



OHIO DEPARTMENT OF
**MENTAL
HEALTH
ANNUAL
REPORT**
FOR FISCAL YEAR 2005



ISCAL YEAR 2005 ANNUAL REPORT

STATE OF OHIO

Bob Taft, Governor

DEPARTMENT OF MENTAL HEALTH

Michael F. Hogan, Ph.D., Director

Dale P. Svendsen, M.D., Medical Director

Debra M. Belinky, J.D., Chief Legal Counsel

Donald C. Anderson, Deputy Director
Administrative Services

Sidney F. Herndon, Deputy Director
Integrated Behavioral Healthcare System

Leslie Brower, Ph.D., R.N., Deputy Director
Program and Policy Development

Roma Barickman, Central Area Director

Kathy Coate-Ortiz, Northeast Area Director

Jessica W. Byrd, Northwest Area Director

Carrol A. Hernandez, Ph.D., Southeast Area Director

Robin Gilbert, Southwest Area Director

PUBLISHED BY THE

Ohio Department of Mental Health
Office of Communications
30 East Broad Street, 8th Floor
Columbus, Ohio 43215-3430
(614) 466-2297

Laura Wentz, Communications Director
Jason Fallon, Public Information Officer

August, 2006

VISION STATEMENT - Our vision is for Ohio to be a community of mentally healthy people who lead fulfilling and productive lives. It will be a caring community with strong compassion for and a determination to respond effectively and respectfully to the needs of all citizens with mental illness and behavioral disorders.

MISSION STATEMENT - The mission of the Ohio Department of Mental Health is to establish mental health and recovery from mental illness as cornerstones of health in Ohio, assuring access to quality mental health services for Ohioans at all levels of need and life stages.

CLINICAL MISSION STATEMENT - The Ohio Department of Mental Health pursues clinical excellence through progressive treatment, education, research, and advocacy. We promote the recovery of people with mental illness and the support of their families. We work in partnership to respect the rights of people and the safety of the community while honoring unique local, cultural, and special population needs.

VALUES STATEMENT - Ohio's mental health system is committed to these values:

RESPECT - We treat all people with respect and dignity. We support individual choice and build on the strengths of individuals, families and communities.

INTEGRITY - We are honest and ethical in all our dealings. We keep our promises and are accountable for our actions.

DEDICATION - We are committed to helping every Ohioan with mental health needs. Our goal is to exceed the expectations of those we serve.

QUALITY - We strive to provide the highest quality services to the people of Ohio. We embrace and respect individual and community differences and provide clinically and culturally competent services and interventions in a manner that is acceptable to consumers and families and that help them to achieve the outcomes they desire.

TEAMWORK - We promote partnerships that reach across system and organizational boundaries.

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I NTRODUCTION

THE PRIMARY MISSION of the Ohio Department of Mental Health is to establish mental health and recovery from mental illness as cornerstones of health in Ohio, and assure access to quality mental health services for Ohioans at all levels of need and life stages. Each year, Ohio's community mental health systems provide services to 260,000 people, including 76,000 adults who are disabled by severe mental illness and 51,00 children with severe emotional disturbances.

Ohio has made significant progress in improving its mental health system. Ranked 26th among the states in a 1986 survey by a national public health research group, Ohio moved into seventh place in 1988, and by 1990 was rated fourth best in the country. This improvement was due in large part to the legislature's passage of the Mental Health Act of 1988 which initiated a broad program of reform. This landmark legislation had two primary goals: to move toward community treatment rather than institutionalization, and to emphasize local direction rather than state control. Successful implementation of this legislation has made Ohio a nationally recognized leader in mental health reform and has given us the strongest community system of any large state.

COMMUNITY MENTAL HEALTH systems are funded, reviewed and monitored by ODMH through 50 county-level boards. These boards function as "Local Mental Health Authorities," funding, planning and monitoring services provided by nearly 500 not-for-profit community mental health agencies.

The legislation passed in 1988 required each board-managed, local mental health system to establish a community support system which includes residential, crisis, vocational, case management and family support services as part of the community mental health system. Other human services providers, community leaders, public officials, clergy, educators, employers, families, and consumers themselves, as well as health and mental health care professionals, participate as part of community support systems. This approach to community care, which emphasizes local management, generates strong citizen involvement and leads to strong local financial support for mental health care.

As local mental health systems have increased in both size and scope, more people have received services in outpatient settings in their home communities, and

the population of state psychiatric hospitals has decreased dramatically. Since the Mental Health Act was passed in 1988, the inpatient population of state hospitals has fallen from 4,000 to fewer than 1,200, and hospital staffing has been reduced from 6,200 employees to 2,300. The resultant savings, which approached \$900 million during the 10 years following passage of the Act, were passed on to community systems to further develop and enhance local systems of care.

BEHAVIORAL HEALTHCARE ORGANIZATIONS operated by the Ohio Department of Mental Health provide inpatient care and selected community services as desired by boards. Formerly focussed on long-term institutionalization, ODMH inpatient facilities have become small and specialized, providing short-term and intensive treatment. Plans for utilization of inpatient services are made by the boards, and patients are pre-screened in the community prior to admission and linked to community services upon discharge.

The Department currently operates five behavioral healthcare organizations providing adult inpatient services at nine sites. ODMH staff also provide services in community settings through Community Support Networks via contracts with local mental health systems. Originally named State Operated Services, these programs were created as part of the 1988 legislation to ease the impact of down-sizing Department hospitals and have enabled qualified employees to continue their careers caring for people with serious mental illness. Since 1990, CSNs have developed a reputation for assisting formerly hospitalized individuals with creating a "new life" within their home community and have grown to include more than 400 staff serving 3,500 consumers.

