



**Ohio**

Department of  
Mental Health

Annual Report  
**2012**

Establishing mental health as a cornerstone of overall health



The Ohio Department of Mental Health (ODMH) funds a consumer (Ohio Empowerment Coalition, pictured at left) and a family (National Alliance on Mental Illness of Ohio) advocacy organization, as well as a variety of initiatives that support and promote the access to quality treatment and services that are responsive to culture, preferences and values.

On May 3, 2012, plans were announced to consolidate ODMH and the Ohio Department of Alcohol and Drug Addiction Services by July 1, 2013. The fiscal offices of the two agencies began sharing services in late 2011. Below, staff from both agencies celebrated National Wear Red Day on Feb. 3 to promote women's heart health.



## Mission

Our mission is the promotion and establishment of mental health as a cornerstone of health and wellness for individuals, families and communities throughout Ohio.



Above: YouthMOVE Ohio is an organization for teens and young adults who have received service from any of Ohio's youth-serving systems. Through online connections and events, young people learn to advocate for themselves, educate others and offer input on policies. Headquartered in Cincinnati at the Ohio Federation for Children's Mental Health, the youth-driven group is a chapter of National YouthMOVE.

Right: On April 27, 2012, Patrick J. Kennedy, U.S. Representative for Rhode Island from 1995-2011 and advocate for neuroscience research, spoke at the Great Mental Health Debate sponsored by NAMI Ohio at the Columbus Convention Center. Prior to his speech, Kennedy greeted Adult Care Facility operators from Lucas County who attended.



Dear Ohioans:

During the past year, Ohio's mental health system has evolved to address long-standing challenges. Together with individuals with mental illness; providers; Alcohol, Drug Addiction and Mental Health (ADAMH) boards; advocates and others, we have developed and implemented changes that are designed to improve outcomes for Ohioans and contribute to the long-term viability of our state's safety-net system. I feel very strongly that meaningful collaboration is essential to our collective success. Our work has occurred in concert with the Office of Health Transformation, which was established by Governor John R. Kasich to improve efficiency and deliver quality care using all the tools we have at our disposal.

This Annual Report for State Fiscal Year 2012 (SFY12) contains highlights of our progress on many fronts:

- Providing treatment to approximately 7,700 adults in Ohio's state-run regional psychiatric hospitals, and serving 350,000 adults and children in the community;
- Creation of Medicaid health homes that better integrate physical and behavioral health care services for adults and children;
- Implementation of best practices among our six regional psychiatric hospitals to increase access, safety and quality of care;
- Innovative proposals to address "hot spots" of need and benefit through economies of scale and local partnerships;
- Efforts to interface with the justice system to improve treatment options and public safety; and,
- Policy and operational changes related to Ohio's Medicaid community mental health services.



The economic impact of behavioral health disorders is considerable. According to the World Health Organization, mental illness accounts for more disability in developed countries than any other group of illnesses, including cancer and heart disease. Simply put, Ohio cannot afford the lost productivity and social consequences of untreated mental illness.

The support demonstrated by Gov. Kasich and members of the General Assembly to address these challenges is appreciated. Leveraging that support, our system has moved forward in many areas. However, there is much more yet to do. It is our responsibility within the mental health field to continue to develop creative approaches that effect positive change for all Ohioans and their families who struggle with the impact of mental illness.

I continue to be impressed by the many ways that our staff members exhibit professionalism and compassion toward people who are most in need of help. They are making a very real and meaningful difference in the lives of Ohioans with serious and persistent mental illness. Whether through clinical care, appropriate regulation, program administration or client advocacy, they assist individuals and families — who are often in a very fragile state — to embark on a path to recovery. This report recognizes that contribution, which is a meaningful component of Ohio's overall mental health system.

Sincerely,

*Tracy J. Plouck*

Director, Ohio Department of Mental Health

# The mental health system

During State Fiscal Year 2012 (SFY12), the mental health system served 124,021 children/youth and 233,761 adults in the community and provided inpatient care in state-run psychiatric hospitals to 7,721 people. While most Ohioans have some insurance coverage for mental illness, people with serious and persistent mental disabilities — such as schizophrenia, bipolar disorder or major depression — often depend on this public system, which serves as a safety net for the uninsured, people living in poverty and individuals who require more specialized care.

The Ohio Department of Mental Health (ODMH) collaborates with county mental health and recovery boards, and community agencies, to provide services and supports built on evidence-based best practices. The 50 publicly funded county boards contract with provider agencies to serve individuals in their communities, including Medicaid-eligible recipients. During 2012, ODMH certified that 389 provider agencies — including 36 consumer-operated services — met the requirements contained in the Ohio Administrative Code and had obtained appropriate behavioral health accreditation.

ODMH also operates six public regional psychiatric hospitals that focus on maximizing recovery potential so that people with mental illnesses are successful and satisfied upon discharge. These facilities admit both voluntary patients and those committed by criminal and probate court systems.

In addition, ODMH manages oversight and licensing functions for 83 private acute psychiatric inpatient units or free-standing hospitals in Ohio, as well as residential facilities that provide treatment services and/or housing to mental health consumers. In SFY12, ODMH assumed regulatory responsibility for 674 Adult Care Facilities and 89 Adult Foster Homes, which was previously under the Ohio Department of Health.

Personnel in ODMH's central office develop and maintain initiatives that improve clinical quality, protect individual rights and educate the public on mental health issues, resources for treatment and recovery supports. The Office of Support Services provides wholesale pharmaceuticals and food items in addition to a complete line of pharmacy services.

A national report released in January 2012 revealed that 45.9 million American adults aged 18 or older (20 percent of this age group) experienced mental illness in the past year. The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health also shows that 11.4 million adults (five percent of the adult population) lived with *serious* mental illness in the past year. As defined, serious mental illness is a functional impairment that substantially interferes with or limits one or more major life activities. For example, it disrupts a person's ability to work or to interact socially or with family.

According to the SAMHSA study, adults experiencing any mental illness in the past year were also more than three times as likely to have met the criteria for substance dependence or abuse in that period than those who had not experienced mental illness in the past year (20 percent versus 6.1 percent).

It is estimated that nearly two million Ohioans will need mental health services during their lives for problems ranging from situational stress to severe and chronic mental illness. However, in terms of national treatment statistics, only about half of the people who could benefit from services actually access them.

The economic impact of not treating mental illness is far greater than the cost of treatment. Mental illness rivals heart disease and cancer in its pervasiveness. It is the leading cause of suicide and the leading health-related cause of disability, a driver of chronic homelessness and school failure, a significant challenge in the adult and juvenile correctional systems and a major consequence of child abuse and trauma.

A longevity study conducted in Ohio by the ODMH Office of Research and Evaluation confirmed that people with serious mental illness have a much shorter life expectancy. A contributing factor is untreated or uncoordinated treatment, and follow-up for chronic physical conditions.

Our job is to facilitate the access of persons with a mental illness to public services at federal, state and local levels. Ohio's public mental health system provided care to more than 350,000 people during 2012.



*The Center for Families and Children in Cleveland received an award from ODMH for its efforts that landed a competitive federal Primary and Behavioral Health Care Integration Grant. The community mental health center now connects families with specialists in medical and dental care, as well as behavioral health supports. Above are Mary Hull (left), vice president of Program Services, and Alesha Washington, director of Executive Administration and Government Relations. Artwork created by children at the center is featured on the cover of this 2012 Annual Report.*



*On Dec. 12, 2011, Gov. John R. Kasich hosted members of the NAMI Ohio board and other advocates at the Governor's Residence. He listened as parents spoke about their experiences supporting children with mental illness and offered his own perspectives on serving Ohio's most vulnerable citizens. NAMI Ohio Executive Director Terry Russell is in the background.*

## Transforming Medicaid care and costs

Beginning in 2012, the State of Ohio became responsible to fund community mental health Medicaid services rather than requiring the local ADAMH boards to do so. This provides more financial predictability for the local boards and enables them to focus local resources on local priorities such as housing and services for children.

