for services, our resources to meet that demand have, again been significantly diminished. As a result, the entire Richland County Behavioral Health System endured a 5.5% across the board reduction. Non-Medicare treatment, education or prevention service, were limited to the amount they would be able to invoice, however for Medicare services, agencies were requested to triage services and try to stay within their initial approved allocation. The limited resources have led to waiting lists at all Mental Health Certified agencies as well as many of the Alcohol and Other Drug Certified agencies. Despite the request for agencies to control their Medicare services and stay within limits, we are seeing a significant overrun on Medicare billing by certain agencies. In addition we are seeing; based on waiting lists, triage levels and an attempt to control cost locally, and increase in Medicare recipients going outside the County to receive services from agencies that do not have a contract with this Board and see no need to limit services based on this Board's request. One of the major challenges has been that the increase in the demand for service is from individuals who currently do not qualify for Medicare. Either their unemployment benefits or their previous year income tax report is making them currently ineligible for Medicare and they will remain ineligible for the near future. Based on the increased services to the Medicare population, we have to reduce services that would serve this critical population.

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

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

Health Care Reform will impact the Board's system of care as many individuals that we provide treatment services to with non-Medicare dollars will become Medicare eligible and many will be eligible to purchase insurance through the health benefit exchange. These new coverage options will include alcohol, drug addiction and mental health treatment services, but the benefit package is not yet known. The coverage expansions will impact how treatment services are financed, but will not fund recovery support services. As we position ourselves for changes with health care reform, we will need to address how the community will continue to provide necessary recovery support services to individuals in need. Additionally, the Affordable Care Act provides incentives that focus on the integration of physical and behavioral health care and begins to look at the workforce capacity necessary to serve individuals in need of behavioral health services.

As the Richland County behavioral health system prepares for the full impact of Health Care

reform, we have to continually refocus on the effects of the 8 billion dollar chasm that needs to be crossed during the next biennium in order to get there. The parts of Health Care Reform that have been implemented to date; the high risk pool, tax breaks for small businesses and Medicare medication assistance, so far have had very little impact on our system. Even though there are several mental health diagnoses as well as drug addiction on the “high-risk” list, growing population that we are working with are not being affected by denial of insurance based on pre-existing condition, they are not able to afford insurance in the first place. As far as the Medicare population, we have a limited number of dual eligible consumers, but the difficulties with affording medication while in the “doughnut hole” has not been an issue that has had a systemic impact, but has been addressed on a case-by-case basis.

Looking ahead, an ongoing topic of discussion at the various Agency/Board meetings has been the increase of Medicaid to 133% of poverty and elimination of anything other than income eligibility. This change will likely impact some of the highest need individuals in our system, young men that have no children and have not qualified for any public assistance. However, we also see the inevitability that if you increase the eligibility without a significant influx of funds, Ohio will be forced to limit what has been a rich Medicaid benefit package through the elimination of many optional services. Many of these optional services have made the transition from hospital based to community based services possible and have allowed Richland County to maintain a state hospital usage average of 5.5 beds per day. Returning to the days of higher hospitalization is not an option, so the Board will be working with agencies to realign these support services as non-Medicaid, and agencies will need to adjust to these services having limitations that have not been in place when covered by Medicaid.

Agencies that have worked with the mix of both Medicaid and non-Medicaid funds will have an advantage, because they have already learned to budget and track services based on availability of funding and not just service demand. Many of the Medicaid-Only agencies bill without regard of resources running out or having to adjust funding for overages. This may result in a healthier system and/or fewer agencies.

Increased emphasis will be placed on the use of the Rolling Allocations System (RAS). This is a tracking and reporting system developed by the Richland County Board that gives real-time data on current billing as well as predictive data to determine billing trends and potential over or under usage of different funding streams. This system has been in place and utilized by both the Board and agencies in Richland County since 2004. This program evolves as the system changes with services rates, match percentage and now ARRA. The RAS has helped to avert numerous difficulties by allowing the Board and agencies to see emerging trends, before they reach an irreversible level. As we have services moving from Medicaid billable to non-Medicaid billable as well as a significant increase in the Medicaid rolls, the system will begin to rely more heavily on the data found in the RAS reports.

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

As of 2009 the estimated population was 124,490. It is a combination of Urban, Suburban and Rural areas made up of three cities and seven villages. The demographic makeup is 12.2% minority, and 49.3% female.

By comparison the current behavioral health system breaks out demographically as such: 17% Minority, 52% females, 33% under the age of 18. The system further breaks down as 76% Medicaid in mental health and 61% in alcohol or other drug treatment, with 44% and 26% of Medicaid are under the age of 18 respectively. The mental health system is currently 17% minority, and the alcohol and other drug system is 19% minority. We can compare these percentages to the previous Community Plan

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

One of the key goals of the 2010-2011 Community Plan was to not lose services based on the reductions in funding. It has not been easy and there have been significant changes to the system as a result of the lack of funding; however, the Richland County system did not lose any single service in its entirety. There have been reductions in specific services and unfortunately triage levels have risen to the point that individuals need to be more symptomatic in order to gain access to services, but no program has been eliminated completely.

A major accomplishment was the fundraising, design and construction of a new Alcohol and Drug Addiction Treatment facility New Beginnings. This program has been around since the early 80s and has existed in many locations throughout the County, in large homes that were never designed to withstand the kind of use that a treatment location will take. New Beginnings now exists in a state of the art location on the campus of the Sterkel Complex.

A second situation that emerged during the end of fiscal year 2010 was the financial struggle of The Rehabilitation Services of North Central Ohio and the eventual merge of this agency with, the largest behavioral health agency in Richland County, The Center for Individual and Family Services, Inc. The joining of these two agencies was finalized in January 2010 and has create a large comprehensive program that has the potential to meet the coming drive to have both physical and behavioral health care all under one roof.

In an attempt to maintain more juveniles in the County for treatment, Family Life Counseling and Psychiatric Services began the Impact Program and the Rafah Program which are geared to provide intensive Outpatient treatment for juvenile perpetrators and victims of sexual abuse respectively. The Impact program is endorsed by the Department of Youth Services and now allows the system to divert funds that would have gone to out of County agencies to provide those services here in a familiar environment and in a location easily accessible to the family.

An unrealized goal has been the reduction of the waiting list for child psychiatric services. Our hope was to expand the Pediatric/Psychiatric Collaborative in order to reduce the waiting list, however, due to financial constraints, expansion was not possible. Unfortunately, those youth that were diverted from the waiting list to trained Pediatricians, were quickly replaced by new youth and families that were now willing to wait. Much like Field of Dreams, "If you build it, they will come."

## **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

During SFY 2009, a priorities survey was administered to constituent Groups, including: Board members, agency directors, consumers, family members and referral agencies, in anticipation of a potential 10% to 20% reduction in funding for the 10-11 biennium. All results were placed in three tiers, Highest Priority (services that should be maintained at all cost), Moderate Priority (services that can be reduced, but should not be eliminated) and Lowest Priority (Services that should see reduction or elimination first).

The results showed AOD prevention services as a whole to be in the Lower Moderate and Lowest tiers. Richland County is currently following the mandates of 20% of State funding from ODADAS is earmarked for prevention services. Based on the recent constituent response, unless Richland County sees a significant increase in funding from ODADAS, we will not be increasing programs for SFY 12 or 13.

In the priority survey, unlike the AOD Prevention, most of the mental health prevention, consultation and education are rated in the highest tier. Programs such as Family-to-Family, Hand-to-Hand, Hotline, Positive Parenting Program and Bully Prevention could and should all be replicated and expanded, however, with the current proposed formula for the 408 flex line item, Richland County will be struggling to maintain these services at the level they are currently being offered during SFY 12 and 13.

For both mental health and alcohol and Drug treatment the results put most evidence based and crisis related services in the highest tier with Vocational, Housing and other supportive services in the Moderate tier.

During SFY 10 and 11 The Board ran a successful Levy Replacement Campaign which included, over 70 speaking engagements with an opportunity for the community to ask questions and voice

concerns. This allowed the Board to utilize more of a “Focus Group” approach to working with the general public on what they see as needs and how the system can better serve them as a whole. Again, significant emphasis was placed on the crisis services to those that do not qualify for Medicaid. Also a high emphasis was voiced regarding mental health education and prevention. Contrary to the Priority Assessment, alcohol and drug prevention and treatment were of higher concern, but only if they were supported through evidence-based programming.

A second source of assessment that is provided in the Community is the United Way NAPAC (Needs and Priority Assessment Committee) Study. Although this will not be administered for the fifth time in Calendar Year 11 as plan, the Community has come together to work on a new Needs Assessment that will assess global issues of health living for Adults, Adolescents and Children. The results will be available by December of 2011.

#### Findings of the needs assessment

The Priority Assessment was based on 145 separate services currently offered in Richland County and 21 services that are not offered in the County, but were being considered. Each item was rated by the individual on a 5 point scale with 5 being the highest priority and one being the lowest. The items were then divided into three tiers: Tier One was the Highest Priority (services that should be maintained at all cost), Tier Two was the Moderate Priority (services that can be reduced, but should not be eliminated) and Tier Three was the Lowest Priority (Services that should see reduction or elimination first). The tiers were then separated with a score of 4.00 or higher in Tier One, 3.25 to 3.99 in Tier two and 3.24 and under in Tier three. The 21 services currently not offered were divided into two tiers with Tier two scores ranged between 3.82 and 3.29 and Tier Three was 3.25 and under with the tiers having the same definition as listed above respectively.

- Adult Residents of the district hospitalized at the Regional Psychiatric Hospitals:
  - o Adult Hospitalization was rated in the highest tier at 4.50 with Hospital Utilization Review and Hospital Transportation also in the highest tier with scores of 4.25 and 4.07 respectively. Overwhelmingly, however, was the emphasis that hospitalization in the community was by far a better option than State Hospital Usage.
- Adults with Severe Mental Disability and children with Serious Emotional Disturbances living in the community:
  - o All outpatient services for SMD and SED had an overall Tier One score of 4.60 with crisis services achieving scores of 4.79 and 4.71 respectively. Levels of community living for adults were Tier One scores as follows:
    - Crisis Stabilization Unit: 4.46
    - Service Enriched Housing: 4.14
    - Group Homes: 4.32
    - Subsidized Housing: 4.11
  - o Respite Beds for youth was rated at 4.36 also falling under Tier One.

- Individuals receiving general outpatient community mental health services:
  - o Most outpatient services to the non-SMI/non-SED consumers were rated in Tier Two with an overall average score of 3.49 with both group and individual CPST falling under Tier Three with scores of 2.89 and 2.96 respectively.
- Availability of Crisis services to individuals without Medicaid or other insurance:
  - o Crisis services in Richland County are provided regardless of payer source. Crisis services were Tier One services with scores ranging from 4.79 and 4.74 for SMI Adults and SED Youth respectively and 4.11 for non-SMI/SED Adults and youth.
- Adults, children and adolescents who abuse or are addicted to alcohol or other drugs:
  - o AOD Assessments, Outpatient group and Outpatient individual counseling all were ranked as Tier One with an average score of 4.28. Outpatient case management and Intensive Outpatient for both youth and adults as well as Lab/U/A for adults all fell under Tier two with an average score of 3.86. Residential for youth and adults also were Tier Two services with scores of 3.45 and 3.73 respectively. Adolescent Lab U/A and Med-Somatic were both Tier Three with an average score of 3.18.
  - o Detoxification services are currently not offered in the County, but they were listed on Tier two of the "Potential Programs" that could be added. They were ranked as such:
    - Detoxification: 3.79
    - Sub-Acute Detox: 3.50
    - Ambulatory Detox: 3.46
    - Opioid Management Services: 3.36
- Children and Families receiving services through a Family and Children's First Council:
  - o Programs that were found through collaborative efforts falling under the Youth and Family Council were all Tier One and Two ranked. The individual scores were as follows:
    - Respite Beds for Youth: 4.36
    - Pediatric/Psychiatric Collaborative: 4.25
    - High Fidelity Wrap Around: 4.11
    - Multi-Systemic Therapy: 3.96
- Persons with Substance abuse and mental illness:
  - o The Intensive Dual Diagnosis Treatment Program was rated as Tier One with a score of 4.25.
- Individuals involved in the Criminal Justice System:
  - o Specific Criminal justice Programs were Tier One ranked under specialty Dockets: 4.29 and Forensic Services 4.18. The other programs would be provided based on SMI/SED status and would fall under the priority levels listed above.
- Veterans, Including National Guard, from the Iraq and Afghanistan conflicts:

- o Richland County is fortunate to have an outpatient Veteran's Administration Clinic. We work very closely with the clinic and actually have a staff member from the clinic on the Board of Directors. We provide overflow coverage for the VA Clinic, and will also accept referrals. Again these individuals access to services would fall under the same priorities as listed above.