A major challenge faced by the Department in recent years has been to improve the quality of care provided in state hospitals while reducing their capacity. This challenge is being met; quality deficiencies cited in Medicare surveys have been reduced dramatically, accreditation scores given to ODMH facilities by the Joint Commission on Accreditation of Healthcare Organizations now rival those of private hospitals, the newest medications are available to patients, and the most effective treatment modalities are being shared throughout the system as clinical staff have adopted a "Best Practices" approach to providing care.

THE DIRECTOR'S OFFICE is responsible for the total operation of the Department of Mental Health, including direction, coordination, policy formulation, budget development and management, to ensure consistent and high-quality mental health services in Ohio.

MEDICAL DIRECTOR - The Medical Director provides clinical leadership and direction across all aspects of public mental health care in Ohio. This office oversees clinical services in Department hospitals, and develops and implements clinical evaluation.

FORENSIC SERVICES - The Office of Forensic Services (OFS) is supervised by the Medical Director and is responsible for managing the interface between ODMH and the criminal justice system. This office also provides consultation within ODMH regarding forensic issues related to inpatient, community, legal, client rights, licensure and education issues.

OFS collaborates with involved constituencies to develop forensic policies, propose forensic programs, assist in forensic legislation, provide clinical and organizational forensic consultation, support the ODMH Forensic Product Line, and provide forensic education and training. The forensic population served by ODMH includes people who have been found not guilty by reason of insanity or incompetent to stand trial, those placed on conditional release, those needing sanity or competency evaluations, jail transfers, parolees, probationers, and people on police hold.

OFS provides services to Ohio prison inmates through the Community Linkage Program. The Linkage staff work closely with community mental health boards, agencies, ODMH Behavioral Healthcare Organizations, prisons, parole authorities, jails and courts to provide continuity of care for mentally ill offenders who are being released from prison. The Office also certifies and works closely with the 11 regional community forensic centers that provide outpatient sanity and competency evaluations for Common Pleas Courts throughout the state. OFS also supports the Ohio Alliance for the Mentally Ill in its efforts to train court and jail personnel about severe mental illness.

QUALITY IMPROVEMENT AND ASSURANCE - This office is supervised by the Medical Director and is responsible for a number of clinical quality initiatives, including ensuring that Ohio's public mental health system promotes, embraces, and incorporates state-of-the-art continuous performance improvement con-

cepts and techniques. This office assists ODMH, local mental health boards, and community providers in the collection and use of information which results in greater access to high quality mental health care, and continuous improvement in the health and safety of people to whom the services are delivered. The office also reviews admissions of younger Medicaid beneficiaries to nursing homes to ensure that these admissions are appropriate, and works with the Department of Mental Retardation and Developmental Disabilities to improve the quality of services to patients with co-occurring mental illness and mental retardation.

LEGAL SERVICES - This office manages litigation affecting the Department and its employees, and advises staff on issues such as commitment procedures, patients' rights, ethics, HIPAA, Medicaid, Worker's Compensation, existing and potential contracts (including contracts related to capital construction), legislation, and policies related to the operation of the Department's Behavioral Healthcare Organizations. It also develops, promulgates and interprets Administrative Rules for the Department and is responsible for annual rules reviews as required by statute. This office also provides consultation on departmental security issues and oversight of investigations.

LICENSURE AND CERTIFICATION - As part of the Office of Legal Services, this office administers the licensure of private psychiatric hospital inpatient units and community residential programs, and reviews and certifies community mental health agencies' services for compliance with state standards.

LEGISLATIVE LIAISON - The Legislative Liaison provides the Department with active participation in the legislative process, analyzes proposed legislation affecting the Department, and formulates and communicates Department position responses to members of the legislature and legislative committees.

COMMUNICATIONS - This office responds to inquiries from the news media and the general public, and advises hospital and central office staff on communications issues and media relations. It coordinates communications activities with community mental health boards; family, consumer and constituent groups; and with other state agencies. The office promotes public awareness and understanding of mental health issues by producing and distributing printed materials, and through exhibits and the Department's internet site.

A ADMINISTRATIVE SERVICES

THE DEPUTY DIRECTOR of Administrative Services provides direction and supervision to the following offices.

CAPITAL PLANNING AND MANAGEMENT - Develops, administers and monitors the Department's Capital Plan and budget; provides technical consultation to Department hospitals regarding physical plant operations and compliance with federal, state, OSHA and JCAHO mandates and accreditation standards; provides technical and architectural consultation for community and Department capital projects; serves as the Department's liaison with the State Architect's Office, Industrial Compliance, OSHA, EPA, Fire Marshal, architects, engineers and the State Controlling Board; coordinates easements, leases, sales and transfers of ODMH surplus land and buildings; and coordinates central office assets inventory for the Department.

FISCAL ADMINISTRATION AND SUPPORT - Prepares the Department's biennial budget, provides continuing fiscal analysis and monitoring, allocates the Department's fiscal resources, provides appropriation operations and accounting, reimbursement operations, and internal auditing.

OFFICE OF MEDICAID - Administers the Ohio community Medicaid mental health program, as a sub-recipient of the Ohio Department of Job and Family Services. Oversees local management of the program by county mental health and ADAMH boards and assures compliance with all federal and state Medicaid requirements. Also provides operational support, including contracting, dispute resolution, auditing and compliance, reimbursement management and policy development. Supports clinical system improvement and client protections, as well as consumer and family member participation. Provides operational support for mission-critical functions of the Department.

HUMAN RESOURCES - Provides personnel and labor relations functions to the Department's central office and Integrated Behavioral Healthcare System. This office provides human resource planning and oversight, EEO program development, training and CEU coordination, oversight of volunteer services, centralized recruitment

efforts (including physician recruitment), and other human resources related functions. Labor relations staff develop and implement overall Department policy on collective bargaining matters while acting as a liaison with unions and the Office of Collective Bargaining.

INFORMATION SERVICES - Designs and operates the Department's computer systems for community mental health information, hospital patient care data, cost accounting, reimbursement, civil service and contract personnel, and related mental health data, and the Department's LAN system.

