



OHIO DEPARTMENT OF
**MENTAL
HEALTH
ANNUAL
REPORT**
FOR FISCAL YEAR 2004



ISCAL YEAR 2004 ANNUAL REPORT

STATE OF OHIO

Bob Taft, Governor

DEPARTMENT OF MENTAL HEALTH

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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 re-

cruitment 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 throughout the state through five Area Directors who serve as the Department's primary liaisons with the 50 community mental health and ADAMH boards across the state. 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; promoting understanding of children's emotional disturbances and effective prevention, intervention and treatment in natural settings;

addressing barriers to school success through improving 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 - To achieve quality mental health outcomes for consumers of mental health services, this office acts as an internal advocate within ODMH; advances consumer recovery and best practices; acts as an advocate for and assists statewide consumer and family organizations; fosters consumer choice, community living and general well-being; ensures the protection of consumer rights; and promotes cultural competence throughout the public mental health system.

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

SYSTEM DEVELOPMENT - Staff from this office partner 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.

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,

dietary 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

Jim Ignelzi, Interim 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

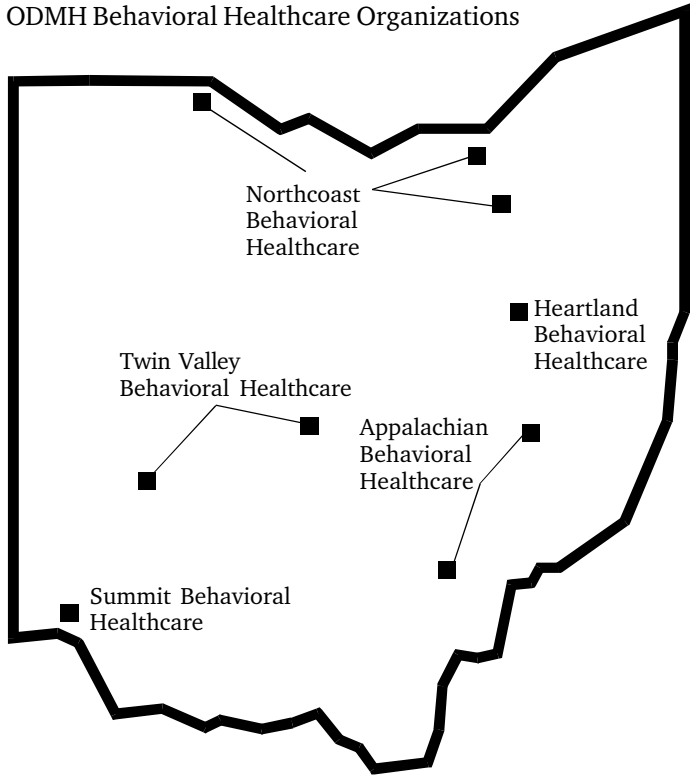
Twin Valley Behavioral Healthcare

Jim Ignelzi, CEO

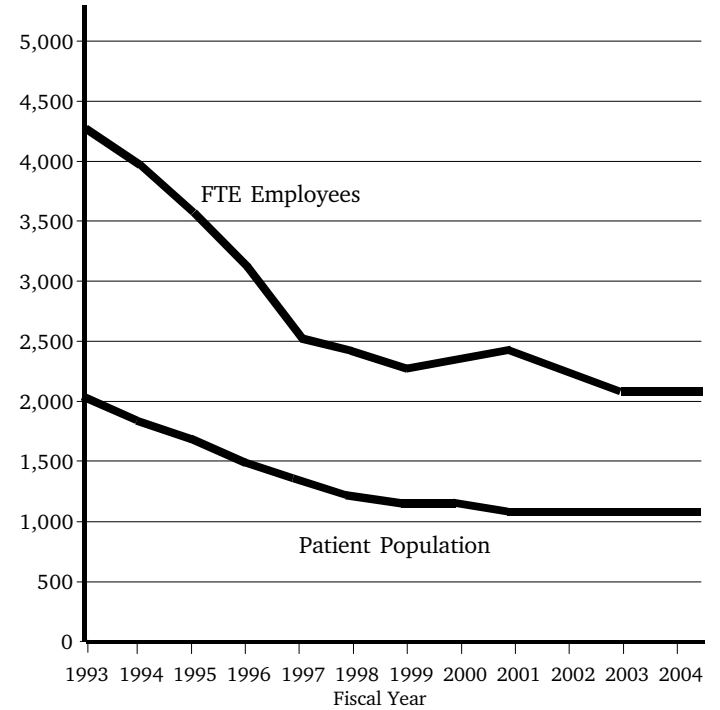
Columbus Campus
2200 W. Broad Street
Columbus, Ohio 43223

