



**PCES Task Force**  
**Meeting Notes Information Sharing Exercise**

November 3, 2014

\* Handouts provided by task force members are attached to this summary

ORGANIZATION	HIGHLIGHTS
<p><b>ADAMH Franklin County</b>  <a href="http://www.adamhfranklin.org">www.adamhfranklin.org</a></p> <p>David Royer            Chief Executive Officer</p> <p>Delany Smith, MD            System Chief Clinical Officer</p>	<ul style="list-style-type: none"> <li>- ADAMH exists to improve the well-being of our community by reducing the incidences of mental health problems and the abuse of alcohol and other drugs.</li> <li>- ADAMH is one of the funders of the PCES Task Force and is a member of its project leadership team.</li> <li>- 2013 revenue = \$57,744,126 - majority comes from local levy.</li> <li>- ADAMH will be on the ballot to renew its levy in 2015.</li> <li>- ADAMH invests \$1 out of every \$5 on crisis care and its single largest contract is with Netcare Access.</li> <li>- It provides support for a wide array of services (see attached handout).</li> </ul> <p>(*HANDOUT)</p>
<p><b>Central Ohio Hospital Council</b>  <a href="http://www.centralohiohospitals.org">www.centralohiohospitals.org</a></p> <p>Jeff Klingler            President and CEO</p>	<ul style="list-style-type: none"> <li>- The Central Ohio Hospital Council serves as the forum for community hospitals to come together to address issues that impact the delivery of health care to central Ohioans.</li> <li>- Members include Mount Carmel Health System, Nationwide Children’s Hospital, The Wexner Medical Center and OhioHealth.</li> <li>- The group collaborates with each other and with community stakeholders to improve the quality, value, and accessibility of health care in the central Ohio region.</li> <li>- The group focuses on critical issues such as infant mortality and mental health access.</li> <li>- The organization was instrumental in the creation and operation of the bed board and is on the project leadership team for the PCES Task Force.</li> </ul>
<p><b>Central Ohio Trauma System</b>  <a href="http://www.goodhealthcolumbus.org/cots/">www.goodhealthcolumbus.org/cots/</a></p> <p>Phillip H. Cass, PhD            Chief Executive Officer</p> <p>Marie Robinette, RN, BSN, MPH            Executive Director</p>	<ul style="list-style-type: none"> <li>- COTS is an affiliate of the Columbus Medical Association.</li> <li>- It works to sustain an inclusive system where community partners work together to resolve issues associated with trauma, emergency and medical disaster preparedness.</li> <li>- COTS brings together hospitals, ER and trauma.</li> <li>- It coordinates healthcare partners' medical disaster preparedness and response and offers related education.</li> <li>- COTS is close to publishing a white paper on <i>Regional Guidance for Managing Patients with Behavioral Health Needs (Psychiatric and Substance Use Disorders) In The Emergency Department</i> which will be extremely valuable to the work of the PCES Task Force.</li> </ul>
<p><b>The Columbus Foundation</b>  <a href="http://columbusfoundation.org">columbusfoundation.org</a></p> <p>Lisa Courtice, PhD            Executive Vice President</p>	<ul style="list-style-type: none"> <li>- The Columbus Foundation is the seventh largest community foundation in the United States. It manages \$1.7 billion in assets.</li> <li>- 92% of its funds are donor advised and 8% restricted.</li> <li>- The Columbus Foundation is one of the funders of the PCES Task Force and is a member of its project leadership team</li> <li>- The Foundation also helped fund the bed board effort and operations.</li> </ul>