PROGRAM EVALUATION AND RESEARCH - Identifies research questions of importance to the mental health system, and funds research projects to address these questions. Conducts major statewide research on services and outcomes for adults with serious mental illness and on factors related to the adoption of best practices. Disseminates research results to the Department and the public mental health system in order to improve the quality of mental health services. Evaluates Department program and policy initiatives, and oversees the installation of the Ohio Mental Health Outcomes System in community mental health agencies throughout the state.

SUPPORT SERVICES - The Office of Support Services (OSS) provides a diverse array of auxiliary services to state facilities, county health departments, and selected community mental health agencies as described in ORC Section 5119.16. These services include:

Procurement of pharmaceuticals and food products (canned, dry and frozen) for distribution to state and non-profit facilities through the Pharmacy Service Center and Central Warehouse. Laboratory, medical and pharmacy supplies are included in addition to medical records, forms, personal care and housekeeping products.

OSS also has a pharmacy dispensing operation for both the indigent and for inpatient services within state facilities. Consultation on pharmacy services and drug information services are also available.

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ROGRAM AND POLICY DEVELOPMENT

THE DEPUTY DIRECTOR of Program and Policy Development oversees community mental health programs statewide through five Area Directors who serve as the Department's primary liaisons with the 50 community mental health and ADAMH boards. The following offices are supervised by this Deputy Director.

AREA DIRECTORS are the policy and management liaisons to local mental health systems. The five Area Directors work with mental health and ADAMH boards, local community agencies, and constituents in their designated geographic area of the state. The Area Directors are responsible for facilitating collaboration between the boards and the Department to assure integration of local plans with ODMH inpatient programs and Community Support Network services. They also monitor local boards for fiscal accountability, and promote quality services and best practices.

CHILDREN'S SERVICES AND PREVENTION - In partnership with families, this office provides leadership with state and local child serving systems in the development of a continuum of quality mental health care for children and families in all Ohio communities. The office advocates for child-centered, family-focused, culturally competent home, school and community-based and evidence-based services by:

actively participating in the Family and Children First Initiative and the Governor's commitments to child well-being;

addressing barriers to school success to improve in-school access to mental health services for all children with social, emotional and behavioral challenges; developing specialized services and supports through the courts to mentally ill juvenile offenders;

expanding the mental health system's expertise in early childhood mental health consultation; developing a Statewide Suicide Prevention Plan; engaging with the Medical Director's office as leaders with the Centers of Excellence, the Center for Innovative Practice and the Center for Learning Excellence;

improving access to intensive, community based mental health services to help prevent placement out-of-community; supporting parent/family access to state and community decision-making processes that impact services/supports needed for their children;

and by leading the Family Stability Incentive Fund

(FSIF) Initiative to prevent inappropriate out-of-home placements.

CONSUMER RECOVERY AND SUPPORTS - This office partners with community mental health agencies and boards, other ODMH offices, and other state agencies to promote the Department's mission of ensuring that quality mental health services are available for Ohioans at all levels of need and life stages. This office also coordinates efforts to support consumer choice, build on consumers' natural supports, and develop clinically and culturally competent services. Primary responsibilities include assuring practical application of the Recovery model through training, technical assistance, and providing resources to community mental health systems. This office encourages the provision of best practices in housing, employment, community capital, and community support programs in order to increase economic independence and opportunity for prosperity for people with mental illness. This Office operates the Toll-Free-Bridge, a 1-800 information line providing access to clients rights information and resolution services as well as community mental health direct service referrals to crisis and intake services throughout Ohio.

COMMUNITY POLICY - This office assists in addressing mental health care policy issues and in developing strategies and program initiatives to meet current and future challenges. Responsibilities include co-management in developing and implementing a statewide mental health consumer outcomes measurement system, management of the Block Grant program to secure federal funding, and program leadership to integrate multiple initiatives to improve clinical quality in the state's public mental health delivery system. The office also serves in a liaison role to other state departments including the Departments of Aging, Alcohol and Drug Addiction Services, and Transportation.

CONSUMER ADVOCACY AND PROTECTION. Staff from this office assist with the Complaint, Grievance and Appeals process for consumers of community agencies, boards and Behavioral Health Organizations. Other efforts include leading an initiative to promote prompt problem resolution as a consumer recovery step and support for Client Rights Officer and Client Rights Advocate training. These staff are actively engaged with mental health consumer advocacy organizations and other Ohio departments including Ohio Legal Rights Service and the Ohio Civil Rights Commission.

I NTEGRATED BEHAVIORAL HEALTHCARE SYSTEM

THE DEPUTY DIRECTOR for the Department's Integrated Behavioral Healthcare System provides supervision and oversight of the Department's inpatient programs and Community Support Networks. These networks develop plans in conjunction with local mental health boards for the deployment and utilization of ODMH staff in community programs.

As noted in the introduction to this report, clinical services provided by ODMH have undergone a dramatic transformation since the passage of the Mental Health Act. In 1991, the Department responded to the Operations Improvement Task Force Report, which looked at all of state government, by forming TARP, the Therapeutic Activity Recovery Program. TARP focuses on improving the quality of clinical services by improving the skills and competencies of staff, by increasing family involvement, by developing programming for patients with a dual diagnosis of substance abuse and mental illness, and by integrating cultural issues in the assessment and treatment of patients. TARP also promotes recovery as a philosophy and in clinical practice, and improves communication and information sharing among clinical staff.

In 1992, Director Hogan convened a group of stakeholders in the mental health system, the Inpatient Futures Working Group, to examine the status and future prospects for the publicly funded mental health system. This group recommended that a regional inpatient planning process be initiated for each area of the state served by an ODMH hospital. Through this participative, locally-based process, Ohio's mental health constituencies developed the first long-range plan to expand community supports and reduce hospital costs while preserving an essential and substantial hospital role. An agreement was reached to reduce the census of state hospitals from 1,800 to 1,200 between 1994 and 1999, to focus hospital services on high-acuity care and forensic services, to reinvest in community care cost savings gained from reductions in hospital capacity and aggressive cost containment efforts, and to take regionally driven approaches to planning for services operated by the Department.