Dayton Campus
2611 Wayne Avenue
Dayton, Ohio 45419

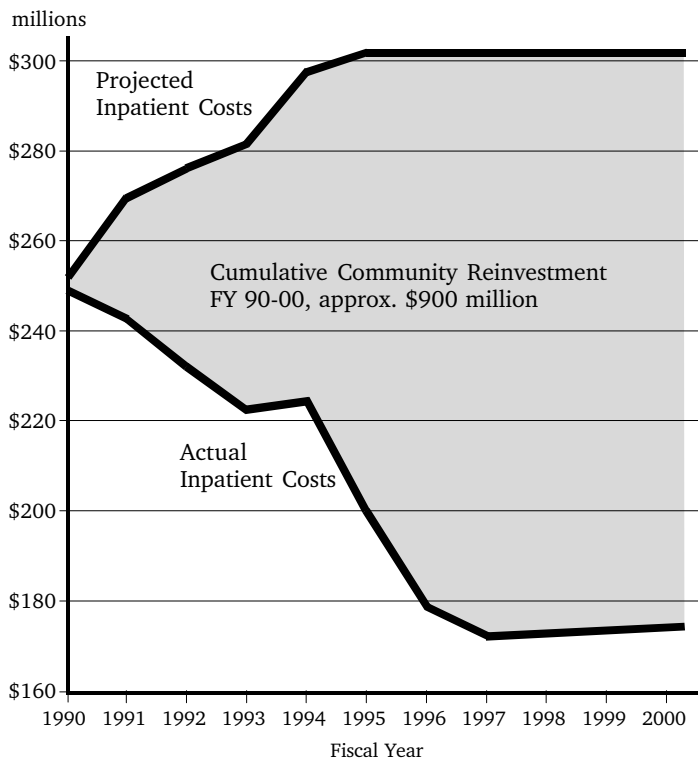
ODMH Behavioral Healthcare Organizations



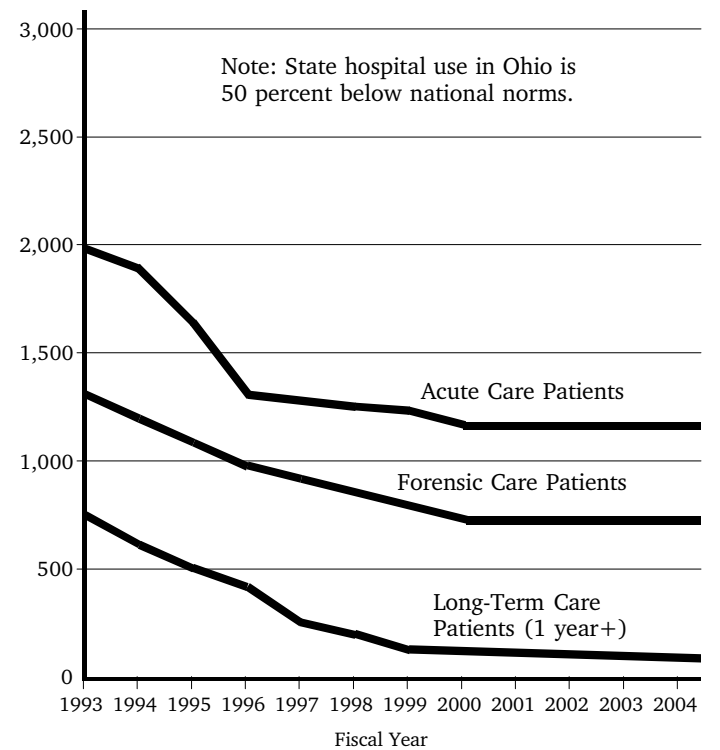
ODMH Inpatient Programs - Average Daily Resident Population and Full-Time Equivalent Employees



