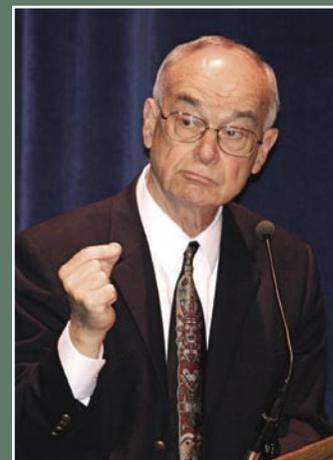


Annual Report 2008-2009

Establishing mental health as a cornerstone of overall health



Ohio

Department of
Mental Health

Ted Strickland, Governor • Sandra Stephenson, Director



Recovery, respect and safety are emphasized in our treatment environments. During 2008, staff at Twin Valley Behavioral Healthcare in Columbus began a Respect Initiative to solicit recommendations that promote quality of care and patient satisfaction. They posed for the "Teamwork" poster photo above to communicate a great first impression to people who enter Twin Valley.

Helping Ohioans in Need

Ohio's publicly funded mental health system provides care to more than 300,000 people each year. One-third of those are children and one-third are combating severe and persistent mental illness.

Each day, approximately 1,000 people are receiving comprehensive, inpatient treatment at our seven regional psychiatric hospitals. Hospital Services programs also include education and outreach in the community.

Capital grant allocations for community projects totaled \$5.6 million for State Fiscal Years (SFY) '07-'08, and commitments for SFY '09-'10 are approximately \$7 million. These brick-and-mortar projects are improving community environments for housing, crisis stabilization, residential treatment, programming and peer support.

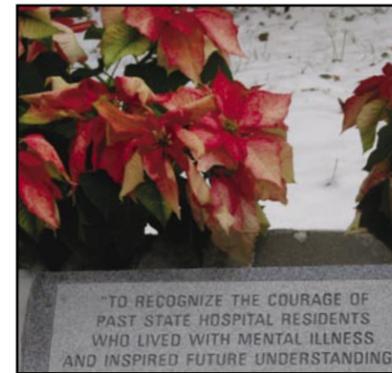
Crisis Intervention Team (CIT) training has been completed by more than 3,500 law enforcement

officers in 69 counties. They learn techniques for de-escalating crises and diverting people with mental illnesses into treatment. Forty-five Ohio colleges and universities also employ more than 200 trained police and security officers. This ongoing training will improve community safety and security.

People who have severe mental illnesses can and do work in their communities. During SFY '07-'09, ODMH Supported Employment (SE) programs at 14 sites as-

sisted more than 1,500 Ohioans in achieving competitive employment. Five new sites to help people find and retain jobs were added for SFY '10.

ODMH funds seven Coordinating Centers of Excellence (comprising a mix of universities, advocates and providers) that help mental health practitioners implement evidence-based practices to address consumer needs. Included are the CIT training and SE initiatives previously mentioned. Others address Wellness Management



Top: Director Sandra Stephenson speaks at the Statehouse to recognize Children's Mental Health Day 2009. Left: Medical Director Marion Sherman, M.D., provides education on brain diseases. Right: A memorial stone added at an ODMH-owned cemetery.

and Recovery, Cluster-Based Planning, services to youth, or assistance to people with dual disorders of mental illness/substance abuse or mental illness/developmental disabilities.

Our Office of Children's Services promotes the social, emotional and behavioral well-being of Ohio's youngsters, starting with the Maternal Depression Program. During 2009, 1,218 mothers were screened for depression. Of the 13.5 percent who screened positive, about two-thirds ac-

cepted a mental health referral. Developed in 2004, the program has expanded from seven to 17 counties.

Fifteen counties are funded, in part, through ODMH to provide the Intensive Home-Based Treatment (IHBT) evidence-based practice. During the '08-'09 biennium, 86 percent of 394 youth with severe emotional disturbances who were at risk for out-of-home placement remained with their families upon discharge from the IHBT services.

Continued on next page

Dear Ohioans:

I state with certainty that mental health is a cornerstone of overall health, that treatment works and that the lives of Ohioans with mental illnesses can be improved. The Department of Mental Health, under the Strickland administration, has achieved more than \$30 million in operational cost savings in its state psychiatric hospitals and central office, while maintaining mission-critical services. These include the capacity to provide high-quality inpatient treatment to approximately 1,000 people each day and to support local mental health services to more than a half million Ohioans during the past three years.

Mental illnesses are brain diseases and second only to cardiovascular disease as a cause of premature death and disability. Yet, people with mental illnesses often go without treatment because stigmatization prevents them from seeking help. It is estimated that more than two million Ohioans live with mental illnesses, yet fewer than one-third of adults and one-half of children receive treatment.

However, more people are seeking help each year and more physicians, educators and families are becoming informed about trauma, biologically based mental illnesses, and evidence-based practices in treatment. The Ohio Department of Mental Health, through a system of 50 county-level boards and more than 400 community providers, served nearly 350,000 adults, children and youth during 2009, about 40,000 more than in 2007.

Unfortunately, just as communities are realizing the need for specialized mental health resources, a global recession has hindered our ability to deliver. During these challenging economic times, mental health services are essential, as Ohioans face unprecedented loss of jobs, health insurance and homes. With this knowledge, we continue to critically examine all aspects of our agency and are committed to proceed in a way that best preserves vital services to the community. The cost of leaving mental illnesses untreated is immense: failure in school, divided families, lost productivity, homelessness, increased crime and incarceration, inappropriate use of hospital emergency departments, growing disability claims, and premature death, including suicide.

Become a catalyst for work that is yet to be done. Encourage individuals in need to seek treatment, and support them and others in doing so. This report will inform you about our mission.

Sincerely,

Sandra Stephenson, M.S.W., M.A.

Director, Ohio Department of Mental Health

ODMH promotes awareness of and enrollment in Medicaid Buy-In for Workers with Disabilities, a program that allows people who have disabilities to work without the loss of Medicaid benefits. Data from May 2008 through July 2009 show enrollment of 710 Ohioans served in the public mental health system.

ODMH is utilizing Pre-Admission Screening and Resident Review (PASRR) to help people diagnosed with serious mental illnesses and placed in nursing homes to transition into community set-

tings, if appropriate. During SFY '09, 3,663 cases were reviewed.

Ohio implemented an automated process in March 2009 to expedite Medicaid eligibility for individuals released from public institutions, including state psychiatric hospitals and correctional facilities. The new policy, Reinstatement of Medicaid for Public Institution Recipients, provides for suspension, rather than termination, of Medicaid benefits for individuals entering public institutions who are discharged within one year. A Medicaid card can be issued within 72 hours of re-

lease so the person can access care that supports recovery.

ODMH provides support to 14 residency and training programs at Ohio's universities and colleges to increase the number of psychiatrists and nursing professionals who serve people with severe mental illnesses and remain in Ohio.

Efficiencies and Savings

Clinical documentation standards were revised to support electronic health record technology, and reduce paperwork burden and redundancy. This move toward more efficiency will enable providers to spend more time delivering direct clinical services to consumers.

ODMH discontinued its stand-alone system for state reporting of outcomes measures that

exceeded minimum requirements. Mandatory measures will continue to be collected in a more cost-efficient manner.

During SFY '08, ODMH consolidated two hospitals and reallocated all capacity to other sites. Nine campuses were reduced to seven without the loss of any valuable psychiatric beds, saving approximately \$21 million. During SFY '09, ODMH hospitals further reduced costs by utilizing state term contracts for transcription and laboratory services.

ODMH's central office has completed a decrease in positions of nearly 30 percent since January 2007. Overall, the reduction in staff at central office, warehouse and pharmacy services, and regional psychiatric hospitals is slightly more than 22 percent.

Ohio Department of Mental Health

Front cover photos (clockwise from top left): Two of the six psychiatrists at Twin Valley Behavioral Healthcare recognized by *Columbus Monthly* as "Top Docs;" ODMH staff of the Division of the Medical Director; Ohio Psychologist Fred Frese speaking about schizophrenia and other mental illnesses after an October 2009 preview of the PBS broadcast "Minds on the Edge: Facing Mental Illness;" ODMH leadership staff on the steps of North-coast Behavioral Healthcare in 2008; and advocates Marjorie Cook and Antonio Wilson on Children's Mental Health Day, 2009
Back cover photos (clockwise from top left): Deputy Director Deborah Nixon-Hughes speaks to stakeholders in Cincinnati; ODMH Director Sandra Stephenson visits with staff in Athens; new signage installed in June 2009 at our Toledo hospital campus reflects its new name; Deputy Director Don Anderson congratulates Madge Scott-Cameron on 25 years of service; and ODMH central office staff at the State Office Tower in Columbus.



ODMH central office and hospital personnel pose on the steps of the regional psychiatric hospital in Northfield. Staff and patient capacity will be consolidated with that of the Cleveland campus when a new modern facility is built in Cuyahoga County. Construction is expected to take three years. *Page background image:* The flag is lowered at Twin Valley Behavioral Healthcare in Dayton on June 30, 2008.

Regional Psychiatric Hospitals

The Ohio Department of Mental Health operates seven regional psychiatric hospitals throughout the state. Our responsibility to provide psychiatric hospital care is defined in the Ohio Constitution.