The Department has built on these commitments to provide high quality services in the most efficient manner possible through several re-engineering efforts which began in 1995. Initial re-engineering efforts were designed to achieve efficiencies in areas such as business functions, pharmacy, medical records, di-

etary and telecommunications services. In recognition of these dramatic changes and the fact that the Department now serves more people in communities than in inpatient settings, ODMH hospitals are now referred to as Behavioral Healthcare Organizations. These re-engineering efforts, including those designed to improve clinical services through a "Best Practices" approach and unify hospital functions under system-wide product lines, have significantly improved inpatient and CSN services, as evidenced by the high scores given the Department's Integrated Behavioral Healthcare System by the Joint Commission on Accreditation of Healthcare Organizations.

ODMH BEHAVIORAL HEALTHCARE ORGANIZATIONS

Appalachian Behavioral Healthcare

Jane Krason, CEO

Athens Campus
100 Hospital Drive
Athens, Ohio 45701

Cambridge Campus
66737 Old 21 Road
Cambridge, Ohio 43725

Heartland Behavioral Healthcare

Helen Stevens, CEO

3000 Erie Street South
Massillon, Ohio 44646

Northcoast Behavioral Healthcare

Paul Guggenheim, CEO

Cleveland Campus
1708 Southpoint Drive
Cleveland, Ohio 44109

Northfield Campus
1756 Sagamore Road
Northfield, Ohio 44067

Toledo Campus
930 South Detroit Avenue
Toledo, Ohio 43614

Summit Behavioral Healthcare

Liz Banks, CEO
1101 Summit Road
Cincinnati, Ohio 45237

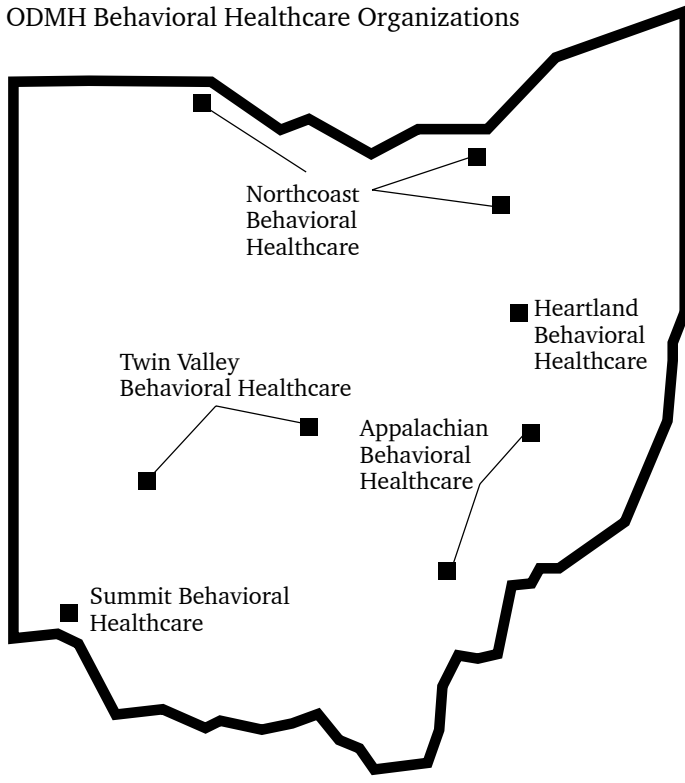
Twin Valley Behavioral Healthcare

Jim Ignelzi, CEO

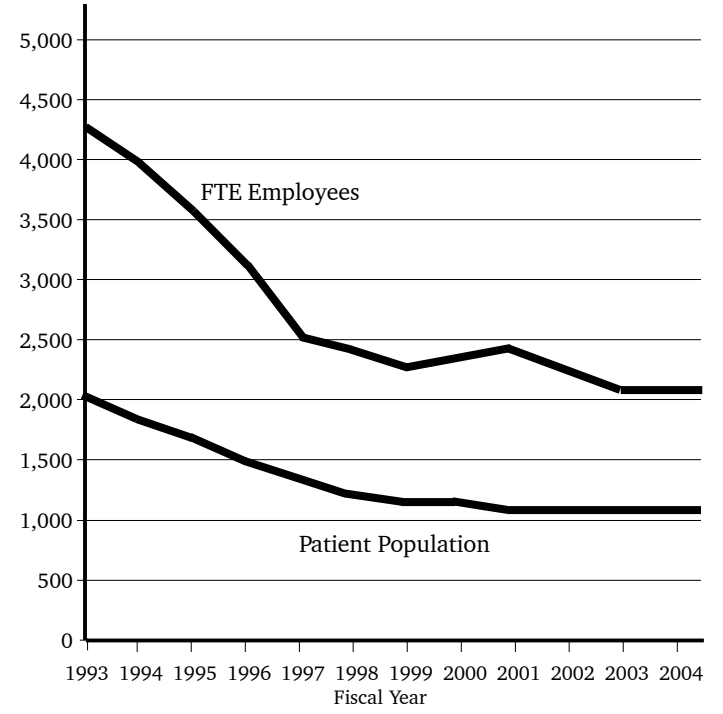
Columbus Campus
2200 W. Broad Street
Columbus, Ohio 43223