#### Access to Services

One of the major issues facing access has been the increase in demand and the decrease in resources. As the dollars available for services are decreased and are restricted to only those who qualify for Medicaid, the system has been forced to raise triage levels and provide adequate services only to those most in need. This has resulted in a significantly growing waiting list for anyone who is not in immediate crisis. This has also resulted in a significant increase in the number of people in immediate crisis.

One positive that has come out of this dire situation has been the merger of The Rehabilitation Services of North Central Ohio and The Center for Individual and Family Services, Inc. This process brought together the largest mental health agency and the agency that primarily works with SMD/SED consumers with an agency that provided some outpatient mental health services, but specialized in services focused on the hearing and visually impaired as well as those physical disabilities.

As mentioned earlier, the Board's contracted system works very closely with the Veteran's Administration locally to make sure that veterans and their families are receiving the most appropriate services with the least amount of out-of-pocket expense to the consumer. As far as those coming out of prison, as long as we are given timely notice, we are able to establish services with the individuals with little time lag. This is handled through The Center staff for those that are taking Atypical Antipsychotics and usually through the local FQHC for most medications for mood disorders.

Discharges from the hospital are the highest priority and as long as the consumer chooses to be seen by the Psychiatrists at the Center, they can be seen within 14 days, if they choose to be seen by a private Psychiatrist, every effort will be made to have them seen timely, but it is at the discretion of the private practitioner.

Crisis Care in Richland County has always been one the highest priorities but with the recent downturn in the economy and critical unemployment rate this has become increasingly crucial. The Center, who houses the Adult Crisis Team, has collaborated with Jobs and Family Services and local employers to be on site at the time the employees are being notified of job loss. This has allowed them to get information to people who may have never had to access publicly funded services in the past and have no idea how it works. The system has seen approximately a 40% increase in crisis services since SFY 2008. The demand for crisis is beginning to level off, but only slightly receding. The Board has not, at this time, found any gaps in crisis care, but this is an issue that is closely monitored through a bi-monthly Clinical Leaders meeting, Quarterly QA/QI meeting, Quarterly Executive Directors meeting

and Quarterly Hospital/Crisis QA meeting.

In June of 2009 Richland and County sponsored a two-day (14 hour) training entitled, “Managing School Crisis from Theory to Application.” This training was the basis to the multi-system Youth Crisis Response Team. Schools have been trained how to access the team and the team has been fully staffed by local agencies, school professionals, clergy and volunteers to be able to respond to schools in need. Unfortunately, they have been called upon several times within the past 18 months, but the response has been outstanding and the positive feedback received justified their presence.

With the adults, our crisis unit has stayed full and active. We have maintained 12 approved Health Officers at The Center to provide pre-hospitalization screening. All individuals are required to complete a standardized, hands-on training, before they are approved as a Health Officer.

If additional training is needed in the next Biennium, they will be arranged. The Board has a provider ID for the Ohio Chemical Dependency Professionals Board and the Ohio Board of Psychologist and the Center has a provider ID for The Counselor, Social Worker and Marriage and Family Therapist Board, so all trainings are able to count toward and individual’s continuing education. The Board has a standing goal to provide at least 4 trainings per year.

#### Workforce Development and Cultural Competence

The Board has made itself available to any agency when they are in the process of looking to fill staffing positions. We also work directly with the agencies during times of transition. For example the Board staff members were actively involved with helping combine the “backroom process” for the combining of the Rehab Center and the Center. In addition by providing numerous trainings and supportive outlets for employees the agencies look much more attractive and can emphasis little to no-cost trainings as a benefit.

All provider agencies, save one, are CARF Accredited; therefore there is continual oversight as to professional credentials and proper supervision. Since CARF has been given deemed status by the Department of Mental Health we allow that deemed status to apply to for those agencies personnel over-site as well. Those agencies that are ODADAS Certified for treatment are subject to a Peer Review every three years (5%). This allows the Board the opportunity to view if those providing the various levels of AOD treatment are properly credentialled.

The Board works to maintain a level of cultural competency through the make-up of the Board of Directors. When new Board members are sought we look to make sure the make-up reflects similar percentages for male-female, minority, private sector/public sector, blue collar/white collar and geographic areas represented. This allows us to present a well represented community. The Richland County Board is also Culture of

Quality Approved for three years, which shows that we have, in-fact, looked at the inner workings of the Board to assure that the Board meets the cross-cultural needs of the community.

As stated earlier all agencies, save one, are CARF Accredited and therefore have their own internal mechanisms to gauge cultural competency as part of their accreditation. The Board Accepts their CARF review and approval of their cross-cultural efforts as proof of competency. The one agency that is not CARF Accredited is Mansfield UMADDAOP, but already has an emphasis of services geared to cultural acceptance.

#### Capital Improvements

Due to the economic climate the Board has no intention of pursuing any capital improvements at this time.

### **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

A number of methods are continually used to determine priorities in Richland County. The Board has three standing committees; Consumer Advisory, Drug and Alcohol and Program and Planning, that are called upon to address priorities. The Board is also the lead entity for the Richland County Suicide Prevention Coalition. The Board has a seat on the following community coalitions; Prevention Partnership, Domestic Violence Prevention, Homeless Coalition, Community Corrections Board, Mental Health Court Advisory and the Family and Children's First Council. All of these programs are utilized throughout the year to gauge what are the needs in the community and where gaps are occurring.

In addition the Board has reoccurring meetings with agency directors, clinical leaders and Quality Assurance staff. A good portion of these meetings are spent discussing utilization and community trends and real-time issues facing the provider community and the consumers they serve.

As mentioned earlier, we also utilized a Priority Survey to prepare for potential cuts and/or reductions to the system. The Board also utilizes data from the NAPAC 4 study produced by the Richland County United Way as well as data that was uncovered in a Demand Assessment produced by the Board through the University of Akron in 2006.

All of these potential data sources are utilized and weighed against those items that are spelled in rule that are mandated to be provided. This has led to the reduction of some services that may be

higher on the local priority list, but are not protected by legal mandates, (i.e. the closure of a group home because the up keep was too costly, while Medicaid Youth Residential usage continues to grow).

Capacity, over the past few years, has been based more on finances than it has been on ability to serve. The demand for services has increased annually, as evidenced by growing waiting lists, but due to financial restrictions, the work force has not been able to grow to meet the demand. The Board operates on roughly a 5% Administrative budget, which means nearly Ninety-five cents of every dollar is in the community. Capacity has been reached and short of increased revenue, it will not grow.

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

- Behavioral Health Capacity Goals and Objectives:
  - o Maintain access to crisis services for persons with SPMI, SMI and SED regardless of ability to pay
    - Objective: In SFY 2011 Richland County provided 502 individuals 2,609 units of Crisis Intervention. Of these 244 were placed on the Crisis Stabilization Unit for a total of 2,358 days. Richland County will continue to make available the current level of Crisis services for SFY 12 and 13.
  - o Promote and sustain the use of “evidence based” policies, practices, strategies, supportive housing, peer support and other programs
    - Objective: As the Community dollars continue to decrease it become more imperative that any new programs that are added which are funded by non-Medicaid dollars are evidence based. The Board also provides 77 units in various levels of supportive housing and this will be maintained for SFY 12 and 13. The Board will continue to support the OASIS consumer drop-in center at the same level for SFY 12 and 13 as well as look for additional grant funding to build this program.
  - o Reduce Stigma
    - Objective: The Board will continue to fund The National Alliance on Mental Illness to work with the community on Sigma reduction as well as promoting positive mental health through the County fair, wellness programs and various other events throughout the Community. The Board also will continue to participate in the Multi-County RSVP Consumer Recovery Conference. This conference is in its fourth year.
  - o Promote the integration of behavioral health care and other physical health services
    - Objective: The Board has entered into grant funded program with the local Foundation, the local FQHC and our largest Mental Health agency to place a full time general practitioner at The Center to provide physical health

care to consumers as well as work with some consumers who are diagnosed primarily with depression. The Board will also continue to support the Pediatric/Psychiatric collaborative which has give a local Pediatrician's practice access to Child Psychiatry as well as training in working with lower level child psychiatric needs.

- Prevention Priorities, Goals and Objectives:
  - o Suicide Prevention- Goal: Suicide prevention coalitions that promote development of community resource to reduce suicide attempts
    - Objective: The Board facilitates a Suicide Prevention Coalition that will Continue to meet 4 times each year and will complete a major even in December entitled "Holidays and Hope." The Coalition will continue to maintain County level statistics and included those in various public forums throughout the year.
  - o Crisis Intervention Team Training and other Jail Diversion Activities- Goal: promote the use of CIT and diversion efforts to better address non-violent offenders needs regarding behavioral health
    - Objective: Richland County will hold its 14<sup>th</sup> CIT class in the Fall of 2011 and the 15<sup>th</sup> Class in the Fall of 2012. This should add an additional 40-45 1<sup>st</sup> responders to the 300+. We have cut back to one class per year, fortunately, not due to lack of funds, but because we are running out of officers to train.
  - o Childhood/Underage Drinking- Goal: Programs that increase the number of consumers who experience positive family management
    - Objective: The Board will maintain the SFY 2011 level of funding for Community Action for Capable Youth to continue to provide their Parenting Program for SFY 12 and 13.
  - o Youth Led Prevention- Goal: Programs that increase the number of customers who demonstrate school bonding and educational commitment
    - Objective: The Board will maintain the SFY 2011 level of funding for Community Action for Capable Youth to continue to provide their Positive Opportunities Program for SFY 12 and 13.
- Treatment Priorities, Goals and Objectives:
  - o Pregnant women, women, injecting drug users, clients at risk of TB and HIV, deaf and hard of hearing and criminal justice involved- Goal: Increase the number of customers who are abstinent at the completion of the program
    - Objective: Through use of the RSC Recovery to Work funding, we will continue to work with those suffering from addiction beyond completion of the program. We will provide vocational services, which will in turn provide constructive activities that will aid in maintaining abstinence. We hope to assist 50 to 100 adults through this program.