**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 2004

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	\$922,101,833	\$529,883,565	\$13,004,690	\$5,457,996	\$80,749,835	\$270,545,564	\$22,460,183
State Provided Services	\$219,994,745	\$176,959,648	\$8,372,048	\$2,194,389		\$10,814,796	\$21,653,865
Comm. Suppt. Netwrk.	\$21,722,122	\$18,371,641		\$29,098		\$757,867	\$2,563,515
Inpatient	\$198,272,623	\$158,588,007	\$8,372,048	\$2,165,291		\$10,056,929	\$19,090,349
Community Services	\$568,226,249	\$303,458,595	\$4,632,642	\$3,263,327		\$256,671,685	\$200,000
Administration	\$29,028,286	\$25,362,604		\$280		\$3,059,083	\$606,319
Central Office	\$26,613,785	\$22,948,103		\$280		\$3,059,083	\$606,319
Research Grants	\$1,058,012	\$1,058,012					
Ed. & Training Grants	\$1,356,488	\$1,356,488					
Support Services	\$80,749,835				\$80,749,835		
Debt Service	\$24,102,718	\$24,102,718					

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 2004

	Operating expenses as computed in past years ¹	Fiscal Year 2004 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	\$208,551,415	\$20,816,502	-\$22,965,816	\$206,402,101	1,048	\$196,883	\$539.40
Behavioral Healthcare Organizations							
Appalachian Behavioral Healthcare	\$28,504,807	\$3,218,335	-\$5,712,174	\$26,010,968	80	\$325,628	\$892.13
Heartland Behavioral Healthcare	\$23,594,387	\$3,339,381	-\$3,061,240	\$23,872,528	116	\$205,250	\$562.33
Northcoast Behavioral Healthcare ⁵	\$68,388,286	\$6,035,710	-\$7,637,284	\$66,786,712	340	\$196,417	\$538.13
Summit Behavioral Healthcare ⁶	\$32,105,321	\$2,641,542	-\$2,101,614	\$32,645,249	232	\$140,769	\$385.67
Twin Valley Behavioral Healthcare	\$55,958,614	\$5,581,534	-\$4,453,504	\$57,086,644	280	\$203,713	\$558.12

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 2004		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	\$966,421,732	\$1,034,546,503	\$90.28	\$295,779,448	28.59%	\$21,773,063	2.10%
Allen - Auglaize - Hardin	\$8,285,101	\$7,777,659	\$41.82	\$4,110,098	52.84%	\$282,072	3.63%
Ashland	\$4,483,246	\$4,406,077	\$81.51	\$2,086,794	47.36%	\$81,638	1.85%
Ashtabula	\$6,861,021	\$9,161,196	\$88.81	\$2,749,455	30.01%	\$171,524	1.87%
Athens - Hocking - Vinton	\$13,691,125	\$13,484,932	\$127.97	\$5,751,169	42.65%	\$250,267	1.86%
Belmont - Harsn - Monroe	\$8,816,517	\$8,966,311	\$89.34	\$4,040,919	45.07%	\$200,866	2.24%
Brown	\$2,217,167	\$2,214,500	\$50.06	\$969,882	43.80%	\$78,357	3.54%
Butler	\$19,763,275	\$18,436,672	\$53.20	\$7,403,680	40.16%	\$543,384	2.95%
Clermont	\$12,976,931	\$12,873,561	\$68.25	\$4,963,456	38.56%	\$325,232	2.53%
Columbiana	\$7,843,410	\$9,131,245	\$81.88	\$3,070,041	33.62%	\$246,619	2.70%
Crawford - Marion	\$8,117,159	\$8,117,534	\$72.30	\$2,899,904	35.72%	\$224,359	2.76%
Cuyahoga	\$96,627,089	\$170,695,534	\$126.35	\$38,145,287	22.35%	\$2,609,391	1.53%
Delaware - Morrow	\$9,379,154	\$9,422,349	\$53.31	\$2,753,691	29.23%	\$144,048	1.53%
Eastern Miami Valley ⁴	\$24,268,269	\$23,688,318	\$70.51	\$7,461,874	31.50%	\$470,649	1.99%
Erie - Ottawa	\$8,103,271	\$7,746,696	\$64.34	\$2,703,261	34.90%	\$146,186	1.89%
Fairfield	\$8,526,485	\$8,597,976	\$63.19	\$2,575,936	29.96%	\$861,441	10.02%
Four County ⁵	\$14,028,872	\$13,213,368	\$87.94	\$3,344,807	25.31%	\$205,403	1.55%
Franklin	\$108,423,724	\$98,132,608	\$90.11	\$25,794,101	26.28%	\$2,514,562	2.56%
Gallia - Jackson - Meigs	\$5,122,994	\$4,893,893	\$55.64	\$2,338,520	47.78%	\$196,460	4.01%
Geauga	\$6,699,128	\$6,207,169	\$65.61	\$1,589,178	25.60%	\$84,761	1.37%
Hamilton	\$115,623,400	\$112,529,550	\$138.14	\$20,571,577	18.28%	\$1,772,938	1.58%
Hancock	\$4,906,649	\$4,677,125	\$63.55	\$1,399,253	29.92%	\$127,767	2.73%
Huron	\$2,474,217	\$2,474,217	\$40.96	\$1,344,397	54.34%	\$80,357	3.25%
Jefferson	\$6,832,285	\$6,508,454	\$91.13	\$3,517,907	54.05%	\$179,846	2.76%
Lake	\$37,331,724	\$37,331,724	\$160.87	\$5,779,028	15.48%	\$264,965	0.71%
Licking - Knox	\$16,805,002	\$16,477,293	\$78.22	\$4,458,455	27.06%	\$285,198	1.73%