Dayton Campus
2611 Wayne Avenue
Dayton, Ohio 45419

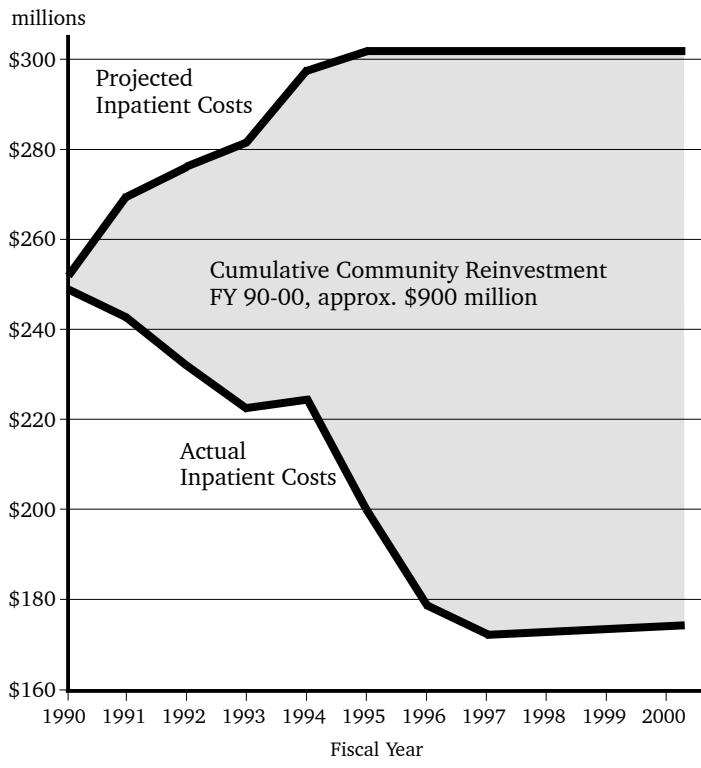
ODMH Behavioral Healthcare Organizations



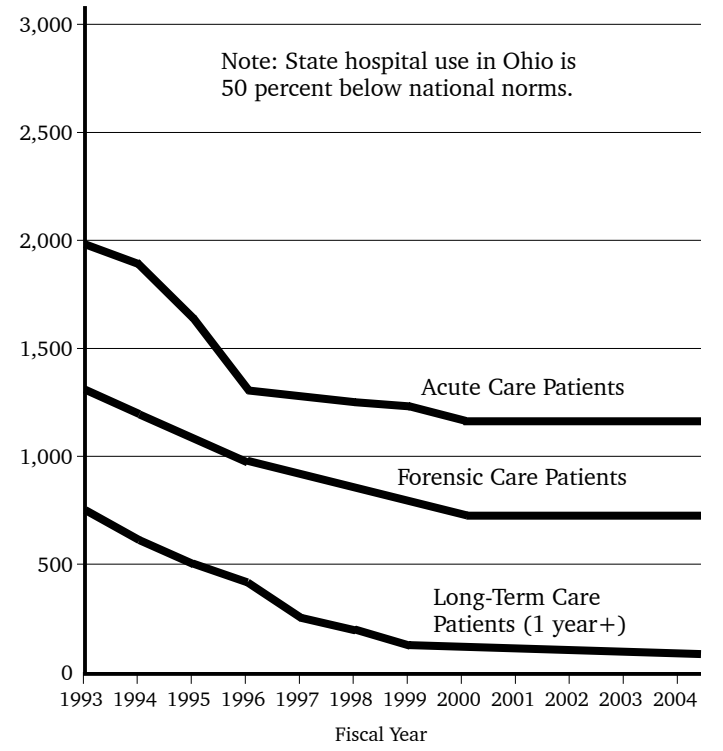
ODMH Inpatient Programs - Average Daily Resident Population and Full-Time Equivalent Employees



ODMH Actual vs. Projected Inpatient Costs
Inpatient Savings Reinvested in Community Care



Efficient Use of Hospital Care:
State Hospital Utilization in Ohio



DEPARTMENT EXPENSES AND SOURCES OF FUNDS

Fiscal Year 2005

Type of Expense ¹	Totals	Source of Funds					
		General Revenue	Capital Improvement	State Special Revenue	Intra-Govt. Service	Federal Special Revenue	General Special Revenue
Department Totals	\$972,825,159	\$538,338,728	\$24,308,112	\$8,013,813	\$85,045,107	\$300,999,156	\$16,120,244
State Provided Services	\$239,578,954	\$188,925,853	\$22,254,290	\$1,748,114		\$11,321,343	\$15,329,354
Comm. Suppt. Netwrk.	\$20,600,324	\$18,316,739		\$72,682		\$577,512	\$1,633,392
Inpatient	\$218,978,630	\$170,609,114	\$22,254,290	\$1,675,432		\$10,743,831	\$13,695,962
Community Services	\$596,307,187	\$300,312,660	\$2,053,822	\$6,257,045		\$287,653,661	\$30,000
Administration	\$29,513,092	\$26,719,396		\$8,654		\$2,024,152	\$760,890
Central Office	\$27,331,624	\$24,537,928		\$8,654		\$2,024,152	\$760,890
Research Grants	\$1,001,428	\$1,001,428					
Ed. & Training Grants	\$1,180,040	\$1,180,040					
Support Services	\$85,045,107				\$85,045,107		
Debt Service	\$22,380,819	\$22,380,819					

¹The Department's accounting methodology is based on Posting Fiscal Year, which is consistent with the Office of Budget and Management's reconciliation process.



OPERATING EXPENDITURES, INPATIENT AND CSN PROGRAMS

Fiscal Year 2005

	Operating expenses as computed in past years ¹	Fiscal Year 2005 adjustments ²	(-) Com. Support Network and Shared Services ³	Net Operating expenditures	Average daily resident population	Average annual cost per resident patient	Average daily cost per resident patient
IBHS Total ⁴	\$213,951,156	\$20,063,205	-\$21,945,977	\$212,068,383	1,075	\$197,341	\$540.66
Behavioral Healthcare Organizations							
Appalachian Behavioral Healthcare	\$27,116,909	\$3,037,888	-\$5,707,224	\$24,447,573	112	\$217,457	\$595.77
Heartland Behavioral Healthcare ⁵	\$23,876,445	\$3,384,951	-\$2,675,975	\$24,585,420	105	\$234,361	\$642.08
Northcoast Behavioral Healthcare	\$70,052,807	\$5,684,981	-\$7,344,926	\$68,392,862	341	\$200,651	\$549.73
Summit Behavioral Healthcare ⁶	\$34,026,251	\$2,580,883	-\$1,982,123	\$34,625,011	231	\$149,835	\$410.51
Twin Valley Behavioral Healthcare	\$58,878,744	\$5,374,502	-\$4,235,729	\$60,017,517	285	\$210,325	\$576.23

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 Department's accounting methodology is based on Posting Fiscal Year, which is consistent with the Office of Budget and Management's reconciliation process.