<p><b>Columbus Neighborhood Health Centers</b> www.colnhc.org</p> <p>Reed Fraley Senior Director</p> <p>Beth Whitted MBA, Dr.PH Director of Regional Operations</p>	<ul style="list-style-type: none"> <li>- The mission of CNHC is to provide access to services that improve the health status of families including people experiencing financial, social, or cultural barriers to health care.</li> <li>- It operates 10 sites in the Columbus region.</li> <li>- It strives to prevent psychiatric crisis and emergencies through increased access and close integration of medial and behavioral health.</li> <li>- CNHC partners with variety of counseling and mental health organizations in the area.</li> </ul> <p>(*HANDOUT)</p>
<p><b>Maryhaven</b> www.maryhaven.com</p> <p>Paul Coleman, JD President &amp; CEO</p> <p>Sara McIntosh, MD Medical Director</p>	<ul style="list-style-type: none"> <li>- Provides integrated behavioral healthcare services to help men, women, and adolescents restore their lives from the effects of addictive and mental illness.</li> <li>- Offers 27 program in Franklin, Delaware, Morrow, and Union Counties (see attached handout).</li> <li>- The demand for its services continues to increase and they plan to add psychiatrists.</li> <li>- The organization continues to use innovative treatment options such as medication implants and participates in research to continue to find way to improve treatment.</li> </ul> <p>(*HANDOUT)</p>
<p><b>Mount Carmel Health System</b> www.mountcarmelhealth.com</p> <p>Sean McKibben President and Chief Operating Officer Mount Carmel West</p>	<ul style="list-style-type: none"> <li>- The Mount Carmel Health System has four central Ohio hospitals — Mount Carmel East, Mount Carmel West, Mount Carmel St. Ann’s and Mount Carmel New Albany.</li> <li>- The system averages of 300,000 ER visits per year.</li> <li>- Mount Carmel provides acute inpatient behavioral healthcare services for adults 18 and older.</li> <li>- Mt Carmel West has 20 psych beds.</li> <li>- The system believes in the importance of continuum of care – especially to help alleviate the current psychiatric emergency crisis.</li> </ul>
<p><b>National Alliance of Mental Illness, Franklin Co.</b> www.namifc.org</p> <p>Rachelle Martin Executive Director</p>	<ul style="list-style-type: none"> <li>- NAMI Franklin County is dedicated to improving the lives of family members, friends and persons with mental illness through education, outreach, support, referral and advocacy in Central Ohio.</li> <li>- The organization advocates on behalf of individuals with mental illness and their family members.</li> <li>- NAMI provides education on brain disorders to families and offers support and/or referral of services to families, friends and persons with mental illness.</li> <li>- NAMI prepared a handout for the PCES task force which documents the experiences families go through during psychiatric crisis of a loved one (see attached).</li> </ul> <p>(*HANDOUT)</p>
<p><b>Nationwide Children’s Hospital</b> http://www.nationwidechildrens.org/psychiatry</p> <p>David A. Axelson, MD Chief of Psychiatry &amp; Medical Director of Behavioral Health</p>	<ul style="list-style-type: none"> <li>- NCH’s Section of Pediatric Psychiatry offers child and adolescent psychiatrists, who specialize in the evaluation, diagnosis and pharmacology related to treating mental disorders.</li> <li>- NCH Behavioral Health Services uses a comprehensive approach to care is provided by a multidisciplinary team – which may include a psychiatrist, developmental-behavioral</li> </ul>