These publicly run hospitals are modern, specialized facilities providing short-term and intensive treatment linked to community needs and priorities. ODMH collaborates with county mental health and recovery boards, and community agencies, to provide services built on evidence-based best practices. Hospital services focus on maximizing recovery potential so that people with mental illnesses are successful and satisfied upon discharge.

The goal of acute care is to ensure that patients in our hospitals receive high-quality, effective treatments on a short-term basis. Patients' progress is monitored closely to determine the need for continued hospitalization or whether a less-restrictive setting would be more appropriate to foster healing and recovery.

The goal of forensic services is to facilitate the admission, treatment and discharge

of people who are ordered by the criminal court system to undergo hospitalization. Each patient's progress toward recovery is evaluated regularly by hospital clinicians to coordinate the person's treatment and movement requirements with the committing courts.

As part of cost-saving measures during the the SFY '08-'09 biennium, ODMH closed two hospitals and realigned its regional service areas to provide ongoing access to inpatient mental health care by the county ADAMH Boards and the public. In addition, ODMH worked with communities to transition the closed sites.

During September 2008, the closed Cambridge property was purchased by a private behavioral health provider, bringing mental health services and jobs to the area. Land at the closed Dayton campus benefited a local school system, and the main property is also being purchased by a private mental health provider for inpatient services.

ODMH maintains staffing and space to treat approximately 1,000 patients per day.



Top: Chief clinical officers from Cleveland and Toledo confer with Jim Ignelzi (center), deputy director of Hospital Services.
Bottom: Staff at Appalachian Behavioral Healthcare meet Vincent Conner (right), deputy director of Human Resources, after the Cambridge/Athens consolidation.



The Ohio Department of Mental Health's PASRR unit, led by Terry Watts (center, back) helps people with mental illnesses avoid inappropriate, long-term placement in nursing homes. (Left to right: Sonequea Arnett, John Starr, Watts, Belinda Stilwell, Jacqueline Wolfe and Jeff Ryan.)

History of Ohio's public system

After World War II, mental health reform began moving at a rapid pace. New, effective treatments made community life a realistic prospect for virtually every person with a mental illness. The 1963 Community Mental Health Centers Act initiated a period of more dramatic change. Expansion of insurance coverage (both private and Medicare/Medicaid programs) and the resultant growth of private facilities were enormous.

During 1968, Ohio House Bill 648 created a community-based system of county and multi-county boards to plan and coordinate care. By the mid-1970s, general hospitals were admitting more psychiatric patients than were state hospitals. Even though their populations continued to decrease, state hospitals remained available to care for people with serious mental illnesses who were without insurance or the ability to pay.

Change continued during the 1980s. House Bill 900 created separate departments of Mental Health, and Mental Retardation and Developmental Disabilities in that decade's first year. Community support strategies such as intensive case management, day hospital treatment and residential care programs met the needs of most individuals who were hospitalized. By 1985, more than 350 community agencies were serving 170,000 clients and state hospitals were becoming more focused on intensive care.

Ohio moved to the national forefront of mental health reform with the 1988 passage of the Mental Health Act. This landmark legislation was a major step toward community treatment rather than institutionalization. Ohio then had 17 state-run psychiatric hospitals. Today, seven remain.

Seventeen Hospitals in 1988

Lewis Center (Cincinnati)
Central Ohio Psychiatric Hospital
Dayton Mental Health Center

Southeast Psychiatric Hospital (Athens)
Toledo Mental Health

Massillon Psychiatric Hospital
Oakwood Forensic (Lima)

Western Reserve Psychiatric Hospital
Woodside Hospital (Youngstown)
Cambridge Psychiatric Hospital

Cleveland Psychiatric Institute
Fallsvie Psychiatric Hospital
Portsmouth Receiving Hospital
Rollman Psychiatric Institute (Cincinnati)
Sagamore Hills Children's Psychiatric Hospital
Central Ohio Adolescent Center
Millcreek Psychiatric Center for Children

- Est. 1821, renamed SBH with new build, 2000
- Est. 1835, merged to form TVBH, 1997
- Est. 1855, merged to form TVBH, 1997, closed and consolidated with Columbus campus, 2008
- Est. 1874, merged to form ABH, 1996
- Est. 1888, merged with NBH during 1998, separated from NBH, 2009
- Est. 1898, renamed HBH with new build, 2000
- Est. 1915, transferred to Department of Rehabilitation and Correction, 1995
- Est. 1922, merged to form NBH, 1995
- Est. 1945, closed 1996
- Est. 1946, merged to form ABH in 1996, closed and consolidated with Athens campus, 2008
- Est. 1946, merged to form NBH, 1995
- Est. 1946, closed 1996
- Est. 1951, joined with general hospital, 1995
- Est. 1951, closed 1991
- Est. 1960, closed 1992
- Est. 1977, closed 1989
- Est. 1978, closed 1995

The picture below, from the postcard collection of Dee Roth, depicts the Massillon State Hospital, established in 1898. More history and photos can be found on our Web site: mentalhealth.ohio.gov.



Northwest Ohio Psychiatric Hospital (NOPH)

930 Detroit Ave., Toledo
Toll-free (877) 970-4325
Capacity: 114
Public beds per 100,000 adults: 8.6
FY '09 admissions: 390
FY '09 average daily population: 97 (58% forensic)

Chief Executive Officer (CEO) Terry Smith (left) and Chief Clinical Officer (CCO) Thomas Osinowo, M.D. (right)



Twin Valley Behavioral Healthcare (TVBH)

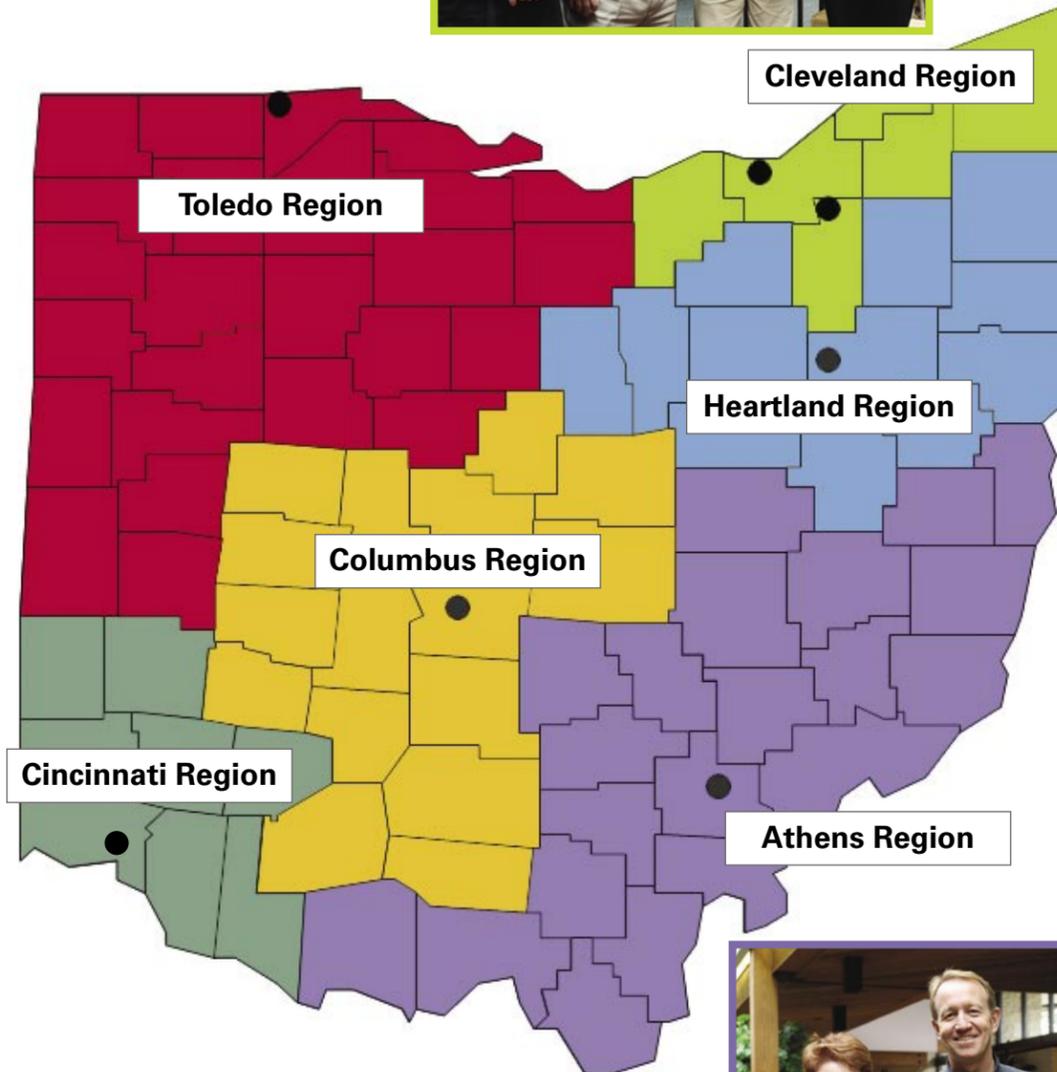
2200 W. Broad St., Columbus
Toll-free (877) 301-8824
Capacity: 164 (+65 at Moritz, a high-security forensic facility serving the entire state)
Public beds per 100,000 adults: 8.6
FY '09 admissions: 1,265
FY '09 average daily population: 159 (45% forensic)
Moritz admissions: 72
Moritz average daily population: 58 (84% forensic)

From left: CEO Robert Short, Karen Woods-Nyce and CCO Mark Hurst, M.D.