To reduce the growth of Medicaid expenditures during the state's 2012-13 biennium, ODMH also established limits on specific community mental health Medicaid benefits. The department incorporated meaningful input from the field – advocates, boards and providers – to design and implement the changes. Medicaid cost-containment strategies support medically necessary treatment while ensuring financial sustainability and preserving funding for non-Medicaid services.

### **New Medicaid health homes concept will benefit beneficiaries with chronic mental and physical illnesses**

Physical health conditions such as diabetes and heart disease are common for people with serious and persistent mental illness. These conditions, often exacerbated by medications taken to treat mental illness, are preventable when care providers treat the whole person instead of a particular illness. In November 2011, ODMH and the Ohio Department of Job and Family Services (ODJFS) launched the health homes initiative to improve care coordination and build bridges between physical and behavioral health care benefits, funding and treatment.

The result is a new benefit option for Ohio Medicaid enrollees with serious and persistent mental illness (SPMI). A health home is not a building. It is a care management service based on a holistic concept of treating the whole person through a team approach. The team addresses clinical care needs and also links people to non-clinical community supports. Health homes aim to integrate physical and behavioral health care by offering and facilitating access to medical, behavioral and long-term care, and social services. These services, coordinated by an individualized care team working through a community

behavioral health provider, will assist people in receiving high-quality and timely care, whether it is related to heart disease, asthma, dental care, nutritional guidance, addiction or mental illness. Helping the individual to adhere to treatment protocols and follow-up will be a key element, as will family education and support.

The up-front investment in primary care is expected to stem the growth of Medicaid by creating an overall healthier population. The assumption is that with more comprehensive treatment, the SPMI population will be healthier and require fewer hospital admissions and other high-cost medical care. Currently, the average cost to Ohio Medicaid to treat an adult with SPMI who has other chronic conditions is three times higher than the average cost of treating an adult who does not have SPMI.

The health homes initiative is scheduled to begin in five Ohio counties in October 2012 and move statewide by July 2013. The counties in the first phase – Scioto, Adams, Lawrence, Butler and Lucas – represent three regions of the state and include rural, suburban and urban populations.



*An internal project at ODMH enlisted staff members who are also veterans to share their personal experiences with colleagues to help them gain perspective on the military experience. Above, left to right, are William Seward, Johnna Fraser, Teri Hill and Lisa Ghee. Hill works in Licensure and Certification, and Seward, Fraser and Ghee are with Information Services.*

## Jail diversion and forensic programs

### **Trauma recovery program prioritizes veterans**

In recognition of the impact of trauma on veterans who come into contact with the criminal justice system, SAMHSA has awarded grants to 13 states for Jail Diversion and Trauma Recovery. These grants support local implementation and statewide expansion of trauma-informed jail diversion programs for people with post-traumatic stress disorder (PTSD) and other trauma-related conditions, with a priority to veterans. ODMH oversees the Ohio project, known as Project Vets Intervention Program.

Project Vets seeks to assist justice-involved veterans and their families using a three-pronged approach, which includes prevention, diversion and recovery supports. It is designed to create links among decision makers and educate a full range of constituents, including judiciary, legislature, families, service providers and public safety professionals. Building on previous statewide collaborations, these changes enhance and support a

sustainable and responsive system for serving veterans affected by trauma or PTSD.

The Ohio PVIP pilot, located in Hamilton County, established both felony and misdemeanor docket Veterans' Courts focused on connecting participants to VA benefits and treatment services, including trauma-specific services. For participants who are not VA eligible, trauma-specific services are available from a court clinic. During 2012, ODMH launched a second pilot in Mansfield's Municipal Court. More than 120 veterans were enrolled in the ODMH-led cross-site evaluation of the project as of January, accessing treatment, care coordination and peer mentoring.



*Representatives from 11 different Summit County jurisdictions completed Crisis Intervention Team training in April 2012. Summit County was the first in the state to offer CIT. This was its 25th class.*

### **More than 5,500 officers have learned de-escalation techniques through Crisis Intervention Team training**

As of May 2012, Crisis Intervention Team (CIT) training has been completed by 5,569 law enforcement officers in 77 Ohio counties during the past 12 years. They learned practical techniques for de-escalating crises and diverting people living with mental illness into treatment. More than 300 security personnel at 52 colleges and universities have also attended CIT training, as well as 74 park rangers, 165 police dispatchers and other individuals involved in the corrections or security fields. This training is presented through the Ohio Criminal Justice Coordinating Center of Excellence (CCOE), which was established in May 2001 to promote jail diversion alternatives for people with mental illness throughout Ohio. The Center is funded by a grant from ODMH to the County of Summit Alcohol, Drug Addiction and Mental Health Services Board, which contracts with the Northeast Ohio Medical University to operate the Center.

Research on Ohio CIT programs has demonstrated that those who complete the training feel more prepared to work with people with mental illness or addictions when in crisis. Other outcomes of the training include lower incidents of injury to anyone involved, enhanced working relationship of patrol officers with county crisis workers and fewer repeat calls for service of patrol officers with mental health consumers. Believing that it is not a crime to have a mental illness, the Criminal Justice CCOE hopes to reverse the trend in what has become known as "criminalization of the mentally ill."

### **Grants awarded to ADAMHS boards for offender re-entry**

During SFY12, ODMH awarded grants to 14 ADAMHS boards for community services and supports to individuals who are leaving the criminal justice system. These dollars are to increase timely access to mental health services for offenders leaving a state prison, encourage participation of offenders to continue treatment upon discharge and increase likeliness of success re-entering society. Total funding through federal Block Grant and state general revenue dollars was \$600,000 for SFY12.

In the first quarter the grant funds were distributed (January-March 2012), more than 80 offenders were served with in-reach (contact prior to leaving prison), temporary housing, transportation from prison and/or to appointments, treatment (including group and individual therapy, community psychiatric support services and medication) and purchase of personal necessities such as clothing and food until other benefits could be initiated. Positive outcomes have been reported. Eighty-seven percent of the offenders attended their first community mental health appointment and 74 percent were seen by a clinician within 14 days of release for continuation of medication. Approximately 350 offenders will be served by these dollars.

### **Regional trainings allow criminal justice and mental health treatment professionals to share perspectives on risk**

During 2012, ODMH conducted six Regional Forensic Trainings that brought together various stakeholder groups who are either directly or peripherally involved in the forensic mental health system. The trainings provided basic knowledge about the roles and responsibilities of various entities that are involved in the assessment, treatment and monitoring of individuals who are eligible for conditional release, that is, people who have been found by the court to be not guilty by reason of insanity or incompetent to stand trial — unrestorable under criminal court jurisdiction.

Although knowledgeable about their own roles, participants welcomed the opportunity to present their perspectives in the same room at the same time. Audience members consisted of representatives from the criminal court system (specifically judges, prosecutors and defense attorneys), local ADAMHS/CMH boards, and community providers that treat people on conditional release. Each learned of the "behind the scenes" work performed by others in the system; an understanding that will enhance collaborative relationships.

The trainings in Cincinnati, Columbus, Northfield, Athens, Massillon and Toledo were co-sponsored by the Ohio Association of County Behavioral Health Authorities, the Ohio Judicial Conference, and the Ohio Council of Behavioral and Family Services Providers. Each was held at or near an ODMH regional psychiatric hospital and featured our clinicians who discussed their responsibilities to treat people with a forensic legal status and specifics regarding their assessment of violence risk and patients' abilities to manage increasing levels of freedom and privileges. Hospital staff also identified the steps that they take to prepare patients for conditional release, highlighting the numerous checks and balances in place.