	<p>pediatrician, nurse practitioner, psychologist, clinical social worker, and clinical counselor – to determine the best treatment options for each child and adolescent.</p> <ul style="list-style-type: none"> <li>- NCH is expanding its commitment to behavioral health to respond to escalating community needs.</li> <li>- It is expanding capacity of its youth crisis stabilization unit.</li> <li>- At NCH, mental health clinicians see kids who come to the ER.</li> <li>- Emphasized glaring need for psychiatric emergency services for children and adolescents.</li> </ul>
<p><b>Netcare</b> www.netcareaccess.org</p> <p>King Stumpp President and CEO</p> <p>Pablo Hernandez, MD Medical Director</p>	<ul style="list-style-type: none"> <li>- Provides psychiatric emergency services, suicide prevention, and evaluation to Franklin County children, adults and adolescents in need of care regardless of the ability to pay. No one in crisis is turned away.</li> <li>- \$14.6 M: funding from ADAMH and one-third from Medicaid</li> <li>- Its Crisis Stabilization Unit (CSU) provides an alternative to psychiatric hospitalization for adults in crisis who require further stabilization before returning home.</li> <li>- The CSU saw 10,200 unduplicated cases in 2013 - 20% were admitted to a hospital &amp; average length of stay at the unit was 24-30 hours.</li> <li>- Adult and youth units offered</li> <li>- The organization offers many other services such as Reach Out Program for homeless, Miles House respite for adults stabilizing from crisis, probate pre-screening, court-ordered forensic evaluations and more.</li> </ul> <p>(*HANDOUT)</p>
<p><b>Ohio Department of Mental Health</b> mha.ohio.gov Twin Valley Behavioral Health</p> <p>Mark Hurst, MD Medical Director</p> <p>Veronica Lofton Chief Executive Officer</p> <p>Alan Freeland Chief Clinical Officer</p>	<ul style="list-style-type: none"> <li>- The mission of the Ohio Department of Mental Health and Addiction Services (OhioMHAS) is to provide statewide leadership of a high-quality mental health and addiction prevention, treatment and recovery system that is effective and valued by all Ohioans.</li> <li>- OhioMHAS operates six regional psychiatric hospitals that provide effective psychiatric and addiction – including Twin Valley Behavior Health in Central Ohio.</li> <li>- Twin Valley does not offer emergency psychiatric services.</li> <li>- Agency authorized to screen admissions.</li> <li>- Service lines as outlined by the Ohio Revised Code include; Acute Care Services, Forensic and Risk Management Services, Maximum Security Services, and Community Support Network (CSN).</li> <li>- Noted that substance abuse has become an increasingly pervasive problem.</li> </ul> <p>(*HANDOUT)</p>
<p><b>Ohio Hospital for Psychiatry</b> www.ohiohospitalforpsychiatry.com</p> <p>Marcia Berch, RN, MSN, NE</p>	<ul style="list-style-type: none"> <li>- Hospital consists of five separate and distinct units, including: <ul style="list-style-type: none"> <li>•Twenty bed Geriatric Unit</li> <li>•Twelve bed Geriatric Medical Unit</li> <li>•Twenty-two bed Crisis Stabilization Unit</li> <li>•Twenty-two bed Intensive Care Unit</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>•Fourteen bed Dual Diagnosis Unit</li> <li>•Intensive Outpatient Unit</li> </ul> <ul style="list-style-type: none"> <li>- Adding 40 new outpatient/geriatric beds in 2015.</li> <li>- Exploring alcohol detox services</li> <li>- All patients come through (referral) assessment and admissions.</li> <li>- Difficult to place patients to step-down facility once they are ready to be released.</li> <li>- Offers full continuum of care/programs: <ul style="list-style-type: none"> <li>•Inpatient Treatment Programs</li> <li>•Dual Diagnosis</li> <li>•Generations Program for Senior Adults</li> <li>•Community Psychiatric Supportive Treatment (CPST)</li> <li>•Partial Hospitalization Program (PHP)</li> <li>•Intensive Outpatient Program (IOP)</li> <li>•Complementary Psychiatry Program</li> <li>•Home-based Services</li> </ul> </li> </ul>
<p><b>Ohio Health</b>  <a href="http://www.ohiohealth.com">www.ohiohealth.com</a>  Dallas Erdmann, MD  Medical Director of Behavioral Health &amp;  Chairman Department of Psychiatry</p> <p>Warren Yamarick, MD  Chairman and Medical Director</p> <p>Connie Gallagher  System Vice President</p> <p>Chris Clinton, MHA  Vice President</p>	<ul style="list-style-type: none"> <li>- Largest health system in the region with more than 400,000 visits to their ERs.</li> <li>- Experiencing major difficulties in the ER with increased visits by patients experiencing psychiatric crises – especially escalating volume with incidents related to drugs and alcohol abuse.</li> <li>- OhioHealth’s Behavioral Health program provides a continuum of inpatient and outpatient care.</li> <li>- Need to change the psychiatric crisis system to ensure people get the care they need.</li> <li>- Encourage task force to explore policy solutions, e.g., outpatient commitment with forced medication by probate.</li> </ul>
<p><b>OSU Wexner Medical Center/Harding Hospital</b>  <a href="http://www.medicalcenter.osu.edu/">www.medicalcenter.osu.edu/</a>  John Campo, MD  Chair, Department of Psychiatry</p> <p>Natalie Lester, MD  Director, Psychiatric Emergency Services</p> <p>Amanda Lucas, MEd, MBA  Executive Director &amp; Chief Operating Officer</p> <p>Mark Moseley, MD  Assistant Chief Operating Officer</p>	<ul style="list-style-type: none"> <li>- The mission of OSU Harding Behavioral Health is to improve lives through excellence in CARE – Care, Advocacy, Research, Education.</li> <li>- OSU is committed to providing integrated, interdisciplinary, and innovative care for patients in crisis due to mental health and addictive disorders.</li> <li>- OSU believes mental health is a public health issue.</li> <li>- The department at OSU is growing and changing.</li> <li>- Psychiatric emergency services on OSU main campus and OSU East.</li> <li>- OSU employs its Crisis Assessment Linkage and Management or “CALM” – which is an interdisciplinary team and multimodal treatment method.</li> <li>- CALM has successfully decreased use of impatient services by 13%, it decreased median ED LOS by 23%, and decreased median medical center stay by 31%.</li> </ul> <p>(*HANDOUT)</p>

The following task force members were unable to attend the initial meeting:

**Dublin Springs**

[www.dublinsprings.com](http://www.dublinsprings.com)

Garry Hoyes

Chief Executive Officer

**Osteopathic Heritage Foundation**

[www.osteopathicheritage.org](http://www.osteopathicheritage.org)

Terri Donlin Huesman

Vice President Programs

**ADAMH**  
Alcohol, Drug and Mental Health Board  
of Franklin County

**Franklin County Task Force  
for Psychiatric Crisis and  
Emergency System**

**OUR MISSION:** We exist to improve the well being of our community by reducing the incidence of mental health problems and the abuse of alcohol and other drugs.