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	
\$212,448,071	20.54%	\$195,337,439	18.88%	\$219,367,868	21.20%	\$89,840,614	8.68%	Statewide Totals
\$732,726	9.42%	\$908,442	11.68%	\$1,459,997	18.77%	\$284,324	3.66%	Allen - Auglaize - Hardin
\$754,449	17.12%	\$297,083	6.74%	\$1,046,423	23.75%	\$139,690	3.17%	Ashland
\$1,413,401	15.43%	\$436,100	4.76%	\$2,509,440	27.39%	\$1,881,275	20.54%	Ashtabula
\$2,017,096	14.96%	\$1,432,703	10.62%	\$3,521,369	26.11%	\$512,328	3.80%	Athens - Hocking - Vinton
\$689,728	7.69%	\$759,874	8.47%	\$2,656,320	29.63%	\$618,584	6.90%	Belmont - Harsn - Monroe
\$105,946	4.78%	\$0	0.00%	\$513,779	23.20%	\$546,536	24.68%	Brown
\$1,718,711	9.32%	\$2,492,765	13.52%	\$5,338,822	28.96%	\$9,939,310	5.09%	Butler
\$1,847,557	14.35%	\$3,472,918	26.98%	\$2,145,964	16.67%	\$118,434	0.92%	Clermont
\$1,487,109	16.29%	\$1,644,378	18.01%	\$2,251,255	24.65%	\$431,843	4.73%	Columbiana
\$589,883	7.27%	\$1,391,834	17.15%	\$2,019,664	24.88%	\$991,890	12.22%	Crawford - Marion
\$20,438,943	11.97%	\$57,065,153	33.43%	\$35,433,468	20.76%	\$17,003,292	9.96%	Cuyahoga
\$2,446,417	25.96%	\$1,764,688	18.73%	\$2,128,519	22.59%	\$184,985	1.96%	Delaware - Morrow
\$5,321,842	22.47%	\$2,102,150	8.87%	\$5,259,637	22.20%	\$3,072,166	12.97%	Eastern Miami Valley
\$2,226,065	28.74%	\$52,501	0.68%	\$1,462,971	18.89%	\$1,155,712	14.92%	Erie - Ottawa
\$919,826	10.70%	\$0	0.00%	\$1,986,015	23.10%	\$2,254,758	26.22%	Fairfield
\$2,461,192	18.63%	\$0	0.00%	\$1,476,903	11.18%	\$5,725,063	43.33%	Four County
\$32,409,326	33.03%	\$10,676,969	10.88%	\$21,777,170	22.19%	\$4,960,480	5.05%	Franklin
\$125,436	2.56%	\$439,610	8.98%	\$1,347,537	27.54%	\$446,330	9.12%	Gallia - Jackson - Meigs
\$1,949,300	31.40%	\$1,675,174	26.99%	\$685,186	11.04%	\$223,570	3.60%	Geauga
\$32,923,333	29.26%	\$31,774,804	28.24%	\$21,990,044	19.54%	\$3,496,854	3.11%	Hamilton
\$1,462,892	31.28%	\$96,263	2.06%	\$1,033,649	22.10%	\$557,301	11.92%	Hancock
\$408	0.02%	\$229	0.01%	\$599,340	24.22%	\$449,486	18.17%	Huron
\$460,510	7.08%	-\$56,321	-0.87%	\$2,024,751	31.11%	\$381,761	5.87%	Jefferson
\$7,418,230	19.87%	\$10,348,917	27.72%	\$2,853,200	7.64%	\$10,667,384	28.57%	Lake
\$4,939,518	29.98%	\$652,177	3.96%	\$3,899,521	23.67%	\$2,242,424	13.61%	Licking - Knox