⁵ As of September 2000, the Sagamore Children's and Woodside CSN programs merged with Massillon Psychiatric Center to become Heartland Behavioral Healthcare.

⁶ As of December 2000, the Pauline Warfield Lewis Center and the Millcreek Children's CSN program merged to become Summit Behavioral Healthcare.

M ENTAL HEALTH/ADAMH SERVICES BOARDS EXPENDITURES

Fiscal Year 2005		Source of Funds Expended					
		Total Expenditures		State		Federal	
Mental Health Boards/ ADAMH Services Boards	Total Receipts	Amount	Per Capita	Amount	Percent of Total	Amount	Percent of Total
Statewide totals	\$1,057,201,157	\$1,065,089,068	\$92.95	\$290,785,467	27.30%	\$21,615,422	2.03%
Allen - Auglaize - Hardin	\$7,408,865	\$8,643,055	\$46.47	\$4,134,714	47.84%	\$293,063	3.39%
Ashland	\$5,083,825	\$4,602,573	\$85.14	\$2,105,592	45.75%	\$69,693	1.51%
Ashtabula	\$20,689,981	\$20,689,981	\$200.58	\$2,751,804	13.30%	\$174,713	0.84%
Athens - Hocking - Vinton	\$10,445,042	\$10,491,932	\$99.57	\$3,728,559	35.54%	\$186,154	1.77%
Belmont - Harsn - Monroe	\$8,563,321	\$8,922,115	\$88.89	\$3,767,967	42.23%	\$202,661	2.27%
Brown	\$2,763,022	\$2,642,965	\$59.74	\$968,175	36.63%	\$61,061	2.31%
Butler	\$20,284,500	\$19,532,376	\$56.36	\$7,275,685	37.25%	\$512,016	2.62%
Clermont	\$12,837,276	\$12,805,452	\$67.89	\$4,697,959	36.69%	\$333,601	2.61%
Columbiana	\$9,380,898	\$9,186,344	\$82.37	\$2,903,865	31.61%	\$285,402	3.11%
Crawford - Marion	\$8,317,985	\$8,328,906	\$74.19	\$2,890,206	34.70%	\$218,338	2.62%
Cuyahoga	\$176,577,593	\$176,577,593	\$130.70	\$39,813,394	22.55%	\$3,115,630	1.76%
Delaware - Morrow	\$10,103,737	\$9,650,417	\$54.60	\$2,765,330	28.66%	\$141,488	1.47%
Eastern Miami Valley ⁴	\$25,146,167	\$25,676,220	\$76.43	\$7,614,568	29.66%	\$464,515	1.81%
Erie - Ottawa	\$7,869,142	\$7,863,898	\$65.32	\$2,631,598	33.46%	\$146,645	1.86%
Fairfield	\$7,824,433	\$7,997,020	\$58.77	\$2,579,007	32.25%	\$409,616	5.12%
Four County ⁵	\$13,674,457	\$13,204,252	\$87.88	\$3,201,636	24.25%	\$204,895	1.55%
Franklin	\$112,717,256	\$100,255,604	\$92.06	\$23,200,764	23.14%	\$2,331,178	2.33%
Gallia - Jackson - Meigs	\$5,798,795	\$5,282,284	\$60.06	\$2,342,503	44.35%	\$230,848	4.37%
Geauga	\$7,573,004	\$6,655,720	\$70.35	\$1,695,755	25.48%	\$91,758	1.38%
Hamilton	\$119,300,935	\$115,379,161	\$141.64	\$20,401,676	17.68%	\$1,990,720	1.73%
Hancock	\$5,344,502	\$5,273,118	\$71.64	\$1,681,109	31.88%	\$92,761	1.76%
Huron	\$2,643,990	\$2,643,990	\$43.77	\$1,353,416	51.19%	\$80,129	3.03%
Jefferson	\$7,060,463	\$6,616,194	\$92.64	\$3,502,717	52.94%	\$185,588	2.81%
Lake	\$34,699,267	\$34,699,177	\$149.53	\$5,579,244	16.08%	\$265,407	0.76%
Licking - Knox	\$18,776,552	\$18,710,394	\$88.82	\$4,310,196	23.04%	\$234,802	1.25%

Source: Board 040 and Agency 062 Annual Reports

¹ Beginning in FY 2002, other agency funds (not including patient fees) were categorized under "Other Agency," separate from "County Levy/Other Board." These funds include all reported revenues of agencies under contract with the Board which may include revenues for services not paid for by the Board and may include non-mental health services.

² The Medicaid category reflects the amount paid for Medicaid FFP reimbursement.

³ Beginning in FY 2004, this table was revised to reflect *expenditures* by source. Previously, this table reflected *revenue* by source.