- Severe and Persistent Mentally III, Severely Mentally III and Seriously Emotionally Disturbed- Goal: Decrease criminal and juvenile justice involvement
  - Objective: Richland County has several specialty dockets at all levels of Court. The Mental Health Court at the Municipal level will enroll approximately 20 new adults in SFY 2012 and 20 in SFY 2013. The Special Response Court at the Juvenile Level will enroll approximately 15 new youth in SFY 2012 and 15 in SFY 2013. Both dockets have an average length of stay of 15 months.
- Severe and Persistent Mentally III, Severely Mentally III and Seriously Emotionally Disturbed- Goal: Decrease re-hospitalization at Regional Psychiatric Hospitals in 30 and 180 days
  - Objective: Richland County will continue to use the Crisis Stabilization Unit and the local Indigent Acute Hospitalization fund to allow for multiple levels of intervention prior to placement at an RPH. The Crisis Stabilization Unit can also be used conversely as a step down to aid in discharge and continued stabilization closer to home. Barring any additional cuts in funding, the Board will continue to fund 9 Crisis Stabilization Beds and provide \$200,000 for the local Indigent Acute Hospitalization fund for SFY 2012 and 2013.
- Recovery Support Service Priorities, Goals and Objectives:
  - Pregnant women, women, injecting drug users, clients at risk of TB and HIV, deaf and hard of hearing and criminal justice involved- Goal: Increase the number of consumers who participate in self-help and social support groups at completion of the program
    - Objective: The Board and the Contract Agencies will work closely with the County 211 information line to maintain and up to date listing of self-help groups located throughout the County. Agencies will be encouraged to include the identification and attendance at a home group as an indicator of successful completion. The Board will update its list of self-help groups quarterly in SFY 12 and SFY 13.
  - Severe and Persistent Mentally III, Severely Mentally III and Seriously Emotionally Disturbed- Goal: Increase competitive employment
    - Objective: The Board has invested significantly in getting individuals who suffer from a mental illness into gainful employment as part of their recovery. The Board will invest \$150,000 in two Rehabilitation Services Commission grants. These Grants are entitled Recovery to Work and Pathways. They will allow The Center to work with individuals to complete treatment and gain competitive employment during SFYs 12 and 13.

### Access to Services

In Richland County Access has been limited based on Triage levels. In most cases, due to funding cuts and/or demands to serve the Medicaid population, services to the neediest population that are not Medicaid eligible were severely limited. Triage levels reflected ongoing services being limited first to those suffering from addiction that reflected the SAPT priorities, but also had complicating physical conditions. With regard to mental health, we kept the priorities of SPMI, SMI and SED, but highest priorities went to those who were most severe and coming out of hospital settings.

The Goal will be to reduce waiting lists for children's psychiatric, adult psychiatric and adult residential alcohol and drug services by a minimum of 40% in the first year of the biennium and an additional 25% in the second year.

In order to reduce the waiting list for child psychiatric we will, resources permitting, expand the pediatric/psychiatric collaborative. This will allow more children to be seen by pediatricians trained in working with lower level psychiatric care. It also encourages more of a holistic approach to health care for these children.

Reducing the wait time for adult psychiatry will be handled two ways, attempts are being made to recruit psychiatric trained Nurse Practitioners' to supplement the adult psychiatry team. The reduced cost of the Nurse versus the Doctor, should allow for an expanded capacity without expanded resources. Second, a grant is being funded to add a general practice Physician to the staff of The Center. They will handle health care needs for consumers as well as handle most of the consumers being seen for depression

Finally to fill the empty beds at New Beginnings we will look at all potential funding sources to attempt to keep the facilities capacity based on demand versus revenue. This will be done by looking at Indigent Driver Alcohol Treatment Funds, grants and marketing open beds to other contiguous counties.

### Workforce Development and Cultural Competence

The Board has made itself available to any agency when they are in the process of looking to fill staffing positions. We also work directly with the agencies during times of transition. For example the Board staff members were actively involved with helping combine the "backroom process" for the combining of the Rehab Center and the Center. In addition by providing numerous trainings and supportive outlets for employees the agencies look much more attractive and can emphasis little to no-cost trainings as a benefit.

All provider agencies, save one, are CARF Accredited; therefore there is continual over-site as to professional credentials and proper supervision. Since CARF has been given deemed status by the Department of Mental Health we allow that deemed status to apply to for those agencies personnel over-site as well. Those agencies that are ODADAS Certified for treatment are subject to a Peer Review every three years (5%). This allows the Board the

opportunity to view if those providing the various levels of AOD treatment are properly credentialed.

The Board works to maintain a level of cultural competency through the make-up of the Board of Directors. When new Board members are sought we look to make sure the make-up reflects similar percentages for male-female, minority, private sector/public sector, blue collar/white collar and geographic areas represented. This allows us to present a well represented community. The Richland County Board is also Culture of Quality Approved for three years, which shows that we have, in-fact, looked at the inner workings of the Board to assure allow the staff to meet the cross-cultural needs of the community.

As stated earlier all agencies, save one, are CARF Accredited and therefore have their own internal mechanisms to gauge cultural competency as part of their accreditation. The Board Accepts their CARF review and approval of their cross-cultural efforts as proof of competency. The one agency that is not CARF Accredited is Mansfield UMADAOP, but already has an emphasis of services geared to cultural acceptance.

#### ORC 340.033(H) Goals

The Center for Individual and Family Services through New beginnings has a standing agreement with The Richland County Children Services Board to provide priority assessments and services if need to parents, guardians that are currently under some type of investigation. New Beginnings maintains the ability to house parent and children if needed in its residential program. This eliminates a barrier to access for mothers who are in need of treatment. The Goal will be to maintain this program with the resources available.

#### HIV Early Intervention Goals

Richland County does not receive a special allocation for HIV Early Intervention Services.

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

Richland County has and maintains specific staff that are titled Utilization Case Managers. These staff are employed by the Center for Individual and Family Services. They are responsible to work with both locally and regionally hospitalized consumers and making face to face contact either daily or several days per week. They begin to work on discharge planning upon admission and work to improve the situation the individual came from if that was a contributing factor in the hospitalization. The goal will be to maintain this program as a high priority to be sure that all consumers are maintained in the least restrictive setting that will meet their needs.

Richland County houses one of the Regional Forensic Centers again as a part of the Center for Individual and Family Services. Through the Center and Forensic Center, the Board continues to track and maintain communications for forensically hospitalized consumers. Our Forensic monitor is active in communication with hospitals and knows well in advance and is part of discharge planning prior to removal from forensic status.

Richland County currently has an active Mental Health Court at the Municipal level; this has allowed the County to take a more progressive approach to dealing with mental ill misdemeanants. We therefore have not had issue with a high number of consumers with misdemeanors spending exorbitant amounts of time in the State Hospital.

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

The Richland County Mental Health and Recovery Services Board does not do planning in a vacuum. We sit on a number of community coalitions and have a Board of Directors that represent most sub-populations throughout the County. Any new programs or initiatives are reviewed for potential unwanted consequences such as cost shifting to other systems. These issues are addressed and worked out prior to any potential undertaking.

With that said, the only concerns at this time are the lack of resources to serve our priority populations. As the behavioral health system is unable to meet the demand for services we will see an increase in emergency room visits, incarcerations and other criminal justice involvement. We have established a system that can deal with some shifting, but unfortunately with the unfunded mandates such as sentence reform, we may see safety net pushed beyond its limits.

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

With the passage and signing of the SFY 12-13 budget bill, Richland County is facing approximately 10% reductions in both the mental health and alcohol and drug community line items. However, with the number of changes that have occurred separating Medicaid, non-Medicaid and hospital line items, The Board is in a better position to manage these deficits without resorting to cutting services initially. The Board and the contract agencies will work together throughout the year, utilizing the Rolling Allocations Reports to track trends. All agencies are aware that depending on trends, changes may have to be implemented mid-year, but all agencies were please to submit proposals that that maintained funding at SFY 2011 levels for SFY 2012. If reductions are required, a new Priority Survey will be implemented and reductions will be made based on legal responsibilities and community priorities.

### **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

#### Suicide Prevention Coalition:

The Board facilitated this coalition. It meets quarterly. The coalition is made up of community members who are family survivors, law enforcement, the health department, the coroner's office, education and treatment. This collation implemented a community wide education program called "Holidays and Hope" to try and encourage people to reach out for help at a time when family seems to be at its strongest. This coalition reviews statistics and provides information to the media as need to shine a light on what is frequently seen as a "taboo" subject.

#### Richland County Prevention Partnership:

The Board participates with over 50 community members on this coalition that is designed to recommend and steer prevention efforts throughout the community. This Coalition meets monthly and is facilitated by the Community Action for Capable Youth.

#### Mental Health Court Advisory:

The Board facilitates this meeting which is attended by all of the partners that are involved in the Mental Health Court. This included the Judges, POs, Attorneys, treatment professionals, NAMI, employer representative, the local hospital and consumers. This committee meets quarterly and continues to monitor progress of the court and trouble shoots any barriers as they are experienced.

#### Community Corrections Advisory Committee:

The Board participates with municipal and common pleas courts, City and County probation, adult parole, jail personnel and law enforcement. This committee meets 6 times per year and is responsible for oversight of the county level specialty dockets, the new jail and troubleshooting any new and emerging problems. This committee was instrumental in the process of passing local legislation to ban synthetic drug use, possession and sale in most municipalities in Richland County.

#### MST Oversight Committee:

The Multi-Systemic Therapy program is a collaboratively funded program supported by The Board, Children Services and Juvenile Court. The program has been operating for eight years and the Advisory committees continues to help the program address many of the benefits as well as challenges of blended funding as well as maintain a steady flow of referrals. The program was initially implemented to address the loss of local adolescent group homes and to provide a diversion option for out of home placements.

**IMPACT/Rafah Oversight Committee:**

The Board participates on this committee which is also a collaboratively funded program between the Board, Children Services and Juvenile Court to address youth sex offenders and youth victims respectively. The Advisory committees continues to help the program address many of the benefits as well as challenges of blended funding as well as maintain a steady flow of referrals.

**Homeless Coalition:**

The Board participates on the homeless coalition which is a gathering of County organization that deals with housing and homelessness. This group meets monthly and has been successful in garnering grants, State and Federal funding for housing geared toward both specific and general populations.

**Early Child Care Collaborative:**

The Board participates with a number of agencies, child care organizations, Help Me Grow staff and other assistance organizations. These programs is a subcommittee of the Youth and Family Council and provides oversight and cohesion between early childhood mental health, childhood screenings, new born home visits and help me grow activities. This collaborative is currently working with the child care agencies that were part of ECMH project on develop a way to sustain the cost of the program being provided with the loss of the funding from the Department of Mental Health.

**Youth Crisis Response Team:**

The Board co-chairs this committee that consists of clergy, educators, community volunteers and treatment professionals from nearly every child serving agency in the County. This team is able to respond to a school system or multiple school systems at a time of crisis (i.e. the death of a student, death of a teacher, bus accident. Etc.). The team provides support for school personnel and work with students to deescalate the crisis. The team also collaborates with the Ashland County's team and has the ability to support or ask for support if the crisis has a greater demand than can be met by the team.

**Richland County Disaster Response Team:**

The Board participates on the Disaster response team headed by the County Emergency Management Agency. In addition the Board has allowed one staff member to participate in training to be one of the Public Information Officers for the team. This group responds primarily to weather related crisis, but participates in regional and statewide trainings on biological, environmental, mechanical or terror related disasters.

**Youth Diversion Collaborative:**

This sub-committee of the Youth and Family Council is made up of the Board, Juvenile Court, Children Services and facilitated by the Director of the Council. Monthly this group reviews cases of youth that are facing potential DYS, residential or other out of county placement. The purpose is to discuss if there are any potential diversion options that have not be utilized in order to divert an out of county placement.

#### Youth and Family Council:

The Council is under the Administration of Job and Family Services. It has existed in one form or another for 22 years. Currently the Council is filling the capacity of Richland County's Family and Children's First Council. This organization meets monthly and is well attended. All of the Executive Directors from the mandated organizations are present as well as 5 at-large members, and 3 family representatives. The Youth and Family Council has given structure to many smaller collaborative efforts that contributed to meeting the needs of the Council spelled out in Ohio Revised Code.

#### Local Hospital Quality Care Collaborative:

This committee meets quarterly and is facilitated by the Board. Attendees represent MedCentral Hospital System and The Center Crisis and Hospital UR teams. The purpose of this collaborative is to provide review and oversight to the \$200,000.00 used to purchase local indigent hospitalization and State Hospital usage as well use of diversion and step down options to control the length of stay. This collaborative was instrumental in taking our State Hospital Usage from resulting in paying the State nearly \$40,000 in over usage four years ago, to receive over \$75,000.00 in a payback for under usage for SFY 2011.