Summit Behavioral Healthcare (SBH)

1101 Summit Rd., Cincinnati
Toll-free (888) 636-4724
Capacity: 284
Public beds per 100,000 adults: 17
FY '09 admissions: 527
FY '09 average daily population: 255 (58% forensic)

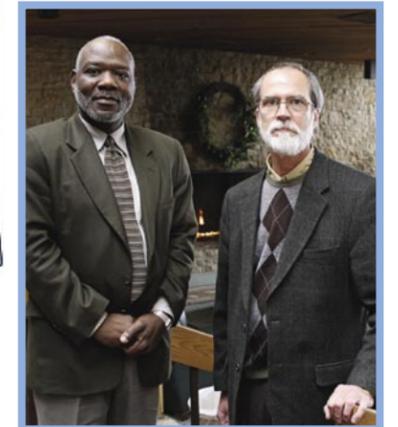
Center: CEO Liz Banks, (from left) Vic Knapp, M.D., Ryan Peirson, M.D., Jeff Amend, and CCO Larry Ostrowski, M.D.



Northcoast Behavioral Healthcare (NBH)

Cleveland Campus - 1708 Southpoint Dr.
Toll-free (800) 557-5512
Northfield Campus - 1756 Sagamore Rd.
Toll-free (800) 557-5512
Capacity (combined): 280
Public beds per 100,000 adults: 14.1
FY '09 admissions: 1,795
FY '09 average daily population: 264 (54% forensic)

From left: CCO Douglas Smith, M.D., CEO David Colletti, CCO-Cleveland Muhammad Momen, M.D., CCO-Northfield Joy Stankowski, M.D.



Heartland Behavioral Healthcare

3000 Erie St. South, Massillon
Toll-free (800) 783-9301
Capacity: 130
Public beds per 100,000 adults: 9.7
FY '09 admissions: 886
FY '09 average daily population: 106 (48% forensic)

CEO G. Eric Carpenter (left)
CCO Steven Thomson, M.D. (right)



Appalachian Behavioral Healthcare (ABH)

100 Hospital Dr., Athens
Toll-free (800) 372-8862
Capacity: 88
Public beds per 100,000 adults: 11.8
FY '09 admissions: 857
FY '09 average daily population: 74 (41% forensic)

CEO Jane Krason (left)
CCO Max McGee, M.D. (right)

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 median average length of stay for civil discharges is 13 days. A forensic patient's length of stay is determined by the committing court and can vary from months to many years.

Ohio Department of Mental Health Inpatient Population for Fiscal Years 1991 - 2009

Fiscal Year	Total Admissions	Total Discharges	Total year-end population on rolls	Average daily resident population	Daily per capita operating expense	Annual per capita operating expense
1991	11,901	12,242	2,763	2,820	\$ 265.59	\$ 96,941
1992	12,065	12,474	2,549	2,446	286.27	104,488
1993	11,504	11,657	2,184	2,095	323.49	118,075
1994	10,674	10,663	1,920	1,840	373.41	136,293
1995	9,973	10,157	1,791	1,725	376.00	137,242
1996	7,711	7,988	1,553	1,511	391.34	142,838
1997	5,944	6,011	1,321	1,281	406.58	148,400
1998	5,725	5,797	1,224	1,188	418.09	152,000
1999	5,950	5,936	1,217	1,187	410.88	149,972
2000	6,005	6,079	1,178	1,155	460.38	168,498
2001	5,847	5,857	1,134	1,108	503.24	183,686
2002	6,641	6,655	1,120	1,084	515.99	188,338
2003	6,307	6,340	1,087	1,055	522.00	190,531
2004	6,399	6,400	1,085	1,048	539.40	196,883
2005	6,584	6,589	1,080	1,035	540.66	197,341
2006	6,691	6,727	1,044	1,049	569.70	207,942
2007	6,382	6,341	1,086	1,054	589.61	215,208
2008	6,113	6,201	997	1,039	632.32	230,796
2009	5,792	5,743	1,047	1,012	589.03	214,996



Goals of Cemetery Reclamation

- ▷ Beautify the cemeteries to bring dignity to those with mental illnesses, both living and deceased.
- ▷ Acknowledge significant advancements in understanding and treating mental and physical disorders.
- ▷ Give family, friends and community members an appropriate place to grieve, remember and memorialize the people with mental illness who rest there.
- ▷ Provide proper identification of the cemeteries and honor them as consecrated grounds.



To recognize the courage of past state hospital residents who lived with mental illness and inspired future understanding.



Upkeep of gravesites reclaims dignity and history

More than 4,000 people are buried on land currently owned by the Ohio Department of Mental Health in Athens, Cincinnati and Columbus. Even more were laid to rest on state property that later changed hands. Prior to the 1960s, many patients who died while being treated in psychiatric facilities were interred in cemeteries on hospital grounds if family members were unknown, unavailable or unable to pay for private arrangements.

Today, ODMH hospitals provide short-term, intensive treatment at the request of community mental health boards and the court system. During previous eras, however, the hospitals were considered long-term institutions that treated people from all walks of life for a variety of reasons. For example, those admitted included large numbers of individuals with brain injuries, drug and alcohol addictions and developmental disabilities. Many were just elderly. Worry, overwork, religious study, menopause, shell shock, domestic troubles, sunstroke, financial trouble and a broken heart were also among the reasons listed for admission. People frequently died within weeks, days or even hours following admission to the hospital because of pre-existing advanced physical illnesses.

Over time, some cemeteries have fallen into disrepair and burial records have been lost. Grave markers - many just bricks with numbers instead of names - have toppled, sunk into the ground or are missing. Cemeteries may not have signage identifying them as such, and their boundaries may be poorly defined. To improve this situation, reclamation committees consisting of current patients, recovering consumers, family members, community organizations and hospital staff have organized to reclaim and dignify the sites.

In celebration of Mental Health Month 2009, ODMH provided NAMI groups in Athens, Franklin, Hamilton and Lucas counties with \$5,000 each to repair, restore and improve the state hospital cemeteries. To learn more, visit our Web site at mentalhealth.ohio.gov.



Photos this page (top): ODMH Director Sandra Stephenson and Twin Valley Behavioral Healthcare (TVBH) CEO Bob Short visit one of the cemeteries maintained by the hospital. (middle) Chaplain Rev. Dale Morse, now retired, and Laura Strietelmeier, pastoral intern, lead staff in prayer at a Columbus cemetery, November 2008. (above and bottom) Ohio University and the local National Alliance on Mental Illness chapter maintain the grounds at The Ridges cemetery in Athens, which include a nature walk and historical signage. Volunteers reset grave markers during a fall cleanup. Next page: Director Stephenson welcomes community members to a July 2009 ceremony dedicating a memorial stone at a TVBH cemetery. Eagle Scout Brandon Lofton (at right, small photo) will lead a project to catalog grave numbers and match them with names.

Trained officers intervene, direct people to treatment

As of July 2008, Ohio had 3,000 law enforcement officers from 64 counties who voluntarily participated in training to learn techniques for handling incidents involving people with mental illnesses. Crisis Intervention Team (CIT) training is a joint effort between law enforcement and the mental health community to help officers direct individuals who have mental illnesses into treatment instead of incarcerating them.

At a ceremony in Columbus on July 28, Ohio Supreme Court Justice Evelyn Lundberg Stratton and Ohio Department of Mental Health Director Sandra Stephenson recognized the 3,000th graduate and each CIT officer of the year since the state's first CIT program launched 10 years ago. Stratton and Stephenson also honored Mark Munetz, M.D., clinical director of the Ohio Criminal Justice Coordinating Center of Excellence, for his leadership in helping communities develop jail diversion programs.

As 2010 approached, another 500-plus sworn law enforcement officers were added to the ranks of CIT graduates. "I am very happy to stake my personal reputation on the value of CIT," said Dr. Munetz. "I believe that as a result of CIT, many lives have been saved because of better-prepared officers during a crisis. Even more lives have been improved because CIT officers bring people in need of help off the street and into treatment facilities across the state. In my community, the Akron Police Department has partnered with Community Support Services



Ohio Department of Mental Health Director Sandra Stephenson (left) and Ohio Supreme Court Justice Evelyn Lundberg Stratton (center) honor Mark Munetz, M.D., clinical director of the Ohio Criminal Justice Coordinating Center of Excellence.



Ohio Supreme Court Justice Evelyn Lundberg Stratton congratulates the 3,000th officer to complete CIT training, Officer John T. Carroll, Jr., of the University of Akron Police Department.



Bill Cohen of Ohio Public Radio's Statehouse News Bureau interviews Lt. Chris Bowling, the CIT coordinator for the Columbus Police Department.