M ENTAL HEALTH/ADAMH SERVICES BOARDS EXPENDITURES

Fiscal Year 2004		Source of Funds Expended					
Mental Health Boards/ ADAMH Services Boards	Total Receipts	Total Expenditures		State		Federal	
		Amount	Per Capita	Amount	Percent of Total	Amount	Percent of Total
Logan - Champaign	\$4,301,825	\$6,167,614	\$71.50	\$2,049,757	33.23%	\$106,180	1.72%
Lorain	\$25,210,994	\$25,314,252	\$86.01	\$5,933,686	23.44%	\$391,932	1.55%
Lucas	\$65,459,743	\$65,459,743	\$145.26	\$14,083,526	21.51%	\$1,049,281	1.60%
Mahoning	\$20,878,881	\$20,791,657	\$83.25	\$4,926,591	28.50%	\$445,706	2.14%
Medina	\$6,351,244	\$6,368,712	\$38.58	\$3,535,335	55.51%	\$129,956	2.04%
Miami - Darke - Shelby	\$9,153,044	\$10,007,946	\$49.40	\$3,453,485	35.41%	\$268,781	2.69%
Montgomery	\$50,661,744	\$51,273,223	\$93.21	\$13,868,482	27.05%	\$931,460	1.82%
Muskingum Area ⁴	\$16,084,500	\$15,867,966	\$69.59	\$7,903,025	49.80%	\$375,295	2.37%
Paint Valley ⁵	\$13,908,146	\$14,506,224	\$63.86	\$6,111,418	42.13%	\$400,211	2.76%
Portage	\$15,494,571	\$15,767,829	\$101.88	\$3,129,744	19.85%	\$306,950	1.95%
Preble	\$2,098,910	\$2,098,910	\$49.32	\$943,710	44.96%	\$67,030	3.19%
Putnam	\$1,103,851	\$1,225,910	\$35.31	\$671,753	54.80%	\$41,645	3.40%
Richland	\$10,290,288	\$10,282,141	\$80.27	\$4,600,814	44.75%	\$181,754	1.77%
Scioto - Adams - Lawrence	\$9,824,995	\$9,824,844	\$58.43	\$5,127,930	52.19%	\$469,099	4.77%
Seneca - Sndsky - Wyndt	\$5,181,147	\$5,181,147	\$36.33	\$2,821,376	54.45%	\$183,536	3.54%
Stark	\$32,867,993	\$32,720,291	\$85.83	\$14,089,265	43.06%	\$1,029,760	3.15%
Summit	\$49,836,350	\$49,633,281	\$90.69	\$14,468,629	29.15%	\$1,471,571	2.96%
Trumbull	\$11,085,418	\$16,405,875	\$74.41	\$5,526,091	33.68%	\$317,971	1.94%
Tuscarawas - Carroll	\$7,374,358	\$7,374,358	\$60.55	\$3,111,331	42.19%	\$205,576	2.79%
Union	\$3,417,603	\$3,373,009	\$75.82	\$1,118,947	33.17%	\$67,132	1.99%
Van Wert - Mrcr - Plding	\$5,230,605	\$5,243,113	\$58.36	\$1,954,801	37.28%	\$164,056	3.13%
Warren - Clinton	\$9,836,740	\$9,961,083	\$43.02	\$3,736,026	37.51%	\$251,212	2.52%
Washington	\$3,664,067	\$3,666,805	\$58.60	\$2,129,691	58.08%	\$133,323	3.64%
Wayne - Holmes	\$17,259,688	\$17,240,241	\$111.34	\$4,391,796	25.47%	\$213,184	1.24%
Wood	\$11,637,812	\$11,624,433	\$94.29	\$3,179,563	27.35%	\$222,153	1.91%