#### Hospital Readmission Diversion Collaborative:

This is the newest collaborative. Facilitated by MedCentral Health Systems, they are charged with looking at 30 day readmits as well as 7 day revisits to the ED at the local hospital. This collaborative is made up of hospital staff, MH agencies, The Board, County DD providers and the Area Agency on Aging. Purpose is to look at new options to reduce and/or eliminate the need for readmissions. The Collaborative has been meeting monthly for the past three months. No major accomplishments as of yet.

#### Domestic Violence and Sexual Abuse Prevention Collaborative:

The Domestic Violence Collaborative is made up of The Board, treatment agencies, domestic violence Shelter, Legal Aid, Prosecutor's office, children services, SANE nurses and many other organizations. The Collaborative meets monthly and works to promote the dissemination of information regarding where to turn and to trouble shoot road blocks. This collaborative is also able to take advantage of federal funding as it arises and to plan for local trainings to better equip the community to address local needs. This collaborative has provided a significant amount of training and assistance to the community since its inception.

#### Professional Training Collaborative:

This collaborative is facilitated by The Board and has been put in place to bring together staff at contract agencies that are focused on bringing trainings locally, but also sister departments such as Job and Family Services, Developmental Disability, Area Agency on Aging, Children Services, Courts and probation, just to name a few. Many of these departments have the ability to provide some type of continuing education and through this collaboration, we hope to provide up to 4 trainings per year that will benefit the widest range of attendants possible. This collaborative will meet monthly to start and began with the start of the State

Fiscal Year 2012.

**Crisis Intervention Team Advisory Committee:**

The CIT Advisory Committee is facilitated by the local NAMI chapter and is attended by all six police chiefs, the Sheriff, APA, both Municipal and Common Pleas probation The Board and several providers. This quarterly meeting is designed to address needs for the next CIT training, current issues, needs for advanced trainings and accomplishments of CIT locally, Statewide and federally. This committee has been instrumental in the success of the Richland County CIT program which is ranked 2<sup>nd</sup> in the State for officers trained per capita and has graduated 13 classed since SFY 2006 with over 300 1<sup>st</sup> responders trained.

**Care Management Committee:**

This is a subcommittee of the Youth and Family Council and is made up of representatives from The Board, Children Services, Juvenile Court, Developmental Disability, Mansfield City Schools, Mid Ohio Educational Services Center, NAMI and is facilitated by the Council Director. The purpose of this committee as varied over the years, but currently they are charged with providing early intervention with high needs youth and families to fill gaps that, if left unaddressed, could result in a potential out of home placement. This committee is given the discretion to utilize the former FAST/FCSS dollars and utilize these funds to provide services such as: contracts for respite care, transportation, in home supports, etc. that are not Medicaid billable.

Involvement of customers and general public in the planning process

Consumer input in planning is greatly needed and sought by the Board. We work diligently to keep all consumer and family positions filled. In addition we had a Consumer Advisory committee that meets as needed to review and complete needs assessments, review, provide input and approve the strategic plan and address any other concerns as needed. As evidenced above the consumer, family and concerned citizen participation is integrated throughout most of the community collaborative. The Board's Consumer Advisory committee is used to look at general issues that pertain to the County, Region and State. In addition, the largest agency The Center also has a Consumer Advisory Committee that meets monthly to address specific agency level issues.

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

Richland County has a local stand alone Children Services Agency. The Board and the Agency have established a referral process with New Beginnings, who provides both ½ way house and outpatient Alcohol and Drug Services for adults. The ½ way house is equipped to house parents with children if needed. The Children Services can make direct referrals for assessments and program placement and the agency codes these services and they are paid for out of 484 funds. The Commissioners have deferred to the Board and Children Services to address any needs as they arrive and to continue with the process for as long as the funds are available.

- 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

Most of what the Board has been able to do is gathering of anecdotal information that is gathered through quarterly QA reports submitted by the agencies. These include: Admits, discharges, results of client satisfaction survey, information on client grievances and current waiting lists. For those agencies licensed to do treatment through ODADAS, we also have the ability to perform a peer audit on 5% of all agencies per year. Unfortunately with the elimination of the Medical Necessity (06) Audit, we no longer have the legal ability to review Medicaid services through ODMH. The Boards also lack any recourse to add requirements for improvement if deficits are found. We cannot implement a reversal of claims as with the (06). The lack of punitive consequences leaves very little incentive for agencies to participate in any kind of corrective action or technical assistance, which at this point is all the Board can offer.

The Department of Mental Health also did away with the Ohio Scales that we were able to use for uniform outcomes. This has left us with either requesting agencies to switch to a new outcome system when they have already invested in the State system, or ask them to continue to use Ohio scales, which some agencies have done, but other have not. This leaves agencies with the ability to use a number of other options that will meet their requirements for National Accreditation but leaves Boards comparing apples to oranges.

As stated, we are reliant on anecdotal measures and outputs such as billing increases and decreases versus number of clients seen, but very little ability to gauge the quality of those services. With the Community Dollars, we look at only provide new funding to Evidence-Based practices, which include fidelity and quality measures, however, we still have the larger percentage of these funds going to housing, sliding fee scales and CPST/Case Management services which comparison data or satisfaction data is limited.

### Determining Success of the Community Plan for SFY 2012-2013

This document will be used in conjunction with the 5-year Strategic plan with consideration to the new format of the Community plan that is planned for late fall. It is the hope of the Board for the Community Plan to become more of a living document with the delivery system.

Unfortunately up to this point the bulk of the plan has been centered on retrospective looks, which has been helpful in the past for planning, but with the current climate, each year is significantly different from the last and retrospection may not be a good planning tool.

The Board will be eliciting the assistance of the Agencies in the strategic planning process as they have in the past. Sections of the plans are assigned to the Planning and Education, Alcohol and Drug and Consumer Advisory subcommittees of the Board. Agencies will be asked to select staff to participate on these committees. Each committee will be charged with developing/reviewing goals and objectives for a section of the Strategic Plan. The strategic plan will, in turn be a reference document for the next Community Plan due by the End of SFY 2012.

The majority of the milestones currently in place and that have been stated throughout this document are to simply maintain the current level of services. We will report out on many of the concrete numbers as they are appropriate. It is the hope of this Board that new format for the Community Plan will include more well-defined outcomes both addressing State Department expectations as well as those determined locally.

The Board currently has quarterly meetings with all agency Executive Directors as well as QA/QI staff. Progress will be disseminated there. The Board also has 10 Board of Directors meetings and progress will also be part of the Director's report. In addition, a portion of the Annual Report will be dedicated to established goals and objectives and progress.

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## **Portfolio of Providers and Services Matrix**

TABLE 1: PORTFOLIO OF ALCOHOL AND DRUG SERVICES PROVIDERS

Prevention Strategy and Level of Care	a. Provider Name	b. Program Name (Provider Specific)	c. Population Served	d. Prevention Level (Prevention only)	e. Evidence-Based Practice (EBP)	f. Number of sites	g. Located outside of Board area	h. Funding Source (Check the box if yes)		i. MACSIS UPI
								ODADAS	Medicaid Only	
<b>PREVENTION</b>										
Information Dissemination	1) Community Action for Capable Youth	1A) Informed Teens	1A) 6 <sup>th</sup> to 12th graders	1A) U		1A) 7	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3893
		1B) Coalition for Community Change	1B) Residents of Richland County	1B) U		1B) 1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3893
		1C) Parent to Parent	1C) Parents/Guardians of Juvenile Court Involved Youth	1C) U		1C) 1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3893
		1D) Positive Opportunity Program	1D) Youth in the Mansfield City School District	1D) U		1D) 3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3893
		1E) Life Skills	1E) 3 <sup>rd</sup> through 9 <sup>th</sup> grade in various school systems	1E) U		1E) 5	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3893
	2) Urban Minority Alcohol and Drug Abuse Outreach Program	2A) Young Leaders of Today and Tomorrow	2A) Junior High and High School students in the Mansfield City School District	2A) U	2A) 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5005	
Alternatives	1) Community Action for Capable Youth	1A) Informed Teens	1A) 6 <sup>th</sup> to 12th graders	1A) U		1A) 7	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3893
		1B) Coalition for Community Change	1B) Residents of Richland County	1B) U		1B) 1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3893
		1C) Parent to Parent	1C) Parents/Guardians of Juvenile Court Involved Youth	1C) U		1C) 1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3893
		1D) Positive Opportunity Program	1D) Youth in the Mansfield City School District	1D) U		1D) 3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3893
		1E) Life Skills	1E) 3 <sup>rd</sup> through 9 <sup>th</sup> grade in various school systems	1E) U		1E) 5	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3893
	2) Urban Minority Alcohol and Drug	2A) Young Leaders of Today and Tomorrow	2A) Junior High and High School students in the	2A) U	2A) 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5005	

	Abuse Outreach Program		Mansfield City School District								
Education	1) Community Action for Capable Youth	1A)Informed Teens 1B)Coalition for Community Change 1C)Parent to Parent  1D)Positive Opportunity Program  1E)Life Skills	1A)6 <sup>th</sup> to 12th graders 1B) Residents of Richland County 1C)Parents/Guardians of Juvenile Court Involved Youth 1D)Youth in the Mansfield City School District 1E) 3 <sup>rd</sup> through 9 <sup>th</sup> grade in various school systems	1A) U 1B) U  1C) U  1D)U  1E)U		1A)7 1B)1  1C)1  1D)3  1E)5	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3893 3893  3893  3893  3893
Community-Based Process	1) Community Action for Capable Youth	1A)Informed Teens 1B)Coalition for Community Change 1C)Parent to Parent  1D)Positive Opportunity Program	1A)6 <sup>th</sup> to 12th graders 1B) Residents of Richland County 1C)Parents/Guardians of Juvenile Court Involved Youth 1D)Youth in the Mansfield City School District	1A) U 1B) U  1C) U  1D)U		1A)7 1B)1  1C)1  1D)3	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3893 3893  3893  3893
Environmental											
Problem Identification and Referral	1) Community Action for Capable Youth  2) Urban Minority Alcohol and Drug Abuse Outreach Program	1A)Informed Teens 1B)Coalition for Community Change 1C)Parent to Parent  1D)Positive Opportunity Program  1E)Life Skills  2A) Young Leaders of Today and Tomorrow	1A)6 <sup>th</sup> to 12th graders 1B) Residents of Richland County 1C)Parents/Guardians of Juvenile Court Involved Youth 1D)Youth in the Mansfield City School District 1E) 3 <sup>rd</sup> through 9 <sup>th</sup> grade in various school systems  2A) Junior High and High School students in the Mansfield City School District	1A) U 1B) U  1C) U  1D)U  1E)U  2A)U		1A)7 1B)1  1C)1  1D)3  1E)5  2A)2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	3893 3893  3893  3893  3893  5005

PRE-TREATMENT (Level 0.5)										
OUTPATIENT (Level 1)										
Outpatient	1) The Center for Individual and Family Services/Rehabilitation Services of North Central Ohio	1A) New Beginnings	1A) Adults (18+) With Chemical Abuse or Addictions			1A)1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4158
		1B) SAMI Team	1B) Adults (18+) with both a Severe Mental Illness and a Chemical Addiction			1B)1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4158
	2) Family Life Counseling and Psychiatric Services	2A) Adult AOD	2A) Adults (18+) With Chemical Abuse or Addiction			2A)1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10440
		2B) Adolescent AOD	2B) Adolescents (11-17) with chemical abuse or addiction			2B)1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10440
	3) Urban Minority Alcohol and Drug Abuse Our reach Program	3A) Adult AOD	3A) Adults (18+) With Chemical Abuse or Addiction			3A)1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5005
		3B) Adolescent AOD	3B) Adolescents (11-17) with chemical abuse or addiction			2B)1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5005
Intensive Outpatient	1) The Center for Individual and Family Services/Rehabilitation Services of North Central Ohio	1) New Beginnings	1) Adults (18+) With Chemical Addictions			1)1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4158
		2) Family Life Counseling and Psychiatric Services	2A) Adult AOD	2A) Adults (18+) With Chemical Addiction			2A)1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	2) Family Life Counseling and Psychiatric Services	2B) Adolescent AOD	2B) Adolescents (11-17) with chemical addiction			2B)1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10440
		3) Urban Minority Alcohol and Drug Abuse Our reach Program	3A) Adult AOD	3A) Adults (18+) With Chemical Addiction			3A)1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	3) Urban Minority Alcohol and Drug Abuse Our reach Program	3B) Adolescent AOD	3B) Adolescents (11-17) with chemical addiction			2B)1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5005

	4) Cornell Abraxas	4) Adolescent Male AOD	4)Adolescents (11-17) males with chemical Addiction		4)2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6967
	5) Foundations for living	5) Adolescent Female AOD	5) Adolescents (11-17) females with chemical Addiction		5)1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10672
Day Treatment									
<b>COMMUNITY RESIDENTIAL (Level 2)</b>									
Non-Medical	1) The Center for Individual and Family Services/Rehabilitation Services of North Central Ohio	1) New Beginnings	1)Adults (18+) With Chemical Addictions		1)1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4158
	2) Cornell Abraxas	2) Adolescent Male AOD	2)Adolescents (11-17) males with chemical Addiction		2)1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6967
	3) Foundations for Living	3) Adolescent Female AOD	3) Adolescents (11-17) females with chemical Addiction		3)1	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10672
Medical									
<b>SUBACUTE (Level 3)</b>									
Ambulatory Detoxification									
23 Hour Observation Bed									
Sub-Acute Detoxification									
<b>ACUTE HOSPITAL DETOXIFICATION (Level 4)</b>									
Acute Detoxification									

TABLE 2: PORTFOLIO OF MENTAL HEALTH SERVICES PROVIDERS

Community Plan Guidelines for SFY 2012-2013 September 29, 2010 R.