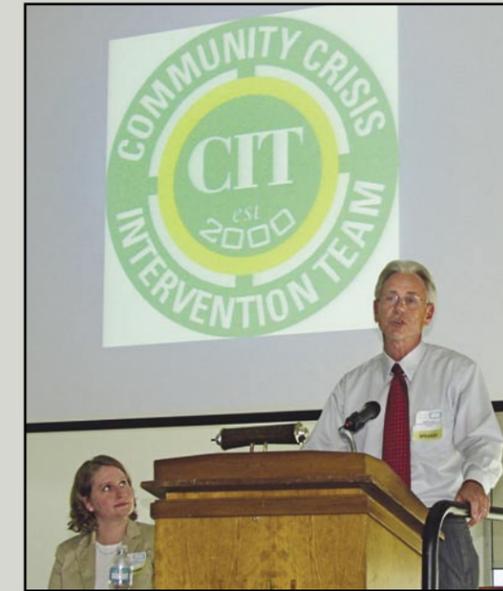
in developing a CIT outreach program. This emerging best practice pairs a CIT officer with a mental health outreach clinician to follow up on cases of concern to either the police or the mental health system."

Munetz estimates that more than 1,000 police forces across the country are trained in specialized responses. "CIT has gained momentum because, when done right, it transforms communities," he said. "Our study of the Akron CIT program shows that CIT officers are: 1) more likely to transport individuals in a mental illness crisis to treatment, rather than leave them at the scene; 2) use their training and experience to inform their decisions about disposition; and 3) after one or more years as CIT officers, 97 percent feel prepared to handle people in a mental illness crisis, compared with 26 percent prior to training."

CIT Training has been recognized nationally as an innovation in behavioral health care. "Only support from ODMH and our partnerships with NAMI Ohio, the Supreme Court of Ohio and the Ohio Office of Criminal Justice Services have made our success possible," Munetz said.



Ohio Board of Regents Chancellor Eric Fingerhut spoke at the Joining Forces symposium, introducing a cultural diversity panel (from left): Dr. Carl C. Bell, a noted psychiatrist, professor and author from Chicago; Omar Alomari, Ohio Homeland Security; Bounthanh L. Phommasathit, M.S., Ohio Commission on Minority Health; Dr. Barbara Warren, The Ohio State University College of Nursing; and Charleta Tavares, Multiethnic Advocates for Cultural Competence.



Communities join forces for campus safety, crisis prevention

With the Virginia Tech tragedy still fresh in their minds, more than 150 administrators, safety officers and counselors attended a statewide conference during June 2008 to discuss the state's role in supporting behavioral health initiatives for university and college communities. "Joining Forces 2008: Addressing Campus Behavioral Health and Wellness through Crisis Prevention Response and Collaboration" was a joint initiative of the Ohio Board of Regents, the Ohio Department of Mental Health, and the Ohio Department of Alcohol and Drug Addiction Services.

Become aware

▷ Mental illnesses are biologically based brain disorders that can profoundly disrupt a person's thinking, feeling, mood, ability to relate to others and capacity for coping with the demands of life.

▷ With treatment and medication, individuals with bipolar disorder, major depression and schizophrenia can move toward recovery and live full lives while managing their disabilities.

▷ Four of five adults in treatment for only six months report experiencing stabilized or improved symptoms, including those related to depression and anxiety. Mental health professionals report that nearly nine of 10 adults in treatment for six months are stabilized or show improvement in the areas of socialization, role performance and problem behaviors.

▷ Beyond clinical treatment, support from peers, friends, families, employers and communities can help people achieve stability and lasting recovery. Mental health recovery is a personal journey of health and transformation.

▷ An understanding of the neurobiological impact of trauma can help families and professionals support children and adults who are coping with their experiences and resulting disorders.

▷ Many individuals with mental illnesses also live with medical or addiction conditions that require ongoing treatments.

Department Expenses and Source of Funds

Fiscal Year 2009

Type of expense ⁴	Totals	General Revenue	Capital Improvement	State Special Revenue	Intra-Govt. Service	Federal Special Revenue	General Special Revenue
Department Totals	\$1,059,045,920	\$511,902,343	\$7,691,458	\$13,113,806	\$111,181,138	\$386,119,408	\$29,037,768
State-Provided Services	235,808,104	170,386,788	5,250,528	2,387,193		30,231,831	27,551,765
Community Support Network (CSN)	17,096,862	15,403,535		207,277		704,144	781,905
Hospitals	218,711,242	154,983,253	5,250,528	2,179,916		29,527,687	26,769,859
Community-Provided Services	661,816,464	299,623,957	2,440,930	9,745,646		349,833,031	172,900
Administration	30,658,951	22,310,334		980,967		6,054,546	1,313,103
Central Office	28,672,998	20,324,381		980,967		6,054,546	1,313,103
Research Grants	628,882	628,882					
Education & Training Grants	1,357,071	1,357,071					
Support Services	111,181,138				111,181,138		
Debt Service	19,581,264	19,581,264					

Fiscal Year 2008

Type of expense ⁴	Totals	General Revenue	Capital Improvement	State Special Revenue	Intra-Govt. Service	Federal Special Revenue	General Special Revenue
Department Totals	\$1,074,693,807	\$577,150,277	\$6,065,698	\$13,063,009	\$114,002,481	\$338,614,560	\$25,797,783
State-Provided Services	253,150,429	193,355,052	3,736,662	2,107,176		29,797,789	24,153,749
Community Support Network (CSN)	20,726,474	18,918,771		139,290		1,058,246	610,167
Hospitals	232,423,955	174,436,281	3,736,662	1,967,887		28,739,542	23,543,582
Community-Provided Services	652,700,017	336,582,858	2,329,036	9,978,516		303,625,046	184,561
Administration	31,472,577	23,844,062		977,316		5,191,726	1,459,472
Central Office	29,054,677	21,426,163		977,316		5,191,726	1,459,472
Research Grants	1,001,788	1,001,788		0			
Education & Training Grants	1,416,111	1,416,111		0			
Support Services	114,002,481				114,002,481		
Debt Service	23,368,304	23,368,304					

Fiscal Year 2007

Type of expense ⁴	Totals	General Revenue	Capital Improvement	State Special Revenue	Intra-Govt. Service	Federal Special Revenue	General Special Revenue
Department Totals	\$1,030,384,826	\$572,144,562	\$12,526,179	\$12,123,002	\$105,637,929	\$300,372,351	\$27,580,802
State-Provided Services	246,125,351	197,311,626	10,067,523	1,177,905		10,587,209	26,981,089
Community Support Network (CSN)	20,658,658	17,511,657		66,060		566,112	2,514,828
Hospitals	225,466,694	179,799,968	10,067,523	1,111,844		10,021,098	24,466,260
Community-Provided Services	622,317,383	323,700,905	2,458,656	10,126,351		286,021,470	10,000
Administration	31,889,205	26,717,074		818,746		3,763,672	589,713
Central Office	29,696,447	24,524,316		818,746		3,763,672	589,713
Research Grants	995,966	995,966		0			
Education & Training Grants	1,196,791	1,196,791		0			
Support Services	105,637,929				105,637,929		
Debt Service	24,414,958	24,414,958					

Fiscal Year 2006

Type of expense ⁴	Totals	General Revenue	Capital Improvement	State Special Revenue	Intra-Govt. Service	Federal Special Revenue	General Special Revenue
Department Totals	\$1,002,910,564	\$555,826,008	\$20,202,063	\$13,012,031	\$95,360,008	\$298,414,489	\$20,095,966
State-Provided Services	242,245,037	192,057,347	18,338,747	2,098,265		10,508,351	19,242,327
Community Support Network (CSN)	20,322,589	17,756,574		79,930		697,985	1,788,100
Hospitals	221,922,448	174,300,772	18,338,747	2,018,335		9,810,366	17,454,228
Community-Provided Services	611,313,332	314,244,751	1,863,316	10,273,991		284,921,274	10,000
Administration	31,651,456	27,183,179		639,775		2,984,864	843,638
Central Office	29,064,835	24,596,558		639,775		2,984,864	843,638
Research Grants	1,001,551	1,001,551		0			
Education & Training Grants	1,585,070	1,585,070		0			
Support Services	95,360,008				95,360,008		
Debt Service	22,340,731	22,340,731					

Hospital Operating Expenditures, Populations and Costs Per Patient

Fiscal Year 2009

	Operating expenses as computed in past years ¹	(+) Fiscal Year 2000 Adjustments ²	(-) Com. Support Network & Shared Services ³	Net operating expenditures	Average daily resident population	Average annual cost per resident patient	Average daily cost per resident patient
Hospital Totals ⁴	\$224,364,183	\$10,616,384	-\$17,298,953	\$217,681,614	1,012	\$214,996	\$589.03
Adult Regional Psychiatric Hospitals							
Appalachian Behavioral Healthcare	24,584,041	782,896	-4,983,577	20,383,361	73	278,691	763.54
Heartland Behavioral Healthcare ⁵	26,387,565	1,958,424	-2,453,568	25,892,421	105	245,569	672.79
Northcoast Behavioral Healthcare	80,151,702	2,381,900	-6,796,331	75,737,270	362	209,473	573.90
Summit Behavioral Healthcare ⁶	41,999,776	3,462,392	-216,261	45,245,906	255	177,186	485.44
Twin Valley Behavioral Healthcare	51,241,099	2,030,772	-2,849,215	50,422,656	217	232,368	636.63