⁴ Clark, Greene and Madison Counties

⁵ Defiance, Fulton, Henry and Williams Counties

AND SOURCES OF FUNDS

Source of Funds Expended								Mental Health Boards/ ADAMH Services Boards
Levy/Other Board		Other Agency ¹		Medicaid ²		Agency 1st/3rd		
Amount	Percent of Total	Amount	Percent of Total	Amount	Percent of Total	Amount	Percent of Total	
\$221,160,422	20.76%	\$207,817,032	19.51%	\$240,946,975	22.62%	\$82,763,750	7.77%	Statewide Totals
\$1,055,314	12.21%	\$1,212,041	14.02%	\$1,587,241	18.36%	\$360,682	4.17%	Allen - Auglaize - Hardin
\$1,071,837	23.29%	\$58,074	1.26%	\$1,082,646	23.52%	\$214,730	4.67%	Ashland
\$1,164,906	5.63%	\$11,940,884	57.71%	\$2,868,455	13.86%	\$1,789,219	8.65%	Ashtabula
\$1,773,592	16.90%	\$588,610	5.61%	\$3,719,127	35.45%	\$495,890	4.73%	Athens - Hocking - Vinton
\$1,022,751	11.46%	\$617,122	6.92%	\$2,565,165	28.75%	\$746,449	8.37%	Belmont - Harsn - Monroe
\$422,327	15.98%	\$5,093	0.19%	\$495,480	18.75%	\$690,829	26.14%	Brown
\$1,896,215	9.71%	\$3,049,177	15.61%	\$5,735,770	29.37%	\$1,063,513	5.44%	Butler
\$2,125,971	16.60%	\$0	0.00%	\$2,274,929	17.77%	\$3,372,992	26.34%	Clermont
\$1,882,548	20.49%	\$1,356,294	14.76%	\$2,465,603	26.84%	\$292,632	3.19%	Columbiana
\$883,383	10.61%	\$1,911,896	22.95%	\$1,905,085	22.87%	\$519,998	6.24%	Crawford - Marion
\$24,792,670	14.04%	\$54,660,142	30.96%	\$41,191,076	23.33%	\$13,004,681	7.36%	Cuyahoga
\$2,588,608	26.82%	\$1,596,399	16.54%	\$2,278,964	23.62%	\$279,629	2.90%	Delaware - Morrow
\$5,844,955	22.76%	\$3,035,395	11.82%	\$5,045,218	19.65%	\$3,671,569	14.30%	Eastern Miami Valley
\$2,099,055	26.69%	\$35,879	0.46%	\$1,635,548	20.80%	\$1,315,173	16.72%	Erie - Ottawa
\$988,177	12.36%	\$35,466	.44%	\$2,101,009	26.27%	\$1,883,745	23.56%	Fairfield
\$2,800,499	21.21%	\$521,153	3.95%	\$1,527,696	11.57%	\$4,948,373	37.48%	Four County
\$30,080,118	30.00%	\$12,387,137	12.36%	\$25,927,234	25.86%	\$6,329,173	6.31%	Franklin
\$200,447	3.79%	\$859,740	16.28%	\$1,237,613	23.43%	\$411,133	7.78%	Gallia - Jackson - Meigs
\$2,176,239	32.70%	\$1,719,079	25.83%	\$734,366	11.03%	\$238,523	3.58%	Geauga
\$31,617,547	27.40%	\$35,386,415	30.67%	\$23,340,960	20.23%	\$2,641,843	2.29%	Hamilton
\$1,220,062	23.14%	\$856,256	16.24%	\$1,087,081	20.62%	\$335,850	6.37%	Hancock
\$115,594	4.37%	\$41,104	1.55%	\$661,742	25.03%	\$392,005	14.83%	Huron
\$532,443	8.05%	46,617	0.70%	\$2,095,000	31.66%	\$253,829	3.84%	Jefferson
\$7,575,454	21.83%	\$17,499,013	50.43%	\$3,154,276	9.09%	\$625,783	1.80%	Lake
\$6,685,825	35.73%	\$0	0.00%	\$3,309,297	17.69%	\$4,170,273	22.29%	Licking - Knox

M ENTAL HEALTH/ADAMH SERVICES BOARDS EXPENDITURES

Fiscal Year 2005		Source of Funds Expended					
		Total Expenditures		State		Federal	
Mental Health Boards/ ADAMH Services Boards	Total Receipts	Amount	Per Capita	Amount	Percent of Total	Amount	Percent of Total
Logan - Champaign	\$7,117,336	\$7,258,109	\$84.14	\$2,036,181	28.05%	\$105,744	1.46%
Lorain	\$27,405,010	\$27,410,326	\$93.13	\$6,104,216	22.27%	\$352,047	1.28%
Lucas	\$41,961,775	\$59,265,706	\$131.52	\$13,992,666	23.61%	\$1,110,257	1.87%
Mahoning	\$20,093,644	\$20,865,587	\$83.54	\$6,355,968	30.46%	\$462,959	2.22%
Medina	\$8,241,489	\$8,113,246	\$49.15	\$3,450,341	42.53%	\$126,818	1.56%
Miami - Darke - Shelby	\$10,744,684	\$10,144,061	\$50.08	\$3,681,581	36.29%	\$234,881	2.32%
Montgomery	\$51,391,851	\$50,161,328	\$91.19	\$13,981,834	27.87%	\$864,910	1.72%
Muskingum Area ⁴	\$16,832,409	\$16,756,424	\$73.49	\$8,134,183	48.54%	\$387,348	2.31%
Paint Valley ⁵	\$12,680,825	\$14,276,695	\$62.85	\$5,215,559	36.53%	\$404,454	2.83%
Portage	\$15,042,171	\$15,332,099	\$99.07	\$3,197,865	20.86%	\$201,359	1.31%
Preble	\$1,862,173	\$1,862,173	\$43.76	\$951,698	51.11%	\$67,241	3.61%
Putnam	\$1,186,819	\$1,225,469	\$35.30	\$679,634	55.46%	\$53,694	4.38%
Richland	\$8,439,020	\$11,903,742	\$92.93	\$4,558,318	38.29%	\$287,016	2.41%
Scioto - Adams - Lawrence	\$11,123,694	\$11,123,673	\$66.15	\$5,029,291	45.21%	\$445,258	4.00%
Seneca - Sndsky - Wyndt	\$5,534,771	\$5,534,771	\$38.81	\$2,835,767	51.24%	\$178,070	3.22%
Stark	\$33,673,629	\$32,966,791	\$86.48	\$12,907,825	39.15%	\$882,474	2.68%
Summit	\$54,856,997	\$54,856,997	\$100.23	\$14,333,102	26.13%	\$1,465,887	2.67%
Trumbull	\$11,311,754	\$17,048,238	\$77.32	\$5,442,254	31.92%	\$296,476	1.74%
Tuscarawas - Carroll	\$7,069,384	\$7,069,383	\$58.04	\$3,457,523	48.91%	\$207,312	2.93%
Union	\$3,564,057	\$3,564,057	\$80.11	\$1,120,082	31.43%	\$77,004	2.16%
Van Wert - Mrcr - Plding	\$5,257,567	\$5,267,221	\$58.63	\$1,895,004	35.98%	\$152,492	2.90%
Warren - Clinton	\$10,889,489	\$10,848,272	\$46.85	\$3,739,265	34.47%	\$221,014	2.04%
Washington	\$3,856,704	\$3,823,765	\$61.10	\$2,165,064	56.62%	\$267,138	6.99%
Wayne - Holmes	\$14,317,355	\$14,073,772	\$90.89	\$4,397,836	31.25%	\$209,210	1.49%
Wood	\$11,861,542	\$12,006,421	\$97.39	\$3,224,971	26.86%	\$231,678	1.93%