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)	The Center for Individual and Family Services	4158	1		Yes	Yes	Yes	Yes	Adult with coocuring SMI/SPMI and Chemical Addiction	350	350
Assertive Community Treatment (ACT)	The Center for Individual and Family Services	4158	1		Yes	Yes	Yes	Yes	Adult with SMI/SPMI	1500	1500
TF-CBT	The Center for Individual and Family Services	4158	1		Yes	Yes	Yes	Yes	SED Youth	1000	1000
	Family Life Counseling and Psychiatric Services	10440	1		Yes	No	No	Yes	SED Youth	750	750
Multi-Systemic Therapy (MST)	Family Life Counseling and Psychiatric Services	10440	1		Yes	No	Yes	Yes	Juvenile Court/Children Services Referred youth with primarily Behavioral difficulties	60	60
Functional Family Therapy (FFT)					Yes No	Yes No	Yes No	Yes No			
Supported Employment	The Center for Individual and	4158	1		Yes	Yes	Yes	Yes	Adults with	250	250

	Family Services								SMI/SPMI, Dual Diagnosed, Court involved, Veterans		
					No	Yes	Yes	Yes	1)Adults in Crisis (Crisis Stabilization Unit)	1)140	1)140
									2)Adult SMI/SPMI in need of intensive supervision, but not hospital level (Service Enriched Housing)	2)14	2)14
									3)Independent Living Apartments	3)28	3)28
Supportive Housing	The Center for Individual and Family Services	4158	1						4)HUD Housing Project	4)32	4)32
Wellness Management & Recovery (WMR)					Yes No	Yes No		Yes No			
Red Flags					Yes No	Yes No	Yes No	Yes No			
EMDR					Yes No	Yes No	Yes No	Yes No			
Crisis Intervention Training (CIT)	National Alliance on Mental Illness	None	1		No	No	Yes	Yes	1 <sup>st</sup> Responders from local police	25	25

									departme nts, sheriff's departme nt, Adult probation and Hospital security		
Therapeutic Foster Care					Yes No	Yes No	Yes No	Yes No			
Therapeutic Pre-School					Yes No	Yes No	Yes No	Yes No			
Transition Age Services					Yes No	Yes No	Yes No	Yes No			
					No	No	Yes	Yes	1)children with lower intensity diagnosis being seen at Mansfield Pediatrici ans 2)Adults with depressio n and anxiety seen at The Center in need of physical health services	1)50	1)50
Integrated Physical/Mental Health Svces	The Center for Individual and Family Services	4158	1							2)1250	2)1250
Ohio's Expedited SSI Process					Yes No	Yes No	Yes No	Yes No			
Medicaid Buy-In for Workers with Disabilities					Yes No	Yes No	Yes No	Yes No			
Consumer Operated Service	The Center for Individual and Family Services	4158	1		No	No	Yes	Yes	Adult Consume rs of	150	150

									Psychiatric Services in Richland County		
Peer Support Services					Yes No	Yes No	Yes No	Yes No			
MI/MR Specialized Services					Yes No	Yes No	Yes No	Yes No			
Consumer/Family Psycho-Education	National Alliance on Mental Illness	none	1	Family to Family and Hand to Hand	No	No	Yes	No	Adult family members with a loved one who suffers from mental illness and Children who have a parent or significant adult in their life that suffers from a mental illness	60	60

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

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

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

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

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

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

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

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

	SFY 2011	SFY 2012	
	(Question 1) Offered Service Yes/No/Don't Know Circle the answer for each category	(Question 2) Plan to: Introduce (Intro) Eliminate (E) Increase (I) Decrease (D) No Change (NC) Don't Know (DK) Circle the answer for each category	(Question 3) Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) Circle the answer for each category
			(Question 4) Non-Medicaid Consumer Usage: Increase (I) Decrease (D) No Change (NC) Don't Know (DK) Circle the answer for each category
<b>Service Category</b>			
Crisis Care/Bed <b>Youth</b> [see service definition below]	No	NC	NC
Foster Care <b>Adult</b>	No	NC	NC
Foster Care <b>Youth</b> [see service definition below]	No	NC	NC
Residential Care <b>Adult</b> (ODMH Licensed) [see service definition below]	Yes	NC	NC
Residential Care <b>Adult</b> (ODH Licensed) [see service definition below]	No	NC	NC
Residential Care <b>Youth</b> [see service definition below]	Yes	NC	NC
Respite Care/Bed <b>Adult</b> [see service definition below]	Yes	NC	NC
Respite Care/Bed <b>Youth</b> [see service definition below]	No	NC	NC
Permanent Supportive Housing (Subsidized Supportive Housing) <b>Adult</b> [see service definition below]	Yes	NC	NC
Independent Community Housing <b>Adult</b> (Rent or Home Ownership) [see service definition below]	Yes	NC	NC
Temporary Housing <b>Adult</b> [see service definition below]	No	NC	NC
Forensic Service	Yes	NC	NC
Inpatient Psychiatric Service <b>Adult</b> (Private hospital only)	Yes	NC	NC
Inpatient Psychiatric Service <b>Youth</b> (Private hospital only)	Yes	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	<i>Number of SPMI/SMI (Please include Forensic &amp; Sex Offender Sub- Populations)</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>	<b>Total #: 140</b>	2240	9
			<i>Forensic #: 0</i>	0	0
			<i>Sex Offender #: 0</i>	0	0
<b>ODMH Licensed Residential Care</b>	Includes room and board, and personal care 24/7 if specified in license. Rules in program or service agreement attached to housing are applicable. Treatment services are billed separately. Usually agency operated and staffed; provides 24-hour supervision in active treatment oriented or structured environment.	<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>	<b>Total #: 14</b>	2912	8
			<i>Forensic #: 0</i>	0	0
			<i>Sex Offender #: 0</i>	0	0

	Type 1: Room & Board; Personal Care; Mental Health Services Type 2: Room & Board; Personal Care Type 3: Room and Board				
<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>	<b>Total #:0</b>	0	0
			<b>Forensic #: 0</b>	0	0
			<b>Sex Offender #: 0</b>	0	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>	<b>Total #: 50</b>	250	3
			<b>Forensic #: 0</b>	0	0
			<b>Sex Offender #: 0</b>	0	0
<b>Temporary Housing</b>	Non-hospital, time limited residential program with an expected length of occupancy and goals to transition to permanent	<ul style="list-style-type: none"> <li>• Commonly referred to and intended as time-limited, short term living</li> <li>• Transitional</li> </ul>	<b>Total #: 0</b>	0	0

	housing. Includes room and board, with referral and access to treatment services that are billed separately.	<p>Housing Programs</p> <ul style="list-style-type: none"> <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>	<p><b>Forensic #: 0</b></p>	0	0
			<p><b>Sex Offender #: 0</b></p>	0	0
<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>	<p><b>Total #: 28</b></p>	10220	28
			<p><b>Forensic #: 0</b></p>	0	0
			<p><b>Sex Offender #: 0</b></p>	0	0
<b>Permanent Supportive Housing (Subsidized Supportive Housing) 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	<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> </ul>	<p><b>Total #: 0</b></p>	0	0
			<p><b>Forensic #: 0</b></p>	0	0

<b>Supportive Services On-Site</b>	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>• Tenant has lease</li> <li>• <b>Supportive Services staff primary offices are on-site and their primary function are to deliver supportive services on-site; these staff many accompany residents in the community to access resources.</b></li> </ul>	<b>Sex Offender #: 0</b>	0	0
<b>Permanent Supportive Housing (Subsidized Supportive Housing) with Supportive Services Available</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 staff primary offices are not on-site; supportive serve staff may come on-</b></li> </ul>	<b>Total #: 32</b>	11680	32
			<b>Forensic #: 0</b>	0	0
			<b>Sex Offender #: 0</b>	0	0

		<p><b>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.</p>			
<p><b>Independent Community Housing (Rent or Home Ownership)</b></p>	<p>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.</p>	<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><b>Total #: 0</b></p>	0	0
			<p><b>Forensic #: 0</b></p>	0	0
			<p><b>Sex Offender #: 0</b></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 Templates**

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

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

**Notification of Election of Distribution – SFY 2012**

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

\_\_\_\_\_ The Board plans to elect distribution of 408 funds.

\_\_\_\_\_ The Board plans not to elect distribution of 408 funds

Signed:

\_\_\_\_\_  
Executive Director  
Alcohol, Drug Addiction and Mental Health Services Board or  
Community Mental Health Board

Date:

\_\_\_\_\_

**State Hospital Inpatient Days**

Community Plan Guidelines for SFY 2012-2013 September 29, 2010 R.

<b>BOARD NAME <u>Richland County</u></b>	
<b>2012 Planned Use of State Hospital Inpatient Days By Hospital/Campus</b>	
<b>1. Regional Psychiatric Hospital Name</b>	
Heartland	2750
<b>Total All State Regional Psychiatric Hospitals Inpatient Days</b>	<b>2750</b>

\* When specifying a Regional Psychiatric Hospital, please indicate a particular campus.

Signed \_\_\_\_\_  
 ADAMH/CMH Board Executive Director

**CSN Services**

I anticipate renewing contracts for CSN services.