Fiscal Year 2008

	Operating expenses as computed in past years ¹	(+) Fiscal Year 2000 Adjustments ²	(-) Com. Support Network & Shared Services ³	Net operating expenditures	Average daily resident population	Average annual cost per resident patient	Average daily cost per resident patient
Hospital Totals ⁴	\$241,092,777	\$20,784,691	-\$22,000,375	\$239,877,093	1,039	\$230,796	\$632.32
Adult Regional Psychiatric Hospitals							
Appalachian Behavioral Healthcare	31,329,395	2,888,553	-7,021,084	27,196,864	80	338,362	927.02
Heartland Behavioral Healthcare ⁵	25,639,218	3,020,677	-2,723,345	25,936,550	109	238,070	652.25
Northcoast Behavioral Healthcare	77,432,314	5,172,089	-6,988,115	75,616,288	345	219,237	600.65
Summit Behavioral Healthcare ⁶	38,246,757	4,679,042	-941,588	41,984,211	231	181,489	497.23
Twin Valley Behavioral Healthcare	68,445,094	5,024,329	-4,326,243	69,143,180	274	252,544	691.90

Fiscal Year 2007

	Operating expenses as computed in past years ¹	(+) Fiscal Year 2000 Adjustments ²	(-) Com. Support Network & Shared Services ³	Net operating expenditures	Average daily resident population	Average annual cost per resident patient	Average daily cost per resident patient
Hospital Totals ⁴	\$229,096,396	\$18,876,250	-\$21,138,233	\$226,834,414	1,054	\$215,208	\$589.61
Adult Regional Psychiatric Hospitals							
Appalachian Behavioral Healthcare	29,480,301	2,994,851	-5,865,468	26,609,684	79	338,428	927.20
Heartland Behavioral Healthcare ⁵	25,028,899	3,026,479	-2,738,934	25,316,443	108	234,352	642.06
Northcoast Behavioral Healthcare	71,891,686	5,417,770	-7,108,597	70,200,858	343	204,510	560.30
Summit Behavioral Healthcare ⁶	40,045,877	2,565,873	-1,076,272	41,535,477	242	171,310	469.34
Twin Valley Behavioral Healthcare	62,649,635	4,871,277	-4,348,961	63,171,951	282	224,293	614.50

Fiscal Year 2006

	Operating expenses as computed in past years ¹	(+) Fiscal Year 2000 Adjustments ²	(-) Com. Support Network & Shared Services ³	Net operating expenditures	Average daily resident population	Average annual cost per resident patient	Average daily cost per resident patient
Hospital Totals ⁴	\$219,437,484	\$19,228,043	-\$20,801,458	\$217,864,069	1,048	\$207,942	\$569.70
Adult Regional Psychiatric Hospitals							
Appalachian Behavioral Healthcare	26,985,079	3,008,117	-5,232,718	24,760,477	76	327,698	897.80
Heartland Behavioral Healthcare ⁵	24,420,222	3,066,080	-2,693,807	24,792,496	116	214,082	586.53
Northcoast Behavioral Healthcare	70,461,850	5,383,495	-7,600,624	68,244,721	337	202,253	554.12
Summit Behavioral Healthcare ⁶	34,920,698	2,580,883	-1,012,960	36,488,621	239	152,413	417.57
Twin Valley Behavioral Healthcare	62,649,635	5,189,468	-4,261,349	63,577,754	280	227,451	623.15

- 1 Includes all funds except expenditures for Capital Improvements, equipment purchases (3 line purchases), refunds and the court cost subsidy
- 2 Includes indirect costs, depreciation and interest expense
- 3 Includes all Shared Services and Community Support Network costs
- 4 The ODMH accounting methodology is based upon the posting fiscal year, which is consistent with the Office of Budget and Management's reconciliation process.

- 5 As of September 2000, the Children's Sagamore/Woodside CSN programs merged with Massillon Psychiatric Center to form Heartland Behavioral Healthcare.
- 6 As of December 2000, the Pauline Warfield Lewis Center and the Millcreek Children's CSN program merged to form Summit Behavioral Healthcare.

Ohio Empowerment Coalition launches

A network of individual members and affiliate organizations dedicated to mental health recovery formed during 2009 to establish a shared vision for mental health advocacy. The Ohio Empowerment Coalition (OEC) is an independent, consumer-run group funded by, but autonomous from, the Ohio Department of Mental Health. It will represent the collective voices of consumers and advocates in all 88 counties to transform systems and promote wellness, mental health recovery and resiliency. Liaisons from ODMH and the Ohio Association of Community Behavioral Health Authorities will provide support and guidance.

"Having the opportunity to be part of the process of bringing together the consumers and peers of the entire state of Ohio has been an interesting, rewarding and sometimes challenging experience. I have continually grown personally right along side of the OEC. Being in a leadership role as secretary of the Board of Directors has definitely been an education."

Lynda Cassidy, executive director, Summit Consumer Peer Support, Summit County



Educating peers about resources, rights, self-empowerment and personal advocacy is among the initiatives that the coalition will build upon, utilizing established training programs such as BRIDGES, WRAP and Advance Directives.

BRIDGES (Building Recovery of Individual Dreams and Goals through Education and Support) is a consumer-designed and operated educational program that supports adults who have a diagnosis of mental illness by teaching them



"My involvement with OEC stems from my passion to serve individuals by being part of a consumer movement that is focused on promoting social justice for individuals that have been traditionally disenfranchised and devalued due to stigma and discrimination. We must ensure that programs and services are peer-centered, consumer-driven and recovery-focused. The time is NOW! and being a member of the OEC Board affords me the opportunity to be part of a team of individuals committed to being in the forefront to improve community mental health at all levels."

Victoria Webb, chair of the Recovery Council for the Mental Health & Recovery Services Board, Lucas County

Top photo: The Interim OEC Board at its January 2010 meeting – standing, from left: Jack Cameron, president; David Granger, outgoing treasurer; Angela Ostholthoff and Meghan McNeil. Seated, clockwise from front left: Lynda Cassidy, outgoing secretary, incoming treasurer; Brian Jones; Cassandra Rufat; Nila McKinley; Patricia Waits, incoming secretary; Juliet Dorris-Williams, vice president; and Victoria Webb.

Photo at left: Ellen Deacon, OEC project manager/facilitator, makes a point during Interim Board discussions as Karen Thimmes, OEC executive assistant, listens.

Bottom photo, page 15: Dan Fisher, M.D., Ph.D., executive director of the National Empowerment Center and a practicing psychiatrist and consultant from Massachusetts, traveled to Ohio to provide technical assistance to OEC. Fisher, a consumer in recovery, is pictured between David Granger and Nila McKinley.



"I think the best thing about the development of OEC is that all major decisions have ultimately been made by a group of peers, dedicated to advancing peer recovery services in Ohio."

Brian Jones, founder, CROSS Outreach Ministry, Lake County

"In order for change to occur, unity is essential!"

Meghan McNeil, executive assistant, The Main Place, Inc., Licking County



"Nothing about consumers without consumers at the table."

Cassandra Rufat, peer leader, Athens County

Interim Board

- Jack Cameron
Lorain
- Lynda Cassidy
Cuyahoga Falls
- Nicole Clevenger
Cleveland
- Steven Miles Copper
Waverly
- Juliet Dorris-Williams
Columbus
- David Granger
Columbus
- Brian Jones
Painesville
- Nila McKinley
East Liverpool
- Meghan McNeil
Newark
- Angela Ostholthoff
Cincinnati
- Cassandra Rufat
Nelsonville
- Pam Oechsle
Van Wert
- Patricia Waits
Lancaster
- Victoria J. Webb
Holland

about the mental health system, treatment options and self-help skills. The two-part program consists of courses on recovery taught by peers and support groups facilitated by consumers.

WRAP (Wellness Recovery Action Plan) is a simple, self-help system for identifying personal resources and then using those resources to stay well and achieve long-term stability. Participants develop control over their lives so that they can work toward meeting their own dreams and goals. The OEC will train facilitators to present workshops around the state. Fourteen WRAP facilitators were involved in workshops as of 2010.

Psychiatric Advance Directives (PADs) are legal documents that allow individuals to make known their treatment preferences and designate someone to act on their behalf in the event they are incapacitated during a psychiatric crisis. Similar to a living will, a PAD empowers the individual and facilitates his or her recovery.

The OEC offers several different ways for individuals and organizations to become involved.

Its offices are at 6797 N. High St., Suite 238, Columbus, Ohio 43085. Call the coalition at (614) 310-8054 or 1-877-643-6701 toll free, or email to ohioempowermentcoalition@gmail.com.



Initiatives engage families and promote wellness of youth from early childhood to teen years and beyond

Lack of knowledge, fear of rejection and discrimination are a few reasons that people with mental disorders fail to seek help. Reducing the stigmatization associated with mental illnesses is critical to ensure that children, youth and families receive treatment. During 2008, ODMH supported the Youth and Family Resiliency Workgroup in sponsoring regional forums as part of a state-wide effort to directly elicit youth and family insight into the services and supports necessary to facilitate resiliency in children and young people with serious emotional challenges.