Source: Board 040 and Agency 062 Annual Reports

¹ Beginning in FY 2002, other agency funds (not including patient fees) were categorized under "Other Agency," separate from "County Levy/Other Board." These funds include all reported revenues of agencies under contract with the Board which may include revenues for services not paid for by the Board, and may also include non-mental health services.

² The "Medicaid" category reflects the amount paid for Medicaid FFP reimbursement.

³ Beginning in FY 2004, this table was revised to reflect *expenditures* by source. Previously, this table reflected *revenue* by source.

⁴ Coshocton, Guernsey, Morgan, Muskingum, Noble and Perry Counties

⁵ Fayette, Highland, Pickaway, Pike and Ross Counties

AND SOURCES OF FUNDS

Source of Funds Expended								Mental Health Boards/ ADAMH Services Boards
Levy/Other Board		Other Agency ¹		Medicaid ²		Agency 1st/3rd		
Amount	Percent of Total	Amount	Percent of Total	Amount	Percent of Total	Amount	Percent of Total	
\$1,860,157	25.63%	\$865,802	11.93%	\$1,529,165	21.07%	\$861,060	11.86%	Logan - Champaign
\$9,238,263	33.70%	\$1,891,914	6.90%	\$6,926,350	25.27%	\$2,897,537	10.57%	Lorain
\$11,722,916	19.78%	\$9,978,627	16.84%	\$15,135,936	25.54%	\$7,325,304	12.36%	Lucas
\$2,883,848	13.82%	\$5,892,726	28.24%	\$4,860,945	23.30%	\$409,141	1.96%	Mahoning
\$369,020	4.55%	\$1,024,284	12.62%	\$1,116,651	13.76%	\$2,026,132	24.97%	Medina
\$2,382,305	23.48%	\$1,293,890	12.76%	\$2,031,118	20.02%	\$520,286	5.13%	Miami - Darke - Shelby
\$13,500,510	26.91%	\$6,397,103	12.75%	\$11,389,877	22.71%	\$4,027,094	8.03%	Montgomery
\$1,302,011	7.77%	\$1,342,720	8.01%	\$4,199,724	25.06%	\$1,390,438	8.30%	Muskingum Area
\$3,296,911	23.09%	\$0	0.00%	\$4,533,056	31.75%	\$826,715	5.79%	Paint Valley
\$3,185,083	20.77%	\$4,513,157	29.44%	\$3,227,027	21.05%	\$1,007,609	6.57%	Portage
\$261,079	14.02%	\$0	0.00%	\$443,844	23.83%	\$138,311	7.43%	Preble
\$226,231	18.46%	\$0	0.00%	\$227,259	18.54%	\$38,651	3.15%	Putnam
\$872,501	7.33%	\$2,482,554	20.86%	\$2,721,185	22.86%	\$982,168	8.25%	Richland
\$14,840	0.13%	\$993,061	8.93%	\$3,888,438	34.96%	\$752,785	6.77%	Scioto - Adams - Lawrence
\$308,140	5.57%	\$1,053	0.02%	\$1,641,160	29.65%	\$570,581	10.31%	Seneca - Sndsky - Wyndt
\$6,464,019	19.61%	\$2,326,874	7.06%	\$9,481,030	28.76%	\$904,569	2.74%	Stark
\$16,378,036	29.86%	\$6,806,351	12.41%	\$12,119,792	22.09%	\$3,753,829	6.84%	Summit
\$1,921,803	11.27%	\$5,738,725	33.66%	\$3,648,980	21.40%	\$0	0.00%	Trumbull
\$231,406	3.27%	\$133,440	1.89%	\$2,359,283	33.37%	\$680,420	9.62%	Tuscarawas - Carroll
\$924,204	25.93%	\$229,831	6.45%	\$544,350	15.27%	\$668,586	18.76%	Union
\$949,551	18.03%	\$375,128	7.12%	\$1,214,283	23.05%	\$680,763	12.92%	Van Wert - Mercer - Pldng
\$3,960,014	36.50%	\$388,606	3.58%	\$2,255,356	20.79%	\$284,017	2.62%	Warren - Clinton
\$0	0.00%	\$0	0.00%	\$1,391,563	36.39%	\$0	0.00%	Washington
\$1,880,706	13.36%	\$4,623,101	32.85%	\$2,157,921	15.33%	\$804,998	5.72%	Wayne - Holmes
\$4,410,332	36.73%	\$1,099,101	9.15%	\$1,876,100	15.63%	\$1,164,239	9.70%	Wood



OHIO DEPARTMENT OF
MENTAL HEALTH
ANNUAL REPORT
FOR FISCAL YEAR 2005

30 East Broad Street
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