\_\_\_\_\_ Yes

No



<b>Board Name</b> Richland County Mental Health and Recovery Services Board		<b>Date Prepared</b> June 29, 2011	
<b>Board Member</b> Kelsey Gleathill		<b>Appointment</b> Commissioner	<b>Sex</b> M
<b>Mailing Address (street, city, state, zip)</b> 80 Woodbine Drive Mansfield, Ohio 44906		<b>Ethnic Group</b> W	
<b>Telephone (include area code)</b> 419-571-0286		<b>Hispanic or Latino (of any race)</b> N	
<b>County of Residence</b> Richland		<b>Representation: select all that apply:</b>	
<b>Occupation</b> Business Administration		<b>Mental Health</b> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician	
<b>Year Term Expires</b> 2013		<b>Alcohol Other Drug Addiction</b> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
<b>Board Name</b> Richland County Mental Health and Recovery Services Board			
<b>Board Member</b> JoAnn Hipsher		<b>Appointment</b> Commissioner	<b>Sex</b> F
<b>Mailing Address (street, city, state, zip)</b> 95 Devonshire Court Shelby, Ohio 44875		<b>Ethnic Group</b> W	
<b>Telephone (include area code)</b> 419-347-6120		<b>Hispanic or Latino (of any race)</b> N	
<b>County of Residence</b> Richland		<b>Representation: select all that apply:</b>	
<b>Occupation</b> Educator		<b>Mental Health</b> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician	
<b>Year Term Expires</b> 2013		<b>Alcohol Other Drug Addiction</b> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
<b>Board Name</b> Richland County Mental Health and Recovery Services Board			
<b>Board Member</b> Traci Kiliany		<b>Appointment</b> ODDADAS	<b>Sex</b> F
<b>Mailing Address (street, city, state, zip)</b> 537 Kline Avenue Mansfield, Ohio 44907		<b>Ethnic Group</b> W	
<b>Telephone (include area code)</b> 419-756-4946		<b>Hispanic or Latino (of any race)</b> N	
<b>County of Residence</b> Richland		<b>Representation: select all that apply:</b>	
<b>Occupation</b> Home Maker		<b>Mental Health</b> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician	
<b>Year Term Expires</b> 2011		<b>Alcohol Other Drug Addiction</b> <input checked="" type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
<b>Board Name</b> Richland County Mental Health and Recovery Services Board		<b>Date Prepared</b> June 29, 2011	
<b>Board Member</b> Brian Gaverick		<b>Appointment</b> Commissioner	<b>Sex</b> M
		<b>Ethnic Group</b> W	

Mailing Address (street, city, state, zip) 234 Sloboda Avenue Mansfield, Ohio 44906		Officer _____ N		Hispanic or Latino (of any race) N		Date Prepared June 29, 2011
Telephone (include area code) 419-529-8974	County of Residence Richland	Representation: select all that apply:				
Occupation Principal		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		
Term First		Year Term Expires 2013				
<b>Board Name</b> <b>Richland County Mental Health and Recovery Services Board</b>						
Board Member Bobbi Jo Swank		Appointment ODADAS	Sex F	Ethnic Group W	Date Prepared June 29, 2011	
Mailing Address (street, city, state, zip) 134 Glenwood Hts. Mansfield, Ohio 44903		Officer _____ N	Hispanic or Latino (of any race) N			
Representation: select all that apply:						
Telephone (include area code) 419-775-5735	County of Residence Richland	Mental Health <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician		Alcohol/Other Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input checked="" type="checkbox"/> Advocate		
Occupation Waitress/Student						
Term First		Year Term Expires 2013				
<b>Board Name</b> <b>Richland County Mental Health and Recovery Services Board</b>						
Board Member Jeff O'Brien		Appointment Commissioner	Sex M	Ethnic Group W	Date Prepared June 29, 2011	
Mailing Address (street, city, state, zip) 86 Holiday Hill Lexington, Ohio 44904		Officer _____ N	Hispanic or Latino (of any race) N			
Representation: select all that apply:						
Telephone (include area code) 419-884-9125	County of Residence Richland	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		
Occupation Electrician						
Term First		Year Term Expires 2011				
<b>Board Name</b> <b>Richland County Mental Health and Recovery Services Board</b>						
Board Member Dr. Laurence Rawls		Appointment Commissioner	Sex M	Ethnic Group B	Date Prepared June 29, 2011	
Mailing Address (street, city, state, zip) 570 Crescent Road Mansfield, Ohio 44907		Officer _____ Vice Chair	Hispanic or Latino (of any race) N			
Representation: select all that apply:						
Telephone (include area code) 419-756-8024	County of Residence Richland	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		
Occupation Personnel Director						
Term First		Year Term Expires 2011				

<b>Board Name</b> Richland County Mental Health and Recovery Services Board		<b>Date Prepared</b> June 29, 2011	
<b>Board Member</b> Lanette Remaley			
Mailing Address (street, city, state, zip) 1260 State Route 97, Lot #30 Bellville, Ohio 44813		Appointment ODMH	
Sex F		Ethnic Group W	
Officer Treasurer		Hispanic or Latino (of any race) N	
Representation: select all that apply:			
Telephone (include area code) 419-886-0268		County of Residence Richland	
Occupation Home Maker		Mental Health <input checked="" type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician	
Term First		Year Term Expires 2011	
Alcohol Other Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate			
<b>Board Name</b> Richland County Mental Health and Recovery Services Board			
<b>Board Member</b> Clifford Schutjer			
Mailing Address (street, city, state, zip) 450 Beryn Court Mansfield, Ohio 44907		Appointment Commissioner	
Sex M		Ethnic Group W	
Officer N		Hispanic or Latino (of any race) N	
Representation: select all that apply:			
Telephone (include area code) 419-756-5892		County of Residence Richland	
Occupation Clergy-Retired		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	
Term First		Year Term Expires 2011	
Alcohol Other Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate			
<b>Board Name</b> Richland County Mental Health and Recovery Services Board			
<b>Board Member</b> Richard Walters			
Mailing Address (street, city, state, zip) 2229 West Cook Road Mansfield, Ohio 44906		Appointment Commissioner	
Sex M		Ethnic Group W	
Officer N		Hispanic or Latino (of any race) N	
Representation: select all that apply:			
Telephone (include area code) 419-884-0494		County of Residence Richland	
Occupation Insurance Agent		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	
Term First		Year Term Expires 2013	
Alcohol Other Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate			
<b>Board Name</b> Richland County Mental Health and Recovery Services Board			
<b>Board Member</b> Jan Winbigger			
Mailing Address (street, city, state, zip) 105 Britannia Court Shelby, Ohio 44875		Appointment Commissioners	
Sex F		Ethnic Group W	
Officer Secretary		Hispanic or Latino (of any race) N	
Representation: select all that apply:			
Telephone (include area code) 419-347-2002		County of Residence Richland	
Occupation Home Maker		Mental Health <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member	
Alcohol Other Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member			

Term First	Year Term Expires	<input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician	<input type="checkbox"/> Professional <input type="checkbox"/> Advocate
<b>Board Name</b> <b>Richland County Mental Health and Recovery Services Board</b>		<b>Date Prepared</b> June 29, 2011	
<b>Board Member</b> Andrew Melwid Mailing Address (street, city, state, zip) 115 Oberlein Drive Lexington, Ohio 44904		<b>Appointment</b> Commissioner	<b>Sex</b> M
Telephone (include area code) 513-310-8984		<b>Ethnic Group</b> W	
County of Residence Richland		<b>Hispanic or Latino (of any race)</b> N	
Occupation Attorney	Year Term Expires 2014	<b>Representation: select all that apply:</b> 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			
<b>Board Name</b> <b>Richland County Mental Health and Recovery Services Board</b>			
<b>Board Member</b> Melodye James Mailing Address (street, city, state, zip) 544 Heidi Lane Mansfield, Ohio 44904		<b>Appointment</b> Commissioner	<b>Sex</b> F
Telephone (include area code) 419-775-7648		<b>Ethnic Group</b> B	
County of Residence Richland		<b>Hispanic or Latino (of any race)</b> N	
Occupation DRCA - Kinship Coordinator	Year Term Expires 2014	<b>Representation: select all that apply:</b> 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			
<b>Board Name</b> <b>Richland County Mental Health and Recovery Services Board</b>			
<b>Board Member</b> VACANT Mailing Address (street, city, state, zip)		<b>Appointment</b> ODMH	<b>Sex</b> Sex
Telephone (include area code)		<b>Ethnic Group</b> Ethnic Group	
County of Residence Richland		<b>Hispanic or Latino (of any race)</b> Hispanic or Latino (of any race)	
<b>Representation: select all that apply:</b> Mental Health <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input checked="" type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician			
Alcohol Other Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate			
<b>Board Name</b> <b>Richland County Mental Health and Recovery Services Board</b>			
<b>Board Member</b> Dr. Jay Haar Mailing Address (street, city, state, zip) 1637 Wastover Lane Mansfield, Ohio 44906		<b>Appointment</b> ODMH	<b>Sex</b> M
Telephone (include area code)		<b>Ethnic Group</b> A	
County of Residence Richland		<b>Hispanic or Latino (of any race)</b> N	
<b>Representation: select all that apply:</b> Mental Health <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input checked="" type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician			
Alcohol Other Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate			

Telephone (include area code) 419-529-3369		County of Residence Richland		<input type="checkbox"/> 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		<input type="checkbox"/> Alcohol Other Drug Addiction <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
Occupation Psychiatrist							
Term 1st		Year Term Expires 2014					

**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
Laura Montgomery	741 Scholl Road	Mansfield	44907	419-756-1717	laura@cifscenter.org

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
Michelle Adkins	741 Scholl Road	Mansfield	44907	419-756-1717	Michelle@cifscenter.org

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**INSERT ADDITIONAL BOARD APPENDICES AS NEEDED**

Board Name: Mental Health & Recovery Services Board of Richland County  
 SFY: 2012

HCPCS Procedure	Category	State 401 (C)	State 401 (S)	State 419	State 505	State 505	State Other	Local Board	State 505	Local Board	Total Board Spending	Medicaid	Notes				
		Forensic Monitoring	Forensic Centers	Community Medication	Local MH SOC	Special	Funds	Local Board									
<b>BALANCES:</b>																	
	Beginning Mental Health Fund Balance														\$ 350,000	\$ 350,000	
	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	350,000	0	\$ 350,000.00
<b>REVENUES:</b>																	
	Total Mental Health Revenues	5,518	225,287	69,896	1,295,563			2,683		84,854	82,433				1,500,383		\$ 3,266,617.00
<b>BOARD ADMINISTRATION:</b>																	
	Salaries, Fringes, and Operating														529,333		529,333
	Board Capital Expenditures																0
<b>BOARD SERVICES TO OTHER BOARDS OR AGENCIES:</b>																	
	Agency Salaries, Fringes, and Operating																0
	Agency Capital Expenditures																0
<b>EXPENSES:</b>																	
90862	Pharmacologic Mgt. (Medication/Somatic)				160,504						26,296			1,000		187,800	992,306
H0031	Mental Health Assessment (non-physician)(Diag. Assess.)				58,609						16,404					75,013	475,080
90801	Psychiatric Diagnostic Interview (Physician)(Diag. Assess.)				64,318											64,318	151,934
H0004	BH Counseling and Therapy (Ind.)(Ind. Counseling)				187,221						16,651					203,872	1,862,530
H0004	BH Counseling and Therapy (Gp.)(Gp. Counseling)				2,708						1,566					4,274	67,884
S9484	Crisis Intervention MH Services(Crisis Intervention)				128,110								8,000			143,447	332,401
S0201	Partial Hospitalization, less than 24 hr. (Partial Hospitalization)															0	43,721
H0036	Community Psychiatric Supportive Treatment (Ind.)(Ind. CPST)				172,868					84,854	12,695					270,417	1,369,975
H0036	Community Psychiatric Supportive Treatment (Gp.)(Gp. CPST)				77,036						1,484					78,520	203,397
	Board Support for Medications			69,896												69,896	
H0040	Assertive Community Treatment(Clinical Activities)															0	
M1910	Assertive Community Treatment(Non-Clinical Activities)															0	
H2016	Intensive Home-Based Treatment(Clinical Activities)															0	
M1810	Intensive Home-Based Treatment (Non-Clinical Activities)															0	
H0030	Behavioral Health Hotline Service (Hotline)													275,400		275,400	
H0046	Other MH Svcs., not otherwise specified(hlthcare)															0	
M3140	Other MH Svcs.(non-hlthcare)													88,753		88,753	
H0038	Self-Help/Peer Svcs. (Peer Support)															0	
M1440	Adjunctive Therapy															0	
M1540	Adult Education															0	
M4120	Consultation															0	
M3120	Consumer Operated Service													48,700		48,700	
M1620	Employment / Vocational													15,000		15,000	
M4130	Information and Referral															0	
M4140	Mental Health Education													12,000		12,000	
M1430	Occupational Therapy Svc															0	
M4110	Prevention															0	
M1530	School Psychology															0	
M1550	Social & Recreational Svc															0	
M2240	Community Residence													68,040		68,040	
M2280	Crisis Care (Crisis Bed)				113,929									22,659		136,588	
M2250	Foster Care															0	
M2200	Residential Care (Residential Treatment/Residential Support)				330,260									233,500		563,760	
M2270	Respite Care (Respite Bed)															0	
M2260	Subsidized Housing															0	
M2290	Temporary Housing															0	
**	Forensic Evaluation	5,518	225,287					2,683									233,488
**	PASARR																0
**	Inpatient Psychiatric Service (Private hospital only)													197,998		197,998	
	<b>Total Mental Health Expenditures</b>	\$ 5,518	\$ 225,287	\$ 69,896	\$ 1,295,563	\$ -	\$ -	\$ 2,683	\$ 84,854	\$ 82,433	\$ -	\$ -	\$ -	\$ 1,500,383	\$ -	\$ 3,266,617	\$ 5,499,228
	<b>Net Mental Health Current Year</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Ending Mental Health Fund Balance</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 350,000	\$ -	\$ 350,000	
	Non-Mental Health Revenue													1,008,213	474,204	20,000	1,716,760
	Non-Mental Health Expenditures													1,008,213	474,204	20,000	1,716,760
	<b>Net Non-Mental Health</b>													0	0	0	0