Colleagues from the Community Forensic Psychiatry Centers described the evaluations mandated by statute that provide another violence risk assessment before someone is granted conditional release. Forensic Monitors spoke about their re-

sponsibilities for release planning, risk assessment/management and communication with the court on the individual's progress in the community. Treatment providers explained how they act as the "eyes and ears" for the Forensic Monitors. In addition, local judges and representatives of ADAMHS/CMH boards discussed their responsibilities and perspectives.

### Community Linkage connects DRC offenders with services

The ODMH Community Linkage Program, which is operated in Ohio Department of Rehabilitation and Correction (ODRC) institutions, provided 1,590 offenders who have serious and persistent mental illness with appointments and/or community resources to support their successful transition to the community during SFY12. Linkage staff members also work with the offenders and the Social Security Administration to secure benefits in an expedited manner. During SFY12, the community linkage staff received 151 Social Security referrals. Applications were completed on 108 offenders, resulting in 81 new approvals. In total, as a result of the Forensic Social Security Pre-release Program, 124 offenders were either re-connected with benefits or newly approved.

### Juvenile Justice team balances risk and safety

The Behavioral Health and Juvenile Justice (BHJJ) Task Force is working to bring state partners together to identify the most effective approaches for youth who are at risk of behavioral health issues or delinquency. While clinicians, judges, educators or corrections officers cannot predict who is at risk of violent behavior, together they can get the right resources to youth, families and communities at the earliest possible time. ODMH and the Ohio Department of Youth Services have jointly sponsored the community-based BHJJ projects since SFY06. During 2009-2011, six counties were funded to provide comprehensive assessment, evidence-based treatment interventions and supportive services to more than 600 youth and families enrolled in the BHJJ program. Nearly two-thirds of the involved youth completed treatment services successfully.



*Jim Adams, executive director of the Geauga County Board of Mental Health and Recovery Services, traveled to ODMH headquarters in Columbus to offer his perspective on how the local behavioral health community mobilized after the tragic Chardon High School shooting on Feb. 27, 2012. Within 12 hours, more than 75 mental health professionals were on site to provide counseling and grief assistance, and within 72 hours, a preliminary county-wide recovery plan was drafted.*

## Looking forward

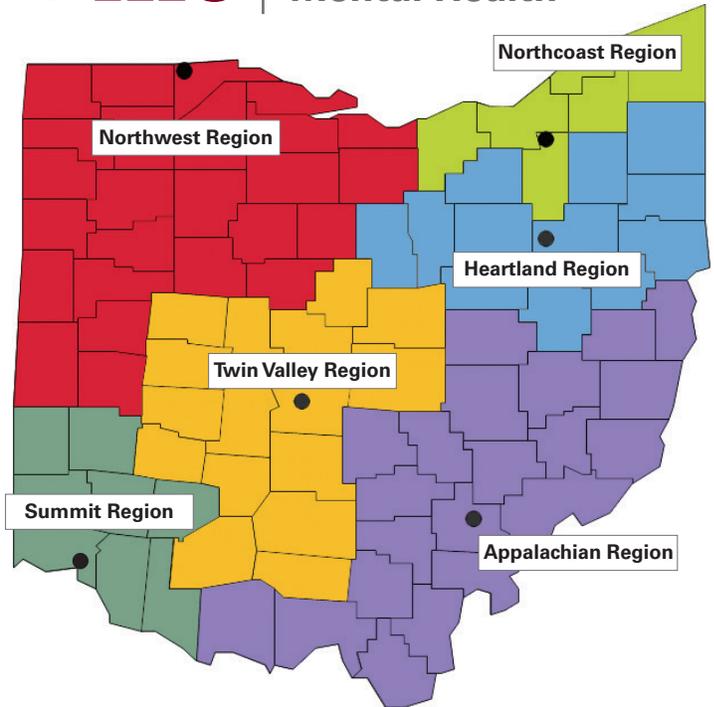
### Ohio Departments of Mental Health and Alcohol and Drug Addiction Services to Become One

In 2012, the Ohio Office of Health Transformation joined both departments in announcing a year-long process to result in the merger of two Cabinet-level state departments into one. Both departments recognize that it is crucial for treatment success that addiction services and mental illness services be maintained with programmatic integrity and as funding priorities. The goal is to have a system in place for prevention and treatment of mental illness and addiction with no wrong doors, shared resources and combined expertise. There are numerous reasons why this new structure makes sense for Ohioans in need of behavioral health services and for Ohio taxpayers.

- Mental illnesses and addictions are both biological brain disorders with genetic and/or neurobiological factors.
- The destructive capacities of both illnesses are enormous. The cost to society is similarly great. Unfortunately, both diseases may remain undetected for years before treatment is accessed.
- Clients will benefit from specific expertise in prevention, assessment, treatment, and knowledge of best practices by clinicians who specialize in substance abuse and/or mental illness and have been cross-trained in both specialties.
- The social supports and community resources that people with both types of brain diseases need are very similar.
- Barriers in billing and treatment can be overcome; regardless of how a patient presents in crisis, the care should be eligible for payment.
- Community planning, fiscal reporting and regulatory functions will align to make things simpler for the ADAMHS boards and service providers who touch both sides of behavioral health.
- Streamlined administrative functions benefit the entire behavioral health system and result in future cost savings.

Not everyone with mental illness has a substance abuse issue, but the percentage of those who live with both issues is high. There is a combined federal Substance Abuse and Mental Health Services Administration (SAMHSA). According to SAMHSA's 2011 National Survey on Drug Use and Health (NSDUH), 20 to 25 percent of individuals with a mental illness will also have a substance use disorder. In ODMH's regional psychiatric hospitals, rates in excess of 50 percent are consistently found. Also according to NSDUH, it is common for people with substance abuse disorders to experience symptoms of mental illness.

Initiatives and programs of both agencies will be maintained. The opportunity to work as a team will allow staff members to be more effective in responding to the needs of Ohio residents. The Administration will seek statutory authority for the new agency with the goal of an effective date of July 1, 2013. Questions or comments can be directed to [consolidationquestions@mh.ohio.gov](mailto:consolidationquestions@mh.ohio.gov).



Each regional psychiatric hospital is in compliance with the national standards set by The Joint Commission and the Centers for Medicare and Medicaid Services. The statewide average length of stay for civil discharges is 11.5 days. A forensic patient's length of stay is determined by the committing criminal court and can vary from months to many years.



### Northwest Ohio Psychiatric Hospital (NOPH)

930 Detroit Ave., Toledo  
Toll-free (877) 970-4325

Capacity: 114  
Public beds per 100,000 population: 6.6  
SFY12 admissions: 592  
CEO Mychail Scheramic, Psy.D.  
CCO Thomas Osinowo, M.D.

### Summit Behavioral Healthcare (SBH)

1101 Summit Rd., Cincinnati  
Toll-free (888) 636-4724

Capacity: 291  
Public beds per 100,000 population: 12.5  
SFY12 admissions: 798  
CEO Liz Banks  
CCO Larry Ostrowski, M.D.



### Heartland Behavioral Healthcare (HBH)

3000 Erie St. S., Massillon  
Toll-free (800) 783-9301

Capacity: 148  
Public beds per 100,000 population: 8.6  
SFY12 admissions: 1,180  
CEO Jeffrey Sims  
CCO Steven Thomson, M.D.



### Northcoast Behavioral Healthcare (NBH)

1756 Sagamore Rd., Northfield  
Toll-free (800) 557-5512

Capacity: 260  
Public beds per 100,000 population: 10.2  
SFY12 admissions: 1,692  
CEO David Colletti  
CCO Muhammad Momen, M.D.

### Twin Valley Behavioral Healthcare (TVBH)

2200 W. Broad St., Columbus  
Toll-free (877) 301-8824

Capacity: 174  
Public beds per 100,000 population: 7.4  
SFY12 admissions: 1,598  
CEO Karen Woods-Nyce  
CCO Alan Freeland, M.D.



### Appalachian Behavioral Healthcare (ABH)

100 Hospital Dr., Athens  
Toll-free (800) 372-8862

Capacity: 88  
Public beds per 100,000 population: 9  
SFY12 admissions: 864  
CEO Jane Krason,  
CCO Max McGee, M.D.



The TVBH campus also includes the 52-bed Timothy B. Moritz Forensic Unit, a high-security facility serving the entire state. This unit had 46 admissions during SFY12 that were related to criminal court commitments.

*Although ODMH's regional hospital system does not serve children or adolescents, the beds per 100,000 calculation is based on total population.*

## Best practices within our six regional psychiatric hospitals increase access and quality of care

On a daily basis, approximately 1,000 individuals are receiving comprehensive in-patient treatment at our regional psychiatric hospitals. In the course of a year, more than 6,500 individuals are admitted and discharged. The hospital system also provides prevention, education and outreach programs in a community-supported environment.

Ohio has fully implemented processes for standardization of practices throughout all state-operated hospitals, and has moved several of the initiatives into community settings to improve the health and well-being of individuals with severe mental illness by addressing additional health problems.

During 2012, ODMH continued to realign its hospital service areas that provide access to acute inpatient mental health care for citizens served by the county ADAMHS Boards or placed by the local court systems. Despite reducing the number of buildings and overhead costs, ODMH has been able to maintain a constant capacity of about 1,150 beds during the last decade, ensuring that both civil and forensic patients can access treatment. The civil (or voluntary) patients make up about 40 percent of those in treatment with an average length of stay of 11.5 days. About 60 percent of those treated are "forensic," meaning under the jurisdiction of the civil or criminal courts. They may stay months or years based on their charges and the direction of the court.

Capital dollars saved after a hospital in Cleveland was officially closed on June 30, 2011, have been re-purposed to improve environments at remaining state hospitals and operational savings benefit the community mental health system. Mental health treatment in the community rather than in a hospital setting can improve recovery and is a more efficient use of taxpayer dollars. Furthermore, we have continued to partner with local communities for redevelopment of our excess properties. Through legislation passed in 2012, the former Cleveland hospital is scheduled to be transferred to Metro Hospitals for its campus expansion planning. Also, a 12-acre parcel of excess property at our Summit Behavioral Healthcare site was sold to the City of Cincinnati and has since been developed for a manufacturing facility and a warehouse/office building.

One of the major priorities for the ODMH Hospital Service Division moving into 2012 was to acknowledge and promote improvements in the quality, consistency and efficiency of the clinical care within the regional psychiatric hospital (RPH) system. More than 60 hospital personnel representing all six RPHs gathered during a period of three months in the summer of 2011 to operationalize the Hospital System of Care. These system leaders developed a process that drives improvements



*Above: Northcoast Behavioral Healthcare CEO Dave Colleti (foreground) offers input on standards of care during a meeting of the Hospital Services Quality Work Team.*



*Left: Summit Behavioral Healthcare Director of Nursing Barbara Valerius participates in a System of Care strategic planning meeting.*

within our hospitals to better serve our consumers and the citizens of Ohio.

This System of Care initiative identified major clinical and administrative priorities for the provision of patient care, with an emphasis on reducing variation and improving access, safety, quality and efficiency for the system. A strategic plan for Hospital Services will focus on a shared set of goals, objectives and strategies moving forward.

"These are very challenging times for everyone. Day after day images of tragedies appear on our televisions," said ODMH Medical Director Mark Hurst, M.D. "Many are losing jobs, homes, family and friends. As our leaders are working hard to figure out ways that we can afford healthcare for those who need it, we must continue to utilize our resources to the best of our ability to do what we do best — care for our patients.

"The good news is that, as mental health professionals, we are incredibly resourceful people and experts at doing the best we can with what we have," Hurst continued. "We keep the focus on our patients, identify their needs and determine how best to work collaboratively with them to meet those needs. In doing so, we gain personal satisfaction by achieving the best possible outcomes for patients."

All ODMH regional psychiatric hospitals are accredited by The Joint Commission. Accreditation is a measure of success for hospital management and an assurance of quality to the citizens of Ohio who utilize these services.



Ohio Department of Mental Health Hospital Services



Left: The Rise Sister Rise™ project hosted “When We Were Girls: Telling Our Stories of Trauma and Resiliency,” which featured five nationally known speakers at the Lincoln Theatre in Columbus.

• Moderator: Kay Rietz, Assistant Deputy Children, Families and Prevention, ODMH  
Ohio Rise Sister Rise Study Results



ODMH Deputy Director Debbie Nixon-Hughes (photo above, right) and ODMH Research Chief Kraig Knudsen (photo left) discuss the study results at COSI in Columbus.



Left: Fran Frazier with a young audience member at the results event at the Center of Science and Industry.

More than one-fifth of girls reported a family member with substance abuse issues, or mental illness. And more than 25% of girls indicated they had experienced physical abuse, had a mother who was battered, or a family member who was incarcerated.

- Rise Sister Rise study

## Trauma and resiliency in urban Ohio’s African-American girls explored

There are approximately 201,000 African-American girls living in Ohio’s communities, with the majority of them residing in metropolitan areas. Research suggests that urban African-American girls are exposed to more traumatic stressors than children of other racial groups. The Rise Sister Rise™ project undertaken by ODMH with Fran Frazier, WomensWork<sup>for</sup>cf, Inc., and Mental Health America of Summit County evaluated the impact of trauma and the resulting resiliency of this population.

During 2011, a total of 409 girls, ages 11-18, were surveyed in four cities: Akron, 125; Columbus, 101; Dayton, 109; and Lima, 74. They were asked about their social relationships, school performance and leisure activities, adult influences, exposure to violence or their own aggression toward others. Surveyors utilized questions from a similar survey of black girls in New York City, the ongoing Adverse Childhood Experiences Study by Kaiser Permanente and the Recent Exposure to Violence Scale.

Study results were presented at a gathering of stakeholders at the Center of Science and Industry (COSI) in Columbus on July 6, 2011. The entire report is available on the ODMH website. Here are a few highlights: 57 percent were children of divorced parents, 54.6 percent experienced emotional abuse and 48.4 percent emotional neglect; 26.9 percent experienced physical

abuse, and 15.8 percent were sexually abused.

When sad or depressed, they most often coped by listening to music (35.5 percent), followed by being alone somewhere (22.8 percent) or talking to a friend, boyfriend, parents or other family members (adding up to 23.2 percent). Twenty-eight percent imagined life would be easier if they were not black. About one-fifth to one-third answered positively to questions about being depressed or ever attempting suicide. However, the study also showed that most of the girls had high expectations for themselves, close relationships with their mothers, and positive values and identity.

How do we help black girls become resilient in spite of the traumas they face? Frazier believes that when girls are encouraged, given opportunities to think critically, and supported by the adults around them, it empowers them to successfully meet life’s challenges with a sense of self-determination, confidence, well-being and hope for the future.

Initial funding for Rise Sister Rise™ was supplied by a Mental Health Transformation State Incentive Grant from the Substance Abuse and Mental Health Services Administration.

## Ohio emerges as a leader in providing options to live more independently

### Supporting Olmstead through HOME Choice and PASRR

Appropriate housing is critical to recovery for people with serious mental illnesses (SMI). It is also a key to rebalancing Ohio's long-term care options, saving taxpayer dollars and increasing independence for people who don't require institutional care. ODMH continues to advocate for individuals diagnosed with SMI, through federally mandated Pre-Admission Screening and Resident Reviews (PASRR). These evaluations ensure that individuals are placed in the setting that is most appropriate for their needs. ODMH issued 6,915 determinations under the PASRR program during calendar year 2011, an increase of approximately 4.5 percent compared to 2010. As of June 2012, the department issued an additional 3,461 determinations.

The HOME Choice program is Ohio's version of the federal Money Follows the Person Demonstration Grant that develops alternatives to institutionalizing adults and children with behavioral health disorders and other disabilities who desire and are deemed appropriate for community living. Led by the Ohio Department of Job and Family Services, HOME Choice provides enhanced supports to individuals with disabilities who are transitioning from extended stays in long-term care facilities into more integrated community-based settings. It provides services that are not available on Ohio's Medicaid State Plan to eligible individuals on a time-limited basis to ensure that their transition is effective and long-term.

While the program is available to people with all types of disabilities, individuals with serious and persistent mental illness (SPMI) became a focus in early 2011. ODMH added a liaison position in its PASRR office specifically to assist individuals with mental illness who are younger than age 60, eligible for Medicaid and residing in nursing homes. If these individuals are able and prefer such a transition, HOME Choice can help them locate housing, connect to community services and learn skills to live more independently.

During the first three years (2008-2010) of the program's state-wide operation, only 34 individuals with a primary diagnosis of mental illness had transitioned back into the community. By contrast, from January 2011-May 2012, HOME Choice aided 323 individuals to do so. A key reason for this success has been increased involvement of community mental health organizations that have become HOME Choice providers. At the beginning of 2011, Ohio had only two agencies that primarily serve individuals with mental illness as HOME Choice providers. As of May 2012, that increased to 25 providers covering 49 counties. HOME Choice continues to expand.

### Ohio partners with National Church Residences

For many low-income seniors and individuals with disabilities who are unable to live on their own, a nursing home may be their only option, even when they don't need the intense level of care such facilities provide.

During SFY12, the National Church Residences and the Ohio Office of Health Transformation developed a partnership to create new health care and housing options for Ohio residents

with long-term care needs. The goal is to invest in community-based options that will promote a better quality of life, while also saving the state tax dollars spent on Medicaid costs. For example, enabling a person to move from skilled nursing to affordable assisted living, where he or she can receive services, supports and assistive technology tailored to specific needs can save the state \$30,000 per person per year.

*"I felt there was no hope, but apparently I was wrong. At 63, I did not want to spend my life in a nursing home where I did not belong. Today, I don't have to.*

*- former seven-year nursing home resident*

ODMH Director Tracy Plouck chairs the Office of Health Transformation's Housing Work Team that is focused on redirecting state expenditures toward options that provide better experiences for citizens and higher quality for public dollars. More assisted living and fewer skilled nursing placements are only one option among a spectrum of better investment strategies.

The Kresge Foundation awarded a \$150,000 grant to National Church Residences and the Office of Health Transformation to establish a plan for developing housing scenarios that provide a more appropriate level of care, thereby stretching Medicaid dollars. This project aligns with the Money Follows the Person Demonstration Grant.

### Capital support to build and maintain communities

Through our Capital Planning and Management Office, grant allocations for community projects totaled \$7.5 million for SFY10/11. These brick-and-mortar projects are used to develop housing and improve community environments for crisis stabilization, residential treatment, mental health programming and peer-support services. In addition, a new and expanded partnership with Ohio Housing Finance Agency has created opportunities for our community boards/agencies to leverage additional funds for critical renovation of previously ODMH-funded capital projects. These renovations will preserve and lengthen the life of existing housing units.

### Essential repairs at Adult Care Facilities

As of July 1, 2011, responsibility for Adult Care Facilities (ACF) licensure transitioned to ODMH from the Ohio Department of Health, and the Residential State Supplement (RSS) program administration transferred to ODMH from the Ohio Department of Aging. ACFs provide room, board and personal care for individuals who reside in the community, but need assistance with daily living. Ohio's RSS program provides a cash subsidy for room/board and Medicaid coverage for eligible applicants who live in these types of community homes.

During SFY12, ODMH began to administer \$1 million from the Ohio Housing Trust Fund to pay for critical repairs at ACFs throughout the state. The fund will enable more than 100 ACFs in improving the habitability and safety of their facilities during SFY13, thereby ensuring that vulnerable populations will not have to reside in more restrictive and costly care settings.

## Grants address homelessness in multiple ways

Projects for Assistance in Transition from Homelessness (PATH) is a federal program that allows local mental health systems to reach out to people with a mental illness who are experiencing homelessness and connect these individuals with mental health services, housing and other entitlement/benefits.

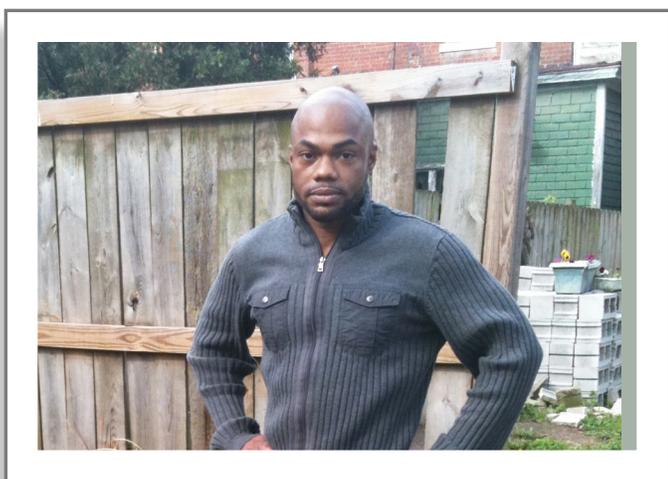
Ohio's SFY12 PATH grant from SAMHSA was \$2,210,000. These dollars funded projects in the following counties: Butler, Cuyahoga, Franklin, Hamilton, Lake, Lorain, Lucas, Mahoning, Montgomery, Stark, Summit and Trumbull, as well as one mini-grant project in Columbiana County. ODMH also continued to fund three projects during SFY12 that were specifically directed to help homeless veterans. These operate in Butler, Cuyahoga, Franklin and Hamilton counties. From July 1, 2011, through April 7, 2012, 210 veterans were served.

Beyond PATH grants, ODMH also provides match dollars to ADAMHS boards specifically for supportive housing projects funded through the Department of Development. Communities can then leverage more resources with fewer local dollars. In SFY12, Ohio communities were able to access \$2,953,913 for homeless assistance by partnering with ODMH.

## Supporting children and families from birth through adulthood

For Ohio Children's Mental Health Awareness Week, May 6-12, 2012, four state leaders addressed the importance of mental health by recording a podcast with advice on how to support Ohio's children and youth. In addition to ODMH Director Tracy Plouck, Director Ted Wymyslo, M.D., of the Ohio Department of Health; Stan Heffner, superintendent of the Ohio Department of Education; and Director Orman Hall of the Ohio Department of Alcohol and Drug Addiction Services; were featured in the podcast. A Resource Toolkit on Caring for Every Child's Mental Health in Ohio was also widely distributed.

In other activities, youth read the proclamation from Gov. John Kasich recognizing Children's Mental Health Day in Ohio on May 10 at the annual Resiliency Ring event at the Statehouse. Youth, parents and family advocates were honored by their



*The Center For Evidence-Based Practices at Case Western Reserve University in Cleveland is currently assisting 26 Ohio agencies in implementing Evidence-Based Supported Employment for people who have serious mental illness. Cody, above, landed a job through the program. "Work gives me purpose and discipline, it makes me feel alive," he said.*

peers for promoting a positive future: Dakota Kidd, Cincinnati; Kanisha Dumas, Columbus; Kathy Stanley, Creston; Nancy Harrison, Springboro; Heidi Soloman, Beechwood; and Jean Houston, Batavia.

The ODMH Office of Children, Families and Prevention promotes the social, emotional and behavioral well-being of Ohio's children and youth. In collaboration with the Help Me Grow Program within the Ohio Department of Health, what began as the pilot Maternal Depression Screening Project became a fully integrated element of the Help Me Grow system statewide beginning with SFY12.

Since 2000, ODMH has supported an Early Childhood Mental Health Consultation program in Ohio. More than 27,630 children participated in the program in early care and education settings in SFY11. Of the children receiving center-based consultation services, only 81 children (0.32 percent) were removed from the classrooms due to behavioral concerns. The project has also developed a collaborative effort between local mental health and child welfare agencies. It delivers consultation and treatment services to children birth to age six involved with the child welfare system and includes their families (whether birth, custodial, adoptive or foster). During SFY11, 1,347 children received services. Of the 48.5 percent of children at risk of removal from their home at the start of services, 88.9 percent were maintained in the home.

## Pediatric Psychiatry Network for doctor consultations

In 2010, Ohio became the first state to create a 24/7 pediatric psychiatry consultation network. Ohio's Pediatric Psychiatry Network is a public/private partnership with children's hospitals, child psychiatry residencies and ODMH. It provides a single, statewide toll-free number and website application to allow primary care providers access to quick same-day consultation by child and adolescent psychiatrists to help in assessing and treating their patients. During SFY12, participating psychiatrists provided 244 professional consultations from 42 Ohio counties through the centralized call center.

Through the Pediatric Psychiatry Network, additional collaborative opportunities to improve patient care have become available. One example is a partnership with Ohio Medicaid to conduct a pilot program that provides telepsychiatry services to children and families living in rural, underserved areas of Ohio. This project is in the implementation phase and will begin providing real-time psychiatry consults in September 2012.

## Suicide Prevention

With \$275,000 in support from ODMH, the Ohio Suicide Prevention Foundation increased the number of counties with local prevention coalitions to 85 during SFY12. They provided gatekeeper training to many community members who are most likely to come in contact with someone who may be feeling suicidal. The foundation further advanced its efforts with post-vention through an annual Survivor's Conference.

According to the National Institute of Mental Health, suicide is common among older adults. Persistent depression that interferes with ability to function is not a normal part of aging. Furthermore, it's treatable. ODMH staff advise the Ohio Department of Aging, the Older Adult Behavioral Healthcare Coalition and the Supreme Court of Ohio's Subcommittee on Guardianship on issues related to successful aging, depression and suicide.

## Engaging and empowering youth

Ohio's population of youth and young adults ages 14-21 totals 1,287,162, with more than 90,000 having serious emotional disturbances or serious mental illnesses. These young people are caught between distinct child and adult mental health systems, which are separated by different policies, funding structures and eligibility criteria. The Ohio Department of Mental Health is a recipient of a federal System of Care Expansion Planning Grant to improve outcomes for transition-age youth and young adults who face such systemic barriers.

Ohio is using the one-year grant of \$772,095 toward youth-driven, cross-system strategic planning that will ENGAGE youth in setting up a better way to meet their needs. ENGAGE stands for "Engaging the New Generation to Achieve their Goals through Empowerment." The ENGAGE project will develop the state and local infrastructure across child- and adult-serving systems to support individuals ages 14-21 with serious mental health conditions and their families. A social marketing plan is being created, as well as the design of housing and peer-support services.

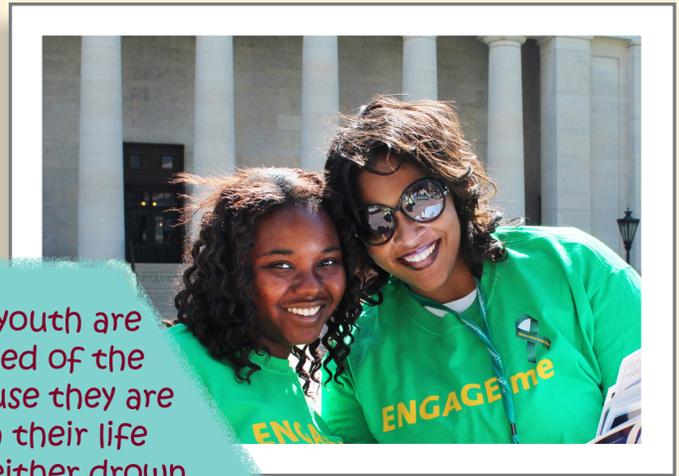
The ENGAGE planning grant will end in September 2012. However, Ohio has also applied for a follow-up System of Care Expansion Implementation Grant that will be announced at that time. This four-year grant opportunity would help ODMH and the Ohio Family and Children First Cabinet Council to build the infrastructure for effective youth-driven and family-guided local systems of care. With required match, up to \$1 million per year could be available to promote optimal wellness and recovery for our youth as they move toward independence and adulthood. It will address housing, education and training, employment and life skills.

The System of Care framework aligns with Ohio's belief that care coordination should serve the individual, not the system in which the individual is served. Even when youth have sufficient health care coverage and life skills to access adult mental health services, they may refuse to engage in services that are perceived as unresponsive to their individual needs and life goals. The collaboration among government and private agencies, providers, families and youth will strengthen Ohio through an array of coordinated community-based services. This proposed project is compatible with Ohio's priority to achieve better health, better care and cost savings through improvement.

Both grants are from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).

**"Transitional youth are the ones in need of the most help because they are at the point in their life where they can either drown in poverty and depression or get the help they need to turn their life around to become productive members of society."**

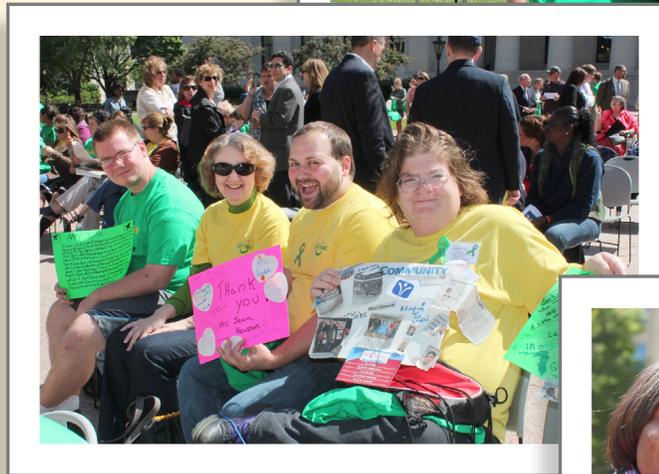
- a transition-age youth



*Mona Duffy (right), program manager with the Ohio Empowerment Coalition, poses with a youth outside the Ohio Statehouse.*



*Above: Kristie Rampe (left), Ohio Department of Alcohol and Drug Addiction Services, and Lynette Cashaw-Davis, ODMH, hand out T-shirts promoting ENGAGE.*



*Above: Clermont County Mental Health and Recovery Board Director Karen Scherra (second from left) and youth from that area take part in the 2012 Resiliency Ring event at the Ohio Statehouse.*



*Right: ODMH Director Tracy Plouck poses with Kanisha Dumas of Columbus, who was honored at the Ohio Children's Mental Health and Recovery Ring Week celebration.*

Tracy J. Plouck, Director

Mark Hurst, M.D., Medical Director

**Deputy Directors:**

Don Anderson, Administrative Services

Robert Short, Hospital Services

Vincent Conner, Human Resources

Michaela Peterson, Legal and Regulatory Services

Deborah Nixon-Hughes, Program and Policy Development

Missy Craddock, Public Affairs

**Innovative ideas for ADAMHS board collaboration to address “hot spots” solicited for SFY13**

Funding for community mental health services comes from federal, state and local sources. ODMH relies on state General Revenue Funds (GRF) for approximately half of its budget, and allocates approximately one-fourth of these funds to local Boards for the purchase of community services. Some, but not all, Boards also receive funding through local levies. Federal Block Grant funding is passed on to the community through ODMH. For SFY12, the Ohio Department of Mental Health received \$485 million in GRF.

In December 2011, ODMH Director Tracy Plouck announced a new strategy for allocating some of the funding that ODMH

sends to the 50 community mental health boards in the state for services to individuals who are not covered by Medicaid or other insurance. This approach to address “hot spots” of need in SFY13 will benefit citizens in need and stretch Ohio’s dollars through economies of scale. Collaborative board proposals have been received and will be funded in the next biennium.

**ODMH pharmacy director receives Governor’s Award**

On May 11, 2012, Gov. Kasich honored several state employees for excellence at a ceremony in the Statehouse. Diane McAllister is the regional pharmacy director for Twin Valley Behavioral Healthcare in Columbus and Appalachian Behavioral Healthcare in Athens, two of ODMH’s six regional psychiatric hospitals. She was recognized for her efforts to improve patient care and reduce purchasing costs.

**Research office enhances data collection, launches journal**

In collaboration with the Ohio Department of Alcohol and Drug Addiction Services, ODMH’s Office of Research and Evaluation piloted a web-based mental health record to collect client-level information on change in employment status, school attendance and criminal justice involvement. This inter-departmental work continues into SFY13 to enhance and streamline data reporting. The Research office also published the first online volume of *Behavioral Health in Ohio: Current Research Trends*, an e-journal of recently completed behavioral health research conducted in Ohio’s public mental health system. The first volume focused on consumer-operated service organizations.

**Department Expenses and Source of Funds**

Fiscal Year 2012 – This table reflects expenditure data as of 8/1/12 and is not final.

Type of expense <sup>1</sup>	Totals	General Revenue	Capital Improvement	State Special Revenue <sup>2</sup>	Intra-Govt. Service	Federal Special Revenue	General Special Revenue
Department Totals	\$986,255,505	\$483,211,831	\$2,626,398	\$10,970,702	\$80,074,182	\$394,757,027	\$14,615,365
State-Provided Services	\$ 216,782,733	\$192,575,691	\$1,986,092	\$1,178,087		\$15,994,832	\$5,048,031
Community Support Network (CSN)	\$9,253,845	\$8,867,727		\$4,606		\$196,730	\$184,782
Hospitals	\$207,528,888	\$183,707,964	\$1,986,092	\$1,173,481		\$15,798,102	\$4,863,249
Community-Provided Services	\$642,846,876	\$254,538,256	\$640,306	\$9,148,579		\$370,614,159	\$7,905,576
Administration	\$28,867,291	\$18,413,462		\$644,036		\$8,148,035	\$1,661,758
Central Office	\$28,165,300	\$17,711,471		\$644,036		\$8,148,035	\$1,661,758
Research Grants	\$421,623	\$421,623					
Education & Training Grants	\$280,368	\$280,368					
Support Services	\$80,074,182				\$80,074,182		
Debt Service	\$17,684,422	\$17,684,422					

1 ODMH’s accounting methodology is based upon the posting fiscal year, which is consistent with the Office of Budget and Management’s reconciliation process.

**Hospital Operating Expenditures, Populations and Costs Per Patient**

Fiscal Year 2011

	Operating expenses as computed in past years	(+) Fiscal Year 2011 Adjustments <sup>1</sup>	(-) Com. Support Network & Shared Services <sup>2</sup>	Net operating expenditures	Average daily resident population	Average annual cost per resident patient	Average daily cost per resident patient
Hospital Totals <sup>3</sup>	\$213,949,879	\$12,220,897	-\$11,524,062	\$214,646,714	977	\$219,750	\$602.06
Adult Regional Psychiatric Hospitals							
Appalachian Behavioral Healthcare	\$20,917,611	\$1,007,044	-\$2,200,651	\$19,724,004	76	\$259,826	\$711.85
Heartland Behavioral Healthcare	\$24,847,345	\$2,145,197	-\$640,029	\$26,352,513	112	\$235,452	\$645.07
Northwest Ohio Psychiatric Hospital	\$20,308,822	\$876,296	\$0	\$21,185,118	92	\$229,161	\$627.84
Northcoast Behavioral Healthcare	\$57,456,812	\$1,853,709	-\$6,152,197	\$53,158,324	252	\$211,274	\$578.83
Summit Behavioral Healthcare	\$41,467,658	\$3,984,068	\$0	\$45,451,726	252	\$180,096	\$493.41
Twin Valley Behavioral Healthcare	\$48,951,631	\$2,354,583	-\$2,531,184	\$48,775,029	193	\$253,364	\$694.15

1 Includes indirect costs, depreciation and interest expense

2 Includes all Shared Services and Community Support Network costs

3 ODMH’s accounting methodology is based upon the posting fiscal year, which is consistent with the Office of Budget and Management’s reconciliation process.

Photo at right focuses on two of many panelists who participated in the NAMI Ohio 2012 Annual Conference, which featured a "debate" format. Steve Stone, executive director of the Ashland County Alcohol, Drug Addiction and Mental Health Board, listens as Fred Frese, associate professor of psychiatry at Northeast Ohio Medical University makes a point.

Back Cover: A Mandala collage was created by patients at Twin Valley Behavioral Healthcare as part of a cultural celebration and art therapy.



## Mental Health/ADAMHS Board Expenditures By Fund Source - SFY 2011

Data contained in this table are directly taken from Board FIS-040 Reports provided to the Ohio Department of Mental Health during SFY12. The Medicaid category reflects the amount received for Medicaid FFP (federal financial participation). Data for 2012 not available as of 8/1/12. \* Data was not provided by Adams-Lawrence-Scioto in time for this report.

BOARDS	Total Receipts	Total Expenditures	Per Capita	STATE Amount % of Total	FEDERAL Amount % of Total	County Levy/Other Board Amount % of Total	Medicaid Amount % of Total	2010 Census Figures
Adams-Lawrence-Scioto*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	170,499
Allen-Auglaize-Hardin	11,615,292	7,173,977	38.92	3,674,989 51.2%	298,872 4.2%	304,591 4.2%	2,895,525 40.4%	184,338
Ashland	4,618,520	3,874,710	72.92	1,971,178 50.9%	103,207 2.7%	626,561 16.2%	1,173,764 30.3%	53,139
Ashtabula	12,057,975	11,629,595	114.58	3,059,341 26.3%	602,103 5.2%	360,652 3.1%	7,607,499 65.4%	101,497
Athens-Hocking-Vinton	12,908,630	12,547,737	116.65	2,715,813 21.6%	221,504 1.8%	2,970,867 23.7%	6,639,553 52.9%	107,572
Belmont-Harrison-Monroe	10,635,741	7,683,237	76.14	3,120,600 40.6%	540,383 7.0%	755,476 9.8%	3,266,778 42.5%	100,906
Brown	1,801,195	1,707,880	38.08	925,145 54.2%	87,726 5.1%	- 0.0%	695,009 40.7%	44,846
Butler	41,463,459	28,605,509	77.70	6,298,704 22.0%	477,964 1.7%	10,204,286 35.7%	11,624,556 40.6%	368,130
Clark-Greene-Madison	24,327,528	24,231,331	70.58	6,835,973 28.2%	472,612 2.0%	7,216,263 29.8%	9,706,483 40.1%	343,341
Clermont	20,126,672	10,902,524	55.24	4,273,496 39.2%	1,362,467 12.5%	1,574,005 14.4%	3,692,555 33.9%	197,363
Columbiana	8,255,394	8,062,081	74.76	2,752,746 34.1%	190,419 2.4%	1,453,370 18.0%	3,665,546 45.5%	107,841
Crawford-Marion	5,914,114	5,914,113	53.63	2,439,510 41.2%	208,934 3.5%	965,286 16.3%	2,300,383 38.9%	110,285
Cuyahoga	130,144,092	130,144,092	101.67	34,412,927 26.4%	3,700,788 2.8%	25,972,669 20.0%	66,057,708 50.8%	1,280,122
Defiance-Fulton-Henry-Williams	14,348,415	10,316,930	69.90	3,966,751 38.4%	381,696 3.7%	3,193,847 31.0%	2,774,636 26.9%	147,592
Delaware-Morrow	13,628,678	10,876,689	52.03	1,953,558 18.0%	171,302 1.6%	5,229,720 48.1%	3,522,108 32.4%	209,041
Erie-Ottawa	7,960,185	7,828,243	66.06	2,525,992 32.3%	165,836 2.1%	3,064,553 39.1%	2,071,862 26.5%	118,507
Fairfield	8,292,341	7,887,611	53.97	2,229,753 28.3%	137,735 1.7%	2,585,627 32.8%	2,718,954 34.5%	146,156
Franklin	119,377,148	115,741,840	99.48	19,079,061 16.5%	2,593,578 2.2%	41,958,553 36.3%	52,110,648 45.0%	1,163,414
Gallia-Jackson-Meigs	7,106,319	6,163,687	70.10	2,266,142 36.8%	213,245 3.5%	- 0.0%	3,684,300 59.8%	87,929
Geauga	9,789,971	7,167,621	76.75	1,746,167 24.4%	192,996 2.7%	3,807,519 53.1%	1,420,939 19.8%	93,389
Hamilton	101,624,823	101,624,823	126.66	22,235,208 21.9%	3,550,112 3.5%	42,028,926 41.4%	33,810,577 33.3%	802,374
Hancock	4,767,714	4,668,074	62.42	1,360,865 29.2%	124,311 2.7%	1,793,904 38.4%	1,388,994 29.8%	74,782
Huron	3,074,447	2,549,202	42.75	1,270,821 49.9%	108,085 4.2%	193,801 7.6%	976,495 38.3%	59,626
Jefferson	7,607,056	6,576,187	94.34	2,886,330 43.9%	431,575 6.6%	280,851 4.3%	2,977,432 45.3%	69,709
Lake	21,678,573	21,348,570	92.80	4,434,548 20.8%	689,185 3.2%	9,886,907 46.3%	6,337,930 29.7%	230,041
Licking-Knox	16,987,777	14,340,725	63.06	4,318,920 30.1%	264,077 1.8%	4,064,347 28.3%	5,693,381 39.7%	227,413
Logan-Champaign	3,695,110	3,653,402	42.50	1,734,107 47.5%	245,223 6.7%	611,849 16.7%	1,062,223 29.1%	85,955
Lorain	35,330,805	23,220,088	77.05	5,975,798 25.7%	387,174 1.7%	8,574,677 36.9%	8,282,438 35.7%	301,356
Lucas	54,475,903	52,366,127	118.53	12,144,011 23.2%	1,898,500 3.6%	13,878,310 26.5%	24,445,306 46.7%	441,815
Mahoning	16,962,592	15,821,548	66.25	5,475,844 34.6%	813,090 5.1%	3,257,155 20.6%	6,275,459 39.7%	238,823
Medina	5,292,632	4,955,807	28.76	3,033,258 61.2%	152,396 3.1%	299,058 6.0%	1,471,095 29.7%	172,332
Miami-Darke-Shelby	10,478,653	8,255,163	40.29	3,510,843 42.5%	278,908 3.4%	2,058,148 24.9%	2,407,264 29.2%	204,888
Montgomery	48,867,099	48,867,098	91.31	13,499,738 27.6%	939,180 1.9%	16,864,814 34.5%	17,563,367 35.9%	535,153
Muskingum Joint <sup>1</sup>	22,362,978	18,182,030	79.46	8,039,019 44.2%	356,101 2.0%	1,348,171 7.4%	8,438,739 46.4%	228,819
Paint Valley <sup>2</sup>	15,880,430	15,880,430	67.55	5,430,889 34.2%	730,786 4.6%	1,014,809 6.4%	8,703,946 54.8%	235,090
Portage	12,130,757	11,703,146	72.50	2,868,802 24.5%	205,239 1.8%	3,925,361 33.5%	4,703,744 40.2%	161,419
Preble	1,748,717	1,746,821	41.33	828,098 47.4%	87,406 5.0%	143,663 8.2%	687,655 39.4%	42,270
Putnam	1,189,753	1,189,753	34.49	609,445 51.2%	81,207 6.8%	170,000 14.3%	329,101 27.7%	34,499
Richland	10,174,482	8,536,915	68.58	3,523,476 41.3%	205,602 2.4%	1,373,841 16.1%	3,433,996 40.2%	124,475
Senca-Sandusky-Wyandot	6,181,424	5,478,774	39.05	2,685,236 49.0%	195,501 3.6%	570,968 10.4%	2,027,068 37.0%	140,304
Stark	31,528,218	29,633,046	78.90	9,101,505 30.7%	2,321,051 7.8%	6,710,517 22.6%	11,499,972 38.8%	375,586
Summit	58,530,968	58,530,968	108.03	14,032,569 24.0%	1,497,412 2.6%	20,812,539 35.6%	22,188,448 37.9%	541,781
Trumbull	18,576,297	14,948,337	71.08	4,665,830 31.2%	728,152 4.9%	2,260,084 15.1%	7,294,271 48.8%	210,312
Tuscarawas-Carroll	6,948,154	6,592,176	54.29	2,979,866 45.2%	256,619 3.9%	253,469 3.8%	3,102,222 47.1%	121,418
Union	2,780,856	2,366,787	45.25	849,790 35.9%	238,297 10.1%	704,786 29.8%	573,914 24.2%	52,300
VanWert-Mercer-Paulding	6,379,028	5,517,357	61.87	1,578,936 28.6%	132,074 2.4%	1,374,607 24.9%	2,431,740 44.1%	89,172
Warren-Clinton	13,835,096	13,835,096	54.31	3,785,902 27.4%	208,916 1.5%	6,128,247 44.3%	3,712,031 26.8%	254,733
Washington	5,197,747	4,948,183	80.10	1,515,754 30.6%	127,167 2.6%	- 0.0%	3,305,262 66.8%	61,778
Wayne-Holmes	7,679,792	7,679,792	48.95	3,151,234 41.0%	197,233 2.6%	1,631,878 21.2%	2,699,447 35.2%	156,886
Wood	5,576,510	5,576,510	44.44	2,523,380 45.3%	254,346 4.6%	- 0.0%	2,798,784 50.2%	125,488
<b>TOTAL</b>	<b>\$1,021,916,061</b>	<b>\$939,052,338</b>	<b>\$ 81.40</b>	<b>\$256,297,870</b>	<b>\$29,828,290</b>	<b>\$264,459,531</b>	<b>\$388,251,105</b>	<b>11,536,504</b>

<sup>1</sup> Muskingum Joint includes Coshocton, Guernsey, Morgan, Muskingum, Noble and Perry counties.

<sup>2</sup> Paint Valley includes Fayette, Highland, Pickaway, Pike and Ross counties.



Ohio

Department of  
Mental Health