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**ADAMH's Required Areas**

- Mental Health Services
- Substance Abuse Services
- Prevention
- Housing
- Job Training
- Peer Support
- Community Education

**ADAMH**  
Alcohol, Drug and Mental Health Board  
of Franklin County

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**How We Do Our Work**

**Plan**  
We prioritize services and programs based on the needs of our community.

**Fund**  
We fund mental health and substance abuse prevention, treatment, and recovery support services.

**Evaluate**  
We evaluate the quality and effectiveness of the services delivered in our system.

**ADAMH**  
Alcohol, Drug and Mental Health Board  
of Franklin County

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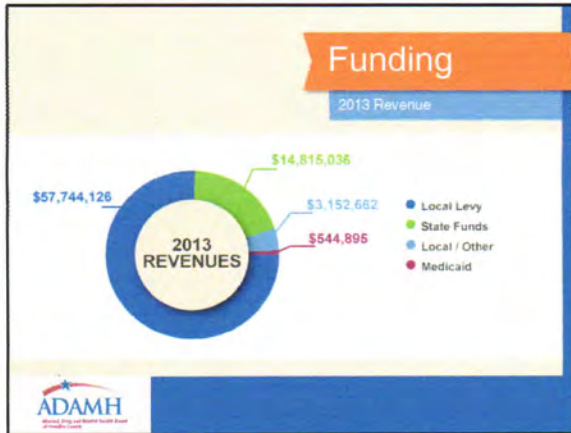
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ADAMH Invests \$1 out of every \$5 on crisis care and our single largest contract is with Netcare Access.

**ADAMH** Treatment Works. Recovery Works.

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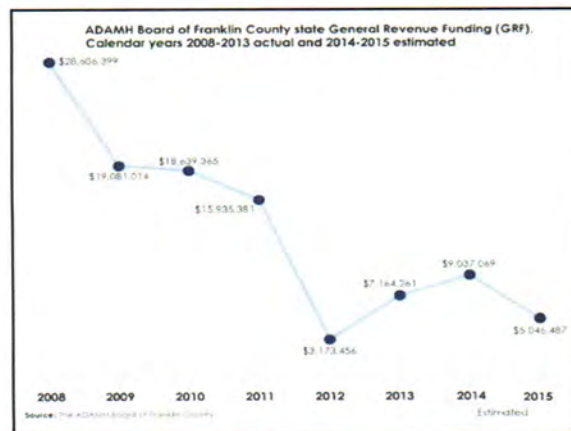
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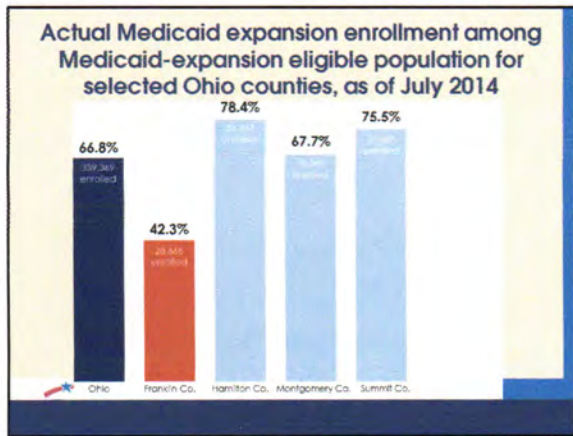
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### Mental Health

- Evidence-Based Practices
  - Integrated Dual Disorder Treatment (IDDT) and Assertive Community Treatment (ACT)
  - Multisystem Therapy (MST)
  - Functional Family Therapy (FFT)
- Programs
  - Hospital Liaisons
  - Crisis Intervention Team (CIT) Training
  - Integrated Primary and Behavioral Healthcare

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### Crisis Care - Adults

- Netcare Access
  - Available 24 hours a day / 7 days a week
- OSU Harding Hospital
  - Crisis Assessment Linkage and Management Unit (CALM)