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 & Recovery Services Board of Richland County  
 SFY: 2012

HCPCS Procedure	Category	State 401 (C)	State 401 (S)	State 419	State 505	State 505	State Other	Local Levy	Local Other	Total Board	Medicaid	Notes		
		Forensic Monitoring	Forensic Centers	Community Medication	Local MH SOC	Special	Funds	Local Levy	Local Other	Spending				
<b>BALANCES:</b>														
	Beginning Mental Health Fund Balance									\$ 350,000		\$ 350,000		
	PRIOR PERIOD ADJUSTMENTS (Explain in the Note column)											0		
	Restated MH Beginning Fund Balance	0	0	0	0	0	0	0	0	350,000	0	\$ 350,000.00		
<b>REVENUES:</b>														
	Total Mental Health Revenues	5,518	225,287	69,896	1,295,563			2,683	84,854	82,433	1,500,383	\$ 3,266,617.00		
<b>BOARD ADMINISTRATION:</b>														
	Salaries, Fringes, and Operating										529,333	529,333		
	Board Capital Expenditures											0		
<b>BOARD SERVICES TO OTHER BOARDS OR AGENCIES:</b>														
	Agency Salaries, Fringes, and Operating											0		
	Agency Capital Expenditures											0		
<b>EXPENSES:</b>														
90862	Pharmacologic Mgt. (Medication/Somatic)				160,504					26,296	1,000	187,800	992,306	
H0031	Mental Health Assessment (non-physician)(Diag. Assess.)				58,609					16,404		75,013	475,080	
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S9484	Crisis Intervention MH Services(Crisis Intervention)				128,110					7,337	8,000	143,447	332,401	
S0201	Partial Hospitalization, less than 24 hr. (Partial Hospitalization)											0	43,721	
H0036	Community Psychiatric Supportive Treatment (Ind.)(Ind. CPST)				172,868				84,854	12,695		270,417	1,369,975	
H0036	Community Psychiatric Supportive Treatment (Gp.)(Gp. CPST)				77,036					1,484		78,520	203,397	
	Board Support for Medications			69,896								69,896		
H0040	Assertive Community Treatment(Clinical Activities)											0		
M1910	Assertive Community Treatment(Non-Clinical Activities)											0		
H2016	Intensive Home-Based Treatment(Clinical Activities)											0		
M1810	Intensive Home-Based Treatment (Non-Clinical Activities)											0		
H0030	Behavioral Health Hotline Service (Hotline)										275,400	275,400		
H0046	Other MH Svcs., not otherwise specified(hlthcare)											0		
M3140	Other MH Svcs.(non-hlthcare)										88,753	88,753		
H0038	Self-Help/Peer Svcs. (Peer Support)											0		
M1440	Adjunctive Therapy											0		
M1540	Adult Education											0		
M4120	Consultation											0		
M3120	Consumer Operated Service										48,700	48,700		
M1620	Employment / Vocational										15,000	15,000		
M4130	Information and Referral											0		
M4140	Mental Health Education										12,000	12,000		
M1430	Occupational Therapy Svc											0		
M4110	Prevention											0		
M1530	School Psychology											0		
M1550	Social & Recreational Svc											0		
M2240	Community Residence										68,040	68,040		
M2280	Crisis Care (Crisis Bed)				113,929					22,659		136,588		
M2250	Foster Care											0		
M2200	Residential Care (Residential Treatment/Residential Support)				330,260					233,500		563,760		
M2270	Respite Care (Respite Bed)											0		
M2260	Subsidized Housing											0		
M2290	Temporary Housing											0		
**	Forensic Evaluation	5,518	225,287					2,683				233,488		
**	PASARR											0		
**	Inpatient Psychiatric Service (Private hospital only)									197,998		197,998		
	<b>Total Mental Health Expenditures</b>	\$ 5,518	\$ 225,287	\$ 69,896	\$ 1,295,563	\$ -	\$ -	\$ 2,683	\$ 84,854	\$ 82,433	\$ -	\$ 1,500,383	\$ 5,499,228	
	<b>Net Mental Health Current Year</b>	0	0	0	0	0	0	0	0	0	0	0		
	<b>Ending Mental Health Fund Balance</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 350,000	\$ 350,000	
	<b>Non-Mental Health Revenue</b>									214,343	1,008,213	474,204	20,000	1,716,760
	<b>Non-Mental Health Expenditures</b>									214,343	1,008,213	474,204	20,000	1,716,760
	<b>Net Non-Mental Health</b>									0	0	0	0	

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 & Recovery Services Board of Richland County  
 SFY: 2012

HCPCS Procedure	Category	State 401 (C)	State 401 (5)	State 419	State 505	State 505	State Other	Local 1	Local 2	Local 3	Local 4	Local 5	Local 6	Local 7	Local 8	Total Board Spending	Medicaid	Notes
		Forensic Monitoring	Forensic Centers	Community Medication	Local MH SOC	Special	Funds	Local 1	Local 2	Local 3	Local 4	Local 5	Local 6	Local 7	Local 8			
<b>BALANCES:</b>																		
	Beginning Mental Health Fund Balance															\$ 350,000	\$ 350,000	
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	350,000	0	\$ 350,000.00
<b>REVENUES:</b>																		
	Total Mental Health Revenues	5,518	225,287	69,896	1,295,563			2,683	84,854	82,433					1,500,383		\$ 3,266,617.00	
<b>BOARD ADMINISTRATION:</b>																		
	Salaries, Fringes, and Operating														529,333		529,333	
	Board Capital Expenditures																0	
<b>BOARD SERVICES TO OTHER BOARDS OR AGENCIES:</b>																		
	Agency Salaries, Fringes, and Operating																0	
	Agency Capital Expenditures																0	
<b>EXPENSES:</b>																		
90862	Pharmacologic Mgt. (Medication/Somatic)				160,504					26,296				1,000		187,800	992,306	
H0031	Mental Health Assessment (non-physician)(Diag. Assess.)				58,609					16,404						75,013	475,080	
90801	Psychiatric Diagnostic Interview (Physician)(Diag. Assess.)				64,318											64,318	151,934	
H0004	BH Counseling and Therapy (Ind.)(Ind. Counseling)				187,221					16,651						203,872	1,862,530	
H0004	BH Counseling and Therapy (Gp.)(Gp. Counseling)				2,708					1,566						4,274	67,884	
S9484	Crisis Intervention MH Services(Crisis Intervention)				128,110					7,337				8,000		143,447	332,401	
S0201	Partial Hospitalization, less than 24 hr. (Partial Hospitalization)																0	43,721
H0036	Community Psychiatric Supportive Treatment (Ind.)(Ind. CPST)				172,368						84,854	12,695				270,417	1,369,975	
H0036	Community Psychiatric Supportive Treatment (Gp.)(Gp. CPST)				77,036							1,484				78,520	203,397	
	Board Support for Medications			69,896												69,896		
H0040	Assertive Community Treatment(Clinical Activities)															0		
M1910	Assertive Community Treatment(Non-Clinical Activities)															0		
H2016	Intensive Home-Based Treatment(Clinical Activities)															0		
M1810	Intensive Home-Based Treatment (Non-Clinical Activities)															0		
H0030	Behavioral Health Hotline Service (Hotline)													275,400		275,400		
H0046	Other MH Svcs., not otherwise specified(hlthcare)															0		
M3140	Other MH Svcs.(non-hlthcare)													88,753		88,753		
H0038	Self-Help/Peer Svcs. (Peer Support)															0		
M1440	Adjunctive Therapy															0		
M1540	Adult Education															0		
M4120	Consultation															0		
M3120	Consumer Operated Service													48,700		48,700		
M1620	Employment / Vocational													15,000		15,000		
M4130	Information and Referral															0		
M4140	Mental Health Education													12,000		12,000		
M1430	Occupational Therapy Svc															0		
M4110	Prevention															0		
M1530	School Psychology															0		
M1550	Social & Recreational Svc															0		
M2240	Community Residence													68,040		68,040		
M2280	Crisis Care (Crisis Bed)				113,929									22,659		136,588		
M2250	Foster Care															0		
M2200	Residential Care (Residential Treatment/Residential Support)				330,260									233,500		563,760		
M2270	Respite Care (Respite Bed)															0		
M2260	Subsidized Housing															0		
M2290	Temporary Housing															0		
**	Forensic Evaluation	5,518	225,287					2,683									233,488	
**	PASARR																0	
**	Inpatient Psychiatric Service (Private hospital only)													197,998		197,998		
	<b>Total Mental Health Expenditures</b>	\$ 5,518	\$ 225,287	\$ 69,896	\$ 1,295,563	\$ -	\$ -	\$ 2,683	\$ 84,854	\$ 82,433	\$ -	\$ -	\$ -	\$ 1,500,383	\$ -	\$ 3,266,617	\$ 5,499,228	
	<b>Net Mental Health Current Year</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	<b>Ending Mental Health Fund Balance</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 350,000	\$ -	\$ 350,000		
	Non-Mental Health Revenue							214,343				1,008,213	474,204	20,000		1,716,760		
	Non-Mental Health Expenditures							214,343				1,008,213	474,204	20,000		1,716,760		
	<b>Net Non-Mental Health</b>							0				0	0	0		0		

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 & Recovery Services Board of Richland County  
 SFY: 2013