Through appropriate identification, evaluation and treatment, children and adolescents with mental illnesses can achieve success in school, work and family life. The ODMH Office of Children's Services provides leadership in family advocacy, interdepartmental policy-making and collaborative funding strategies to achieve the best results for children, youth and family members.

Awareness about and treatment of mental illnesses at all life stages is important. Therefore, programming starts as early as birth to address maternal depression, and supports families and providers in meeting children's social and emotional needs as they grow. During each year of the SFY '08-'09 biennium, more than 20,000 children, their families and caregivers participated in the early childhood mental health (ECMH) consultation program. Of the children at risk of removal from their early childhood setting because of behavior issues, 92 percent and 88 percent were maintained in the

setting during 2008 and 2009, respectively. During 2009, a workgroup of ECMH professionals documented the core competencies necessary for working with diverse populations to enhance development of capable ECMH practitioners.

System of Care (SOC), formerly known as Access to Better Care, is a major initiative developed in response to the growing realization that underserving children with behavioral health needs results in higher costs in other areas. It can lead to school failure, suicide, criminal behavior, unwanted pregnancy and other problems that present a growing challenge for Ohio's education, foster care and juvenile justice systems. With the involvement and input of families, advocates, and state and local leaders, the SOC initiative emphasizes early intervention, and intensive home- and community-based treatment services.

Intervention and treatment reduce potential difficulties and increase functioning. According to outcomes rated by parents, after only three months in treatment, half of the youth improve and another third are stabilized in problem areas such as delinquency, acting out and internalizing problems. After three months of treatment, three-fourths also show improvement or are stabilized in their functioning at school, at home and in their communities, as rated by their parents. More than 100,000 children and

youth with mental illnesses are served each year through ODMH, local boards, community providers and child-serving agency partnerships. Most have severe behavioral issues and a substantial majority are eligible for Medicaid.



Above are young members of the Youth and Family Resiliency Workgroup. They are featured in a video viewable at www.ResiliencyOhio.org. The Web site will be hosted by Kent State University, home of the Center for Innovative Practices, a Coordinating Center of Excellence funded through ODMH.



Statehouse surrounded

In celebration of Children's Mental Health Day on May 5, 2009, families and advocates gathered at the Statehouse to emphasize the importance of prevention, treatment and supports that encourage mental health. Using jump ropes to bridge a few gaps, participants – including Ohio First Lady Frances Strickland – circled the landmark. The Fifth Annual Ohio Resiliency Ring event was sponsored by the Ohio Federation for Children's Mental Health (OFFCMH). Entertainment included youthful singers Amanda Wood and Hannah Trew, and a dance troupe from the Ohio School for the Deaf. Speakers included ODMH Director Sandra Stephenson and Medical Director Marion Sherman, M.D., Tova Black of Tova's Nest, and Antonio Wilson from the National Federation of Families. OFFCMH presented the Champion of Children Award to the First Lady.



First Lady Frances Strickland

The organizational structure of the publicly funded mental health system reflects the dynamics of the flow of resources into treatment, including the hospital/community balance and the growing Medicaid population.

The community-based system consists of 50 local behavioral health boards and more than 400 private, generally not-for-profit providers that deliver clinical services. Each board is required to submit an annual community plan for approval by the department.

2007: The mental health system served 103,744 children/youth and 207,300 adults.

2008: The mental health system served 107,210 children/youth and 215,472 adults.

2009: The mental health system served 112,829 children/youth and 229,646 adults.

Mental Health/ADAMH Board Expenditures By Fund Source - SFY 2008

Source: Data contained in this table are directly taken from Board 040 Reports provided to the Ohio Department of Mental Health. The Medicaid category reflects the amount received for Medicaid FFP (federal financial participation).

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	2008 Census Figures
Adams-Scioto-Lawrence	\$ 11,152,877	\$ 11,263,731	\$ 67.30	\$ 5,680,433 50.4%	\$ 471,334 4.2%	\$ 0 0.00%	\$ 5,111,963 45.4%	167,373
Allen-Auglaize-Hardin	7,725,275	7,812,975	42.53	4,671,388 59.8%	401,684 5.1%	1,035,796 13.3%	1,704,107 21.8%	183,692
Ashland	4,961,168	4,256,064	77.21	1,184,434 23.9%	765,304 18.0%	1,175,621 27.6%	55,125	100,648
Ashtabula	12,647,304	10,437,522	103.70	4,396,869 42.1%	456,942 4.4%	494,303 4.7%	5,089,408 48.8%	105,511
Athens-Hocking-Vinton	14,975,256	10,767,835	102.05	4,321,092 40.1%	299,745 2.8%	1,446,991 13.4%	4,700,007 43.6%	97,583
Belmont-Harrison-Monroe	9,990,286	7,745,547	79.37	4,413,983 57.0%	260,527 3.4%	288,458 3.7%	2,782,579 35.9%	43,960
Brown	2,834,191	2,255,741	51.31	1,174,590 52.1%	85,057 3.8%	327,449 14.5%	668,645 29.6%	360,765
Butler	20,816,926	21,042,370	58.33	7,541,330 35.8%	513,380 2.4%	5,583,454 26.5%	7,404,206 35.2%	340,910
Clark-Greene-Madison	33,386,943	24,933,448	73.14	8,759,133 35.1%	578,824 2.3%	8,151,856 32.7%	7,443,635 29.9%	195,385
Clermont	14,298,877	10,320,271	52.82	5,018,528 48.6%	289,271 2.8%	1,934,989 18.7%	3,077,483 29.8%	107,873
Columbiana	9,994,711	8,184,071	75.87	3,487,385 42.6%	280,583 3.4%	1,547,286 18.9%	2,868,817 35.1%	109,464
Crawford-Marion	8,050,924	6,295,333	57.51	3,266,349 51.9%	267,171 4.2%	982,117 15.6%	1,779,696 28.3%	1,283,925
Cuyahoga	119,920,728	121,311,901	94.49	42,427,325 35.0%	3,523,148 2.9%	30,682,099 25.3%	44,679,329 36.8%	148,121
Defiance-Fulton-Henry-Williams	10,117,644	10,454,924	70.58	4,303,259 41.2%	290,948 2.8%	3,168,492 30.3%	2,692,225 25.8%	199,481
Delaware-Morrow	13,569,378	10,268,268	51.47	3,158,554 30.8%	211,857 2.1%	4,101,483 39.9%	2,796,374 27.2%	117,885
Erie-Ottawa	9,216,493	7,759,538	65.82	2,873,114 37.0%	228,631 2.9%	2,978,389 38.4%	1,679,405 21.6%	142,223
Fairfield	10,450,128	8,181,983	57.53	3,355,793 41.0%	204,298 2.5%	1,886,094 23.1%	2,735,798 33.4%	1,129,067
Franklin	126,055,735	107,177,038	94.93	26,764,969 25.0%	3,126,883 2.9%	44,796,964 41.8%	32,488,222 30.3%	86,904
Gallia-Jackson-Meigs	7,686,431	5,403,005	62.17	3,352,214 62.0%	279,439 5.2%	79,673 1.5%	1,691,679 31.3%	94,753
Geauga	7,189,556	6,269,533	66.17	2,049,763 32.7%	209,820 3.3%	3,025,405 48.3%	984,545 15.7%	851,494
Hamilton	10,240,376	85,000,595	99.83	21,716,621 25.5%	2,119,407 2.5%	37,829,573 44.5%	23,334,994 27.5%	74,273
Hancock	6,145,789	5,183,539	69.79	2,155,092 41.6%	333,084 6.4%	1,583,079 30.5%	1,112,284 21.5%	59,659
Huron	2,655,309	2,703,651	45.32	1,556,976 57.6%	136,403 5.0%	260,940 9.7%	749,332 27.7%	68,526
Jefferson	7,724,553	7,360,292	107.41	4,056,912 55.1%	260,797 3.5%	586,401 8.0%	2,456,182 33.4%	234,030
Lake	19,029,647	19,379,469	82.81	6,116,303 31.6%	556,571 2.9%	9,037,960 46.6%	3,668,635 18.9%	217,045
Licking-Knox	16,523,145	12,735,446	58.68	4,906,007 38.5%	336,368 2.6%	3,726,431 29.3%	3,766,640 29.6%	85,870
Logan-Champaign	6,269,727	5,214,056	60.72	2,504,269 48.0%	160,615 3.1%	1,051,150 20.2%	1,498,022 28.7%	304,373
Lorain	25,553,602	26,014,847	85.47	7,497,246 28.8%	807,419 3.1%	11,552,943 44.4%	6,157,239 23.7%	440,456
Lucas	46,741,794	47,157,865	107.07	16,126,499 34.2%	1,669,898 3.5%	12,856,913 27.3%	16,504,555 35.0%	237,978
Mahoning	17,059,255	17,445,051	73.31	7,209,756 41.3%	615,792 3.5%	4,554,171 26.1%	5,065,332 29.0%	171,210
Medina	7,080,686	6,872,217	40.14	5,105,251 74.3%	169,417 2.5%	354,988 5.2%	1,242,561 18.1%	202,031
Miami-Darke-Shelby	11,223,291	8,545,706	42.30	4,264,815 49.9%	337,201 3.9%	1,972,816 23.1%	1,970,874 23.1%	534,626
Montgomery	50,706,223	43,279,483	80.95	17,120,972 39.6%	919,529 2.1%	13,181,695 30.5%	12,057,287 27.9%	225,329
Muskingum Joint ¹	16,679,938	16,616,513	73.74	9,658,629 58.1%	395,006 2.4%	1,346,679 8.1%	5,216,199 31.4%	229,252
Paint Valley ²	14,722,267	14,919,171	65.08	6,685,182 44.8%	678,716 4.5%	2,088,308 14.0%	5,466,965 36.7%	155,991
Portage	10,811,361	10,842,867	69.51	3,439,997 31.7%	278,975 2.6%	3,573,750 33.0%	3,550,145 32.7%	41,643
Preble	2,586,577	2,101,738	50.47	1,275,639 60.7%	61,657 2.9%	215,591 10.3%	548,851 26.1%	34,543
Putnam	1,369,065	1,330,247	38.51	824,268 62.0%	78,989 5.9%	166,052 12.5%	260,938 19.6%	124,999
Richland	10,542,049	8,628,936	69.03	4,674,257 54.2%	269,434 3.1%	1,057,212 12.3%	2,628,033 30.5%	139,452
Senca-Sandusky-Wyandot	6,645,084	5,396,608	38.70	3,306,625 61.3%	265,264 4.9%	66,201 1.2%	1,758,519 32.7%	379,214
Stark	28,081,960	27,448,477	72.38	10,737,883 39.1%	1,243,201 4.5%	6,319,484 23.0%	9,147,909 33.3%	542,562
Summit	47,026,016	47,508,842	87.56	16,203,226 34.1%	991,211 2.1%	16,605,788 35.0%	13,708,617 28.9%	211,317
Trumbull	17,566,424	14,985,731	70.92	6,151,827 41.1%	389,349 2.6%	3,572,652 23.8%	4,871,903 32.5%	119,787
Tuscarawas-Carroll	6,465,563	6,632,667	55.37	3,830,637 57.8%	258,121 3.9%	144,321 2.2%	2,399,588 36.2%	48,223
Union	3,082,079	2,745,882	56.94	1,221,786 44.5%	240,308 8.8%	795,301 29.0%	488,487 17.8%	88,662
VanWert-Mercer-Paulding	4,708,859	5,023,123	56.65	2,171,484 43.2%	1,132,007 26.5%	1,338,236 26.6%	2,201,647 19.7%	61,567
Warren-Clinton	10,979,434	11,166,177	44.57	4,445,345 39.8%	250,551 2.2%	4,268,634 38.2%	2,201,647 19.7%	155,257
Washington	5,340,754	4,788,542	77.78	2,711,246 56.6%	141,024 2.9%	24,121 0.5%	1,912,151 39.9%	125,340
Wayne-Holmes	14,575,548	9,495,624	61.16	4,866,991 51.3%	294,653 3.1%	2,364,980 24.9%	1,969,000 20.7%	125,380
Wood	11,271,035	11,352,859	90.58	3,502,836 30.9%	290,891 2.6%	5,571,542 49.1%	1,987,590 17.5%	
TOTAL	\$991,448,241	\$890,017,319	\$ 77.49	\$329,257,353 37.0%	\$26,829,222 3.0%	\$261,338,285 29.4%	\$272,592,459 30.6%	11,485,910