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### Crisis Care - Youth

- The Huckleberry House
- Nationwide Children's Hospital
  - Youth Crisis Stabilization Unit



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### Substance Abuse

- The Engagement Center
- Inpatient Detoxification
- Medication Assisted Treatment
- Residential Treatment
- Intensive Outpatient Counseling
- Outpatient Counseling
- Dual Diagnosis



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### Prevention

- New Suburban School-Based Investments
  - 14 suburban districts and Columbus City Schools
- School-Based Services
- After-School Programs
- Summer Programs
- Suicide Prevention
- Adult Early Intervention Services
- Coalitions
- Community-Based Services
- HIV Early Intervention Services



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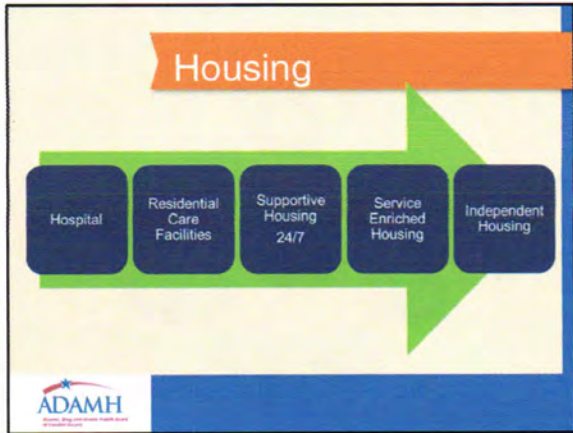
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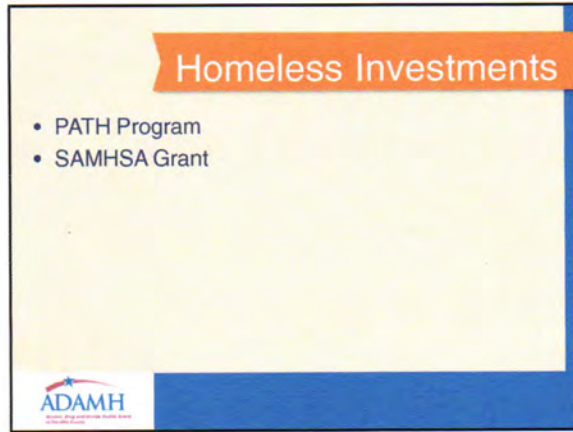
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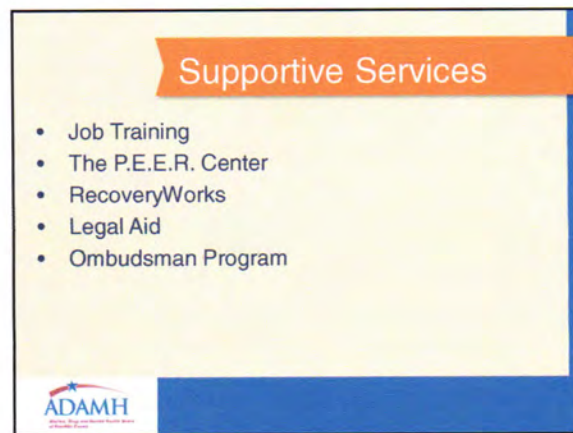
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# Columbus Neighborhood Health Centers

Beth Whitted  
Reed Fraley

November 3 2014

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## Mission



The mission of CNHC is to provide access to services that improve the health status of families including people experiencing financial, social, or cultural barriers to health care . . .



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## CNHC Health Center Locations



East Central



West Side



Columbus North East



Great Southern



St. Stephens

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### CNHC Health Center Locations

John R. Maloney      Circleville

CNHC at CPH      Maryhaven      Dublin

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### Services

- ▶ Family Practice
- ▶ Internal Medicine
- ▶ Obstetrics and Gynecology
- ▶ Pediatrics
- ▶ Dental
- ▶ Vision
- ▶ Pharmacy Services
- ▶ Cardiology
- ▶ Physical Therapy
- ▶ Dermatology and Podiatry coming soon
- ▶ Moms2B
- ▶ Social Work Services

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### Patient Demographics

Race/Ethnicity	Percentage
Black	44%
White	27%
Hispanic	26%
Asian	2%
Native American	0.4%
Others	2%

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### Levels of Collaboration for Integrated Care

Coordinated		Co-located		Integrated	
Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
Minimal Collaboration	Basic Collaboration at a Distance	Basic Collaboration Onsite	Close Collaboration Onsite with