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	
\$1,103,416	17.89%	\$915,384	14.84%	\$1,293,203	20.97%	\$699,674	11.34%	Logan - Champaign
\$7,405,040	29.25%	\$2,778,152	10.97%	\$6,612,787	26.12%	\$2,192,655	8.66%	Lorain
\$11,176,740	17.07%	\$17,858,454	27.28%	\$12,859,555	19.64%	\$8,432,187	12.88%	Lucas
\$4,113,876	19.79%	\$5,014,022	24.12%	\$4,502,468	21.66%	\$788,994	3.79%	Mahoning
\$310,456	4.87%	\$304,253	4.78%	\$922,737	14.49%	\$1,165,975	18.31%	Medina
\$3,312,235	33.10%	\$446,964	4.47%	\$1,886,228	18.85%	\$550,253	5.50%	Miami - Darke - Shelby
\$15,103,198	29.46%	\$6,134,750	11.96%	\$11,324,112	22.09%	\$3,911,222	7.63%	Montgomery
\$1,398,794	8.82%	\$1,189,959	7.50%	\$3,994,698	25.17%	\$1,006,195	6.34%	Muskingum Area
\$2,344,290	16.16%	\$1,451,963	10.01%	\$3,791,846	26.14%	\$406,496	2.80%	Paint Valley
\$2,650,009	16.81%	\$5,892,913	37.37%	\$2,786,281	17.67%	\$1,001,932	6.35%	Portage
\$244,145	11.63%	\$137,004	6.53%	\$639,899	30.49%	\$67,122	3.20%	Preble
\$123,833	10.10%	\$0	0.00%	\$294,630	24.03%	\$94,049	7.67%	Putnam
\$599,165	5.83%	\$1,587,653	15.44%	\$2,613,522	25.42%	\$699,230	6.80%	Richland
\$62,898	0.64%	\$489,123	4.98%	\$3,481,241	35.43%	\$194,552	1.98%	Scioto - Adams - Lawrence
\$196,625	3.80%	\$0	0.00%	\$1,422,178	27.45%	\$557,432	10.76%	Seneca - Sndsky - Wyndt
\$6,311,206	19.29%	\$1,513,011	4.62%	\$8,567,015	26.18%	\$1,210,034	3.70%	Stark
\$15,022,015	30.27%	\$4,582,457	9.23%	\$10,520,538	21.20%	\$3,568,008	7.19%	Summit
\$1,723,522	10.51%	\$5,320,457	32.43%	\$3,517,834	21.44%	\$0	0.00%	Trumbull
\$792,108	10.74%	\$613,348	8.32%	\$1,953,771	26.49%	\$698,224	9.47%	Tuscarawas - Carroll
\$657,416	19.49%	\$310,623	9.21%	\$478,273	14.18%	\$740,618	21.96%	Union
\$842,215	16.06%	\$713,726	13.61%	\$1,084,256	20.68%	\$484,059	9.23%	Van Wert - Mercer - Pldng
\$3,906,759	39.22%	\$0	0.00%	\$1,938,432	19.46%	\$128,654	1.29%	Warren - Clinton
\$189,339	5.16%	\$0	0.00%	\$1,214,452	33.12%	\$0	0.00%	Washington
\$2,055,590	11.92%	\$7,844,622	45.50%	\$1,980,069	11.49%	\$754,980	4.38%	Wayne - Holmes
\$3,943,337	33.92%	\$810,191	6.97%	\$2,266,900	19.50%	\$1,202,289	10.34%	Wood