¹ Muskingum Joint includes Coshocton, Guernsey, Morgan, Muskingum, Noble and Perry counties.

² Paint Valley includes Fayette, Highland, Pickaway, Pike and Ross counties.

Mental Health/ADAMH Board Expenditures By Fund Source - SFY 2009

Source: Data contained in this table are directly taken from Board 040 Reports provided to the Ohio Department of Mental Health. The Medicaid category reflects the amount received for Medicaid FFP (federal financial participation).

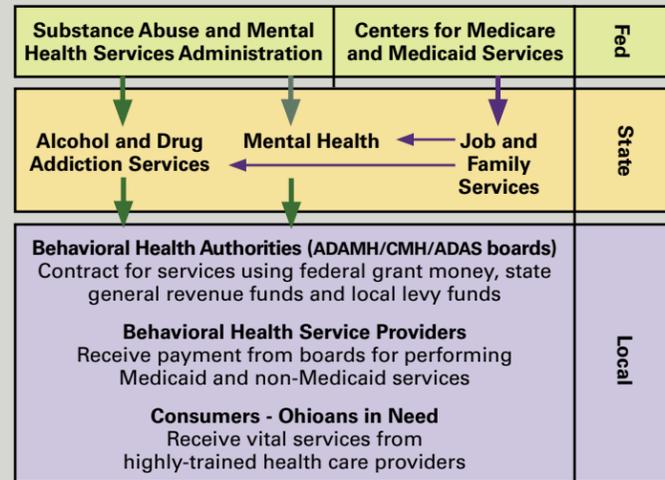
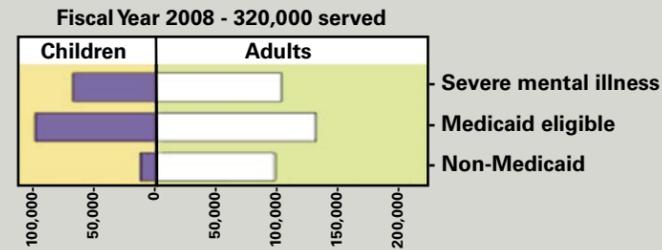
BOARDS	Total Receipts	Total Expenditures	Per Capita	STATE Amount % of Total	FEDERAL Amount % of Total	County Levy/Other Board Amount % of Total	Medicaid Amount % of Total	2009 Census Figures
Adams-Scioto-Lawrence	\$ 11,891,881	\$ 12,592,064	\$ 75.23	\$ 5,912,580 47.0%	\$ 495,792 3.9%	\$ 7,551 0.1%	\$ 6,176,142 49.0%	167,121
Allen-Auglaize-Hardin	9,720,795	9,796,287	53.33	4,076,512 41.6%	397,129 4.1%	3,323,407 33.9%	1,999,239 20.4%	182,874
Ashland	4,802,131	4,323,408	78.43	2,309,734 53.4%	105,476 2.4%	763,192 17.7%	1,145,006 26.5%	55,044
Ashtabula	13,396,527	10,823,149	107.53	4,056,342 37.5%	312,886 2.9%	475,596 4.4%	5,978,325 55.2%	100,767
Athens-Hocking-Vinton	15,939,853	11,170,231	105.87	3,841,931 34.4%	278,868 2.5%	1,921,311 17.2%	5,128,121 45.9%	105,166
Belmont-Harrison-Monroe	9,432,576	8,130,005	83.31	3,765,874 46.3%	257,303 3.2%	915,850 11.3%	3,190,978 39.2%	97,392
Brown	2,526,865	2,122,840	48.29	1,134,550 53.4%	97,403 4.6%	152,935 7.2%	737,952 34.8%	44,003
Butler	24,083,972	24,289,769	67.33	6,481,067 26.7%	480,407 2.0%	7,355,360 30.3%	9,972,935 41.1%	363,184
Clark-Greene-Madison	34,145,254	25,873,097	75.89	8,090,677 31.3%	550,036 2.1%	8,687,100 33.6%	8,545,284 33.0%	342,033
Clermont	14,826,376	11,324,026	57.96	4,292,491 37.9%	267,454 2.4%	3,497,056 30.9%	3,287,025 28.9%	196,364
Columbiana	9,327,358	9,282,833	86.05	3,074,886 33.1%	260,770 2.8%	2,305,412 24.8%	3,641,765 39.2%	107,722
Crawford-Marion	6,288,765	6,378,818	58.27	2,840,259 44.5%	287,547 4.5%	1,107,105 17.4%	2,143,907 33.6%	109,058
Cuyahoga	121,330,146	122,624,169	95.51	38,843,967 31.7%	2,840,523 2.3%	29,161,970 23.8%	51,777,709 42.2%	1,275,709
Defiance-Fulton-Henry-Williams	9,496,163	9,151,029	61.78	3,671,638 40.1%	219,538 2.4%	3,123,595 34.1%	2,136,258 23.3%	147,298
Delaware-Morrow	14,579,311	10,248,059	51.37	2,748,119 26.8%	209,598 2.0%	4,517,850 44.1%	2,772,492 27.1%	203,350
Erie-Ottawa	7,365,819	7,452,519	63.22	2,437,458 32.7%	216,840 2.9%	2,866,542 38.5%	1,931,678 25.9%	117,908
Fairfield	9,632,115	8,370,200	58.85	2,537,983 30.3%	206,173 2.5%	3,026,152 36.2%	2,599,892 31.1%	143,712
Franklin	125,522,216	111,568,505	98.81	21,249,078 19.0%	2,743,361 2.5%	50,590,085 45.3%	36,985,981 33.2%	1,150,122
Gallia-Jackson-Meigs	5,643,979	5,409,721	62.25	2,821,548 50.2%	263,339 4.9%	42,178 0.8%	2,282,656 42.2%	86,972
Geauga	7,572,130	6,997,330	73.85	1,782,157 25.5%	199,905 2.9%	3,982,792 56.9%	1,032,476 14.8%	99,060
Hamilton	110,182,030	90,259,920	106.00	20,936,550 23.2%	2,297,406 2.5%	41,932,013 46.5%	25,093,951 27.8%	855,062
Hancock	6,326,718	5,446,136	73.33	1,931,380 35.5%	141,128 2.6%	1,906,633 35.0%	1,466,993 26.9%	74,538
Huron	2,366,086	2,415,626	40.49	1,365,365 56.5%	125,910 5.2%	192,909 8.0%	731,445 30.3%	59,849
Jefferson	7,986,917	7,187,688	6.25	3,620,710 50.4%	566,820 7.9%	306,135 4.3%	2,694,023 37.5%	67,691
Lake	22,191,516	19,590,966	83.71	5,294,467 27.0%	458,362 2.3%	9,731,453 49.7%	4,106,684 21.0%	236,775
Licking-Knox								

Current Challenges, Future Goals

Ohio's mental health service delivery system faces challenges resulting from escalating financial constraints during the past decade. The local board and provider systems are both under considerable stress. We must work together to reduce regulatory burdens and free up resources to serve those most in need.