HCPCS Procedure	Category	State 401 (C)	State 401 (S)	State 419	State 505	State 505	State Other	Local Board	Total Board	Medicaid	Notes						
		Forensic Monitoring	Forensic Centers	Community Medication	Local MH SOC	Special	Funds	100%	100%	100%	100%	100%	100%	100%	100%	Spending	
<b>BALANCES:</b>																	
	Beginning Mental Health Fund Balance														\$ 350,000		\$ 350,000
	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	350,000	0	350,000
<b>REVENUES:</b>																	
	Total Mental Health Revenues	5,518	225,287	69,896	1,295,563			2,683	84,854	82,433				1,600,000		\$ 3,366,234.00	
<b>BOARD ADMINISTRATION:</b>																	
	Salaries, Fringes, and Operating													545,213		545,213	
	Board Capital Expenditures													0		0	
<b>BOARD SERVICES TO OTHER BOARDS OR AGENCIES:</b>																	
	Agency Salaries, Fringes, and Operating													0		0	
	Agency Capital Expenditures													0		0	
<b>EXPENSES:</b>																	
90862	Pharmacologic Mgt. (Medication/Somatic)				160,504					26,296				1,000		187,800	
H0031	Mental Health Assessment (non-physician)(Diag. Assess.)				58,609					16,404						75,013	
90801	Psychiatric Diagnostic Interview (Physician)(Diag. Assess.)				64,318											64,318	
H0004	BH Counseling and Therapy (Ind.)(Ind. Counseling)				187,221					16,651				100,000		303,872	
H0004	BH Counseling and Therapy (Gp.)(Gp. Counseling)				2,708					1,566						4,274	
S9484	Crisis Intervention MH Services(Crisis Intervention)				128,110					7,337				71,737		207,184	
S0201	Partial Hospitalization, less than 24 hr. (Partial Hospitalization)															0	
H0036	Community Psychiatric Supportive Treatment (Ind.)(Ind. CPST)				172,868					84,854				12,695		270,417	
H0036	Community Psychiatric Supportive Treatment (Gp.)(Gp. CPST)				77,036					1,484						78,520	
	Board Support for Medications			69,896												69,896	
H0040	Assertive Community Treatment(Clinical Activities)															0	
M1910	Assertive Community Treatment(Non-Clinical Activities)															0	
H2016	Intensive Home-Based Treatment(Clinical Activities)															0	
M1810	Intensive Home-Based Treatment (Non-Clinical Activities)															0	
H0030	Behavioral Health Hotline Service (Hotline)													275,400		275,400	
H0046	Other MH Svcs., not otherwise specified(hlthcare)															0	
M3140	Other MH Svcs.(non-hlthcare)													8,753		8,753	
H0038	Self-Help/Peer Svcs. (Peer Support)															0	
M1440	Adjunctive Therapy															0	
M1540	Adult Education															0	
M4120	Consultation															0	
M3120	Consumer Operated Service													48,700		48,700	
M1620	Employment / Vocational													15,000		15,000	
M4130	Information and Referral															0	
M4140	Mental Health Education													12,000		12,000	
M1430	Occupational Therapy Svc															0	
M4110	Prevention															0	
M1530	School Psychology															0	
M1550	Social & Recreational Svc															0	
M2240	Community Residence													68,040		68,040	
M2280	Crisis Care (Crisis Bed)				113,929									22,659		136,588	
M2250	Foster Care													233,500		233,500	
M2200	Residential Care (Residential Treatment/Residential Support)				330,260											330,260	
M2270	Respite Care (Respite Bed)															0	
M2260	Subsidized Housing															0	
M2290	Temporary Housing															0	
**	Forensic Evaluation	5,518	225,287					2,683								233,488	
**	PASARR															0	
**	Inpatient Psychiatric Service (Private hospital only)													197,998		197,998	
	<b>Total Mental Health Expenditures</b>	\$ 5,518	\$ 225,287	\$ 69,896	\$ 1,295,563	\$ -	\$ -	\$ 2,683	\$ 84,854	\$ 82,433	\$ -	\$ -	\$ -	\$ 1,600,000	\$ -	\$ 3,366,234	
	<b>Net Mental Health Current Year</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	
	<b>Ending Mental Health Fund Balance</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 350,000	\$ -	\$ 350,000	
	Non-Mental Health Revenue															\$ -	
	Non-Mental Health Expenditures															\$ -	
	<b>Net Non-Mental Health</b>							0						0		0	

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".

Board Name: Mental Health & Recovery Services Board of Richland 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	Local	Other	Local	Other	Total Board Spending	Medicaid	Notes	
<b>BALANCES:</b>															
	Beginning Mental Health Fund Balance											\$ 350,000		\$ 350,000	
	PRIOR PERIOD ADJUSTMENTS (Explain in the Note column)											\$ -		\$ -	
	Restated MH Beginning Fund Balance	0	0	0	0	0	0	0	0	0	0	350,000	0	350,000	
<b>REVENUES:</b>															
	Total Mental Health Revenues	5,518	225,287	69,896	1,295,563			2,683	84,854	82,433		1,600,000		\$ 3,366,234.00	
<b>BOARD ADMINISTRATION:</b>															
	Salaries, Fringes, and Operating											545,213		545,213	
	Board Capital Expenditures											0		0	
<b>BOARD SERVICES TO OTHER BOARDS OR AGENCIES:</b>															
	Agency Salaries, Fringes, and Operating											0		0	
	Agency Capital Expenditures											0		0	
<b>EXPENSES:</b>															
90862	Pharmacologic Mgt. (Medication/Somatic)				160,504					26,296		1,000		187,800	
H0031	Mental Health Assessment (non-physician)(Diag. Assess.)				58,609					16,404				75,013	
90801	Psychiatric Diagnostic Interview (Physician)(Diag. Assess.)				64,318									64,318	
H0004	BH Counseling and Therapy (Ind.)(Ind. Counseling)				187,221					16,651		100,000		303,872	
H0004	BH Counseling and Therapy (Gp.)(Gp. Counseling)				2,708					1,566				4,274	
S9484	Crisis Intervention MH Services(Crisis Intervention)				128,110					7,337		71,737		207,184	
S0201	Partial Hospitalization, less than 24 hr.(Partial Hospitalization)													0	
H0036	Community Psychiatric Supportive Treatment (Ind.)(Ind. CPST)				172,868				84,854	12,695				270,417	
H0036	Community Psychiatric Supportive Treatment (Gp.)(Gp. CPST)				77,036					1,484				78,520	
	Board Support for Medications			69,896										69,896	
H0040	Assertive Community Treatment(Clinical Activities)													0	
M1910	Assertive Community Treatment(Non-Clinical Activities)													0	
H2016	Intensive Home-Based Treatment(Clinical Activities)													0	
M1810	Intensive Home-Based Treatment (Non-Clinical Activities)													0	
H0030	Behavioral Health Hotline Service (Hotline)											275,400		275,400	
H0046	Other MH Svcs., not otherwise specified(hlthcare)													0	
M3140	Other MH Svcs.(non-hlthcare)											8,753		8,753	
H0038	Self-Help/Peer Svcs. (Peer Support)													0	
M1440	Adjunctive Therapy													0	
M1540	Adult Education													0	
M4120	Consultation													0	
M3120	Consumer Operated Service											48,700		48,700	
M1620	Employment / Vocational											15,000		15,000	
M4130	Information and Referral													0	
M4140	Mental Health Education											12,000		12,000	
M1430	Occupational Therapy Svc													0	
M4110	Prevention													0	
M1530	School Psychology													0	
M1550	Social & Recreational Svc													0	
M2240	Community Residence											68,040		68,040	
M2280	Crisis Care (Crisis Bed)				113,929							22,659		136,588	
M2250	Foster Care											233,500		233,500	
M2200	Residential Care (Residential Treatment/Residential Support)				330,260									330,260	
M2270	Respite Care (Respite Bed)													0	
M2260	Subsidized Housing													0	
M2290	Temporary Housing													0	
**	Forensic Evaluation	5,518	225,287					2,683						233,488	
**	PASARR													0	
**	Inpatient Psychiatric Service (Private hospital only)											197,998		197,998	
	<b>Total Mental Health Expenditures</b>	\$ 5,518	\$ 225,287	\$ 69,896	\$ 1,295,563	\$ -	\$ -	\$ 2,683	\$ 84,854	\$ 82,433	\$ -	\$ -	\$ 1,600,000	\$ -	\$ 3,366,234
	<b>Net Mental Health Current Year</b>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ -	
	<b>Ending Mental Health Fund Balance</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 350,000	\$ -	\$ 350,000
	Non-Mental Health Revenue													\$ -	
	Non-Mental Health Expenditures													\$ -	
	<b>Net Non-Mental Health</b>							0				0	0	0	

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

NOTES (refer to Instructional):

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

Board Name: Mental Health & Recovery Services Board of Richland County  
 SFY: 2013

HCPCS Procedure	Category	State 401 (C) Forensic Monitoring	State 401 (S) Forensic Centers	State 419 Community Medication	State 505 Local MH SOC	State 505 Special	State Other Funds	State 506	State 507	State 508	State 509	State 510	State 511	State 512	Local Other	Total Board Spending	Medicaid	Notes
<b>BALANCES:</b>																		
	Beginning Mental Health Fund Balance															\$ 350,000	\$ 350,000	
<b>PRIOR PERIOD ADJUSTMENTS (Explain in the Note column)</b>																		
	Restated MH Beginning Fund Balance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	350,000	0	350,000
<b>REVENUES:</b>																		
	Total Mental Health Revenues	5,518	225,287	69,896	1,295,563			2,683	84,854	82,433					1,600,000		\$ 3,366,234.00	
<b>BOARD ADMINISTRATION:</b>																		
	Salaries, Fringes, and Operating														545,213		545,213	
	Board Capital Expenditures																0	
<b>BOARD SERVICES TO OTHER BOARDS OR AGENCIES:</b>																		
	Agency Salaries, Fringes, and Operating																0	
	Agency Capital Expenditures																0	
<b>EXPENSES:</b>																		
90862	Pharmacologic Mgt. (Medication/Somatic)				160,504					26,296					1,000		187,800	
H0031	Mental Health Assessment (non-physician)(Diag. Assess.)				58,609					16,404							75,013	
90801	Psychiatric Diagnostic Interview (Physician)(Diag. Assess.)				64,318												64,318	
H0004	BH Counseling and Therapy (Ind.)(Ind. Counseling)				187,221					16,651					100,000		303,872	
H0004	BH Counseling and Therapy (Gp.)(Gp. Counseling)				2,708					1,566							4,274	
S9484	Crisis Intervention MH Services(Crisis Intervention)				128,110					7,337					71,737		207,184	
S0201	Partial Hospitalization, less than 24 hr. (Partial Hospitalization)																0	
H0036	Community Psychiatric Supportive Treatment (Ind.)(Ind. CPST)				172,868				84,854	12,695							270,417	
H0036	Community Psychiatric Supportive Treatment (Gp.)(Gp. CPST)				77,036					1,484							78,520	
	Board Support for Medications			69,896													69,896	
H0040	Assertive Community Treatment(Clinical Activities)																0	
M1910	Assertive Community Treatment(Non-Clinical Activities)																0	
H2016	Intensive Home-Based Treatment(Clinical Activities)																0	
M1810	Intensive Home-Based Treatment (Non-Clinical Activities)																0	
H0030	Behavioral Health Hotline Service (Hotline)														275,400		275,400	
H0046	Other MH Svcs., not otherwise specified(bihealthcare)																0	
M3140	Other MH Svcs.(non-bihealthcare)														8,753		8,753	
H0038	Self-Help/Peer Svcs. (Peer Support)																0	
M1440	Adjunctive Therapy																0	
M1540	Adult Education																0	
M4120	Consultation																0	
M3120	Consumer Operated Service														48,700		48,700	
M1620	Employment / Vocational														15,000		15,000	
M4130	Information and Referral																0	
M4140	Mental Health Education														12,000		12,000	
M1430	Occupational Therapy Svc																0	
M4110	Prevention																0	
M1530	School Psychology																0	
M1550	Social & Recreational Svc																0	
M2240	Community Residence														68,040		68,040	
M2280	Crisis Care (Crisis Bed)				113,929										22,659		136,588	
M2250	Foster Care														233,500		233,500	
M2200	Residential Care (Residential Treatment/Residential Support)				330,260												330,260	
M2270	Respite Care (Respite Bed)																0	
M2260	Subsidized Housing																0	
M2290	Temporary Housing																0	
**	Forensic Evaluation	5,518	225,287					2,683									233,488	
**	PASARR																0	
**	Inpatient Psychiatric Service (Private hospital only)														197,998		197,998	
	<b>Total Mental Health Expenditures</b>	\$ 5,518	\$ 225,287	\$ 69,896	\$ 1,295,563	\$ -	\$ -	\$ 2,683	\$ 84,854	\$ 82,433	\$ -	\$ -	\$ -	\$ -	\$ 1,600,000	\$ -	\$ 3,366,234	
	Net Mental Health Current Year	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	
	Ending Mental Health Fund Balance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 350,000	\$ -	\$ 350,000	
	Non-Mental Health Revenue																\$ -	
	Non-Mental Health Expenditures																\$ -	
	Net Non-Mental Health						0			0		0		0			0	

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".