Medicaid is Ohio's largest single payer of behavioral health care services. Since 1998, the program has successfully enabled Ohio to leverage more than \$2.2 billion in federal reimbursement. However, 40 percent of all consumers are indigent and uninsured, but not Medicaid eligible. Boards and providers are also struggling to make services available to this population. Furthermore, non-Medicaid services – such as housing and vocational supports – are vital for consumers to live successfully in the community.

State departments – joined by consumers, advocates, local boards and providers – must be compelled to work together through the short-term challenges. The goal is to design a system that maximizes consumer access, statewide consistency, administrative efficiency, compliance with federal Medicaid requirements and, most important, sustainability. This will enable us to continue the provision of essential mental health services for Ohio's most vulnerable citizens.



A Common Set of Finance Principles

Understanding what we value allows us to invest in what matters. Beginning in the summer of 2008, ODMH and Ohio Department of Alcohol and Drug Addiction Services involved relevant constituents and statutory partners in developing a common set of finance principles that would provide a tool for establishing a core set of treatment, prevention and recovery support services. During 2009, ODMH engaged in ongoing dialogues with stakeholders regarding our system finance principles and funding variables. We sought recent data that reflects current demand/need. This involvement from our stakeholder groups – including ADAMH/CMH boards, consumers, advocates and community mental health providers – will direct us toward a research-based and principle-driven funding methodology that supports mission-critical services and assures equitable levels of access to care statewide.

A new regional psychiatric hospital is planned in downtown Cleveland. When opened, this state-of-the-art facility will care for patients currently receiving services at the two aging locations of Northcoast Behavioral Healthcare. Below left, representatives from Bardwell and Associates, and Hasenstab Architects, Inc., hold a planning meeting with ODMH leadership. Below right, ODMH Architect Alex Huber leads Cuyahoga County ADAMH Board Director William Denihan through a cardboard mock-up of a patient room built to scale at ODMH headquarters in Columbus.



At the request of stakeholders, ODMH enlisted the help of health economists at The Ohio State University School of Public Health to update poverty, population and prevalence data for each board area. In the photos above, left to right, Helen Anne Sweeney, ODMH Office of Research and Evaluation, and OSU's Allard Dembe, Sc.D., provide an analysis to board, provider and consumer advocacy representatives on June 25, 2009.

Collaboration to Improve Services

The Executive Medicaid Management Administration was created in House Bill 119 of the 127th General Assembly as a platform for statewide collaboration around Medicaid. By gaining a more holistic view of the system, we can serve our citizens more efficiently. A "no wrong front door" mes-

sage will also streamline costs.

ODMH and ODADAS are working on a demonstration project to assess the impact of legislation, rules, policy and technology on providers. The project will also determine how to eliminate barriers to services by reducing burdensome or unnecessary regulations, reducing administrative

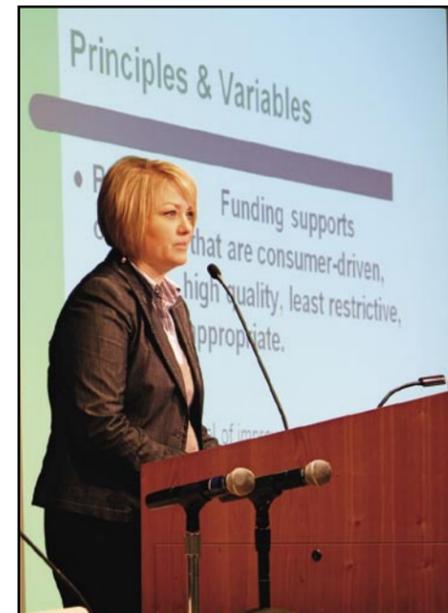
overhead and directing more dollars into consumer services.

The Governor's Interagency Council on Homelessness and Affordable Housing is implementing recommendations contained in a comprehensive report prepared by the Technical Assistance Collaborative. Included is a permanent supportive housing framework

for people who have severe mental illness.

The OHIOCARES program supports the behavioral health of military personnel and their families. ODMH, assisted by boards and providers, identifies community mental health resources that complement the services available through the Department of Veterans Affairs.

On Dec. 14, 2009, ODMH invited community ADAMH/CMS board members and others to ask questions of staff regarding the department's work relative to current and future funding issues. In the photo at bottom left on this page, Angie Bergefurd, chief of the ODMH Office of Medicaid, describes the principles and variables to which constituents and statutory partners agreed during 2008. Pictured below are some of the many board executives and other invited stakeholder representatives who attended the meeting.



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.

Vision

We envision a sustainable system of care where recovery is expected for people with mental illness and all Ohioans can access quality treatment and supports that are responsive to their cultures, preferences and values.

Understanding diversity, embracing equality



Left: Human Resources staff from ODMH's regional psychiatric hospitals listen to a presentation on Equal Employment Opportunity law at the State Library of Ohio on June 29, 2009. Left to right are: Bernadette Mosley, Northcoast; Kelly Gray, Appalachian (since promoted to the HR Division in Columbus); and Shelley Jolly, Heartland.

Director



Director Sandra Stephenson, M.S.W., M.A., received a Distinguished Career Award from The Ohio State University College of Social Work. She was admitted to its Hall of Fame on Sept. 11, 2009.



Cultural Social Interaction (CSI) is a program initiated by ODMH to promote discussions on diversity and racial equality among agency staff. Designed to create a better interpersonal understanding, CSI also helps participants reach higher levels of trust, and develop deeper and more meaningful communication with one another. The program ultimately moves staff from dialogue to action so that infusing cultural competency into ODMH policies becomes a collective exercise. During 2008-09, staff facilitators (pictured above) helped "study circle" groups of eight to 12 employees make connections. By sharing their own experiences, beliefs and viewpoints, participants learn more about those of their peers, exploring differences and commonalities. Approximately one-third of ODMH central office staff have taken part, including (left to right in photo at right) Alisha Payne and Christina Price of the ODMH Office of Support Services. They reported to an ODMH audience the action steps taken by Warehouse and Pharmacy staff to promote diversity and encourage dialogue.



ODMH Leadership Support Team



Administrative Services

Donald C. Anderson, Deputy Director

The Administrative Services Division manages Fiscal Administration, Information Services, Capital Planning and Management, the Office of Medicaid and the Office of Support Services. The latter procures, warehouses and delivers pharmaceutical, food, housekeeping and other products to state institutional agencies and other government entities.

Division of the Medical Director

Marion E. Sherman, M.D., Medical Director

The Medical Director provides clinical leadership and direction across all aspects of public mental health care in Ohio. Division staff members are responsible for ensuring that Ohio's public mental health system incorporates evidence-based practices, and continuous



performance-improvement concepts and techniques. Research staff members identify questions vital to the mental health system and fund research projects to address these questions.

Hospital Services

Jim Ignelzi, Deputy Director

ODMH operates seven regional psychiatric hospitals that provide comprehensive in-patient treatment to people with severe mental disorders. Each hospital is managed by a CEO and a chief clinical officer. These individuals handle daily campus operations, guided by Hospital Services policies, and direct community-support services to people involved with local mental health systems.



Human Resources

Vincent Conner, Deputy Director

Human Resources provides personnel services to the department's central office and hospitals, and coordinates the administration of contracts with the unions. Affirmative action program development and monitoring, staff training and volunteer services are also managed by this office.

Legal Services

Sloan Spalding, J.D., Deputy Director

Litigation affecting the department and its employees is handled by this office. Legal staff advise ODMH colleagues on issues including commitment procedures, patients' rights and all policies relating to hospital operations. Licensure and Certification staff license private hospi-



tals' psychiatric units and community residential programs, and certify community mental health agencies.

Program & Policy Development

Deborah Nixon-Hughes, Deputy Director

The development and implementation of Ohio's mental health policies and programs are responsibilities of this office. Staff members coordinate with Ohio's 50 community mental health boards and other stakeholder groups such as child-serving entities, consumer-operated services and the criminal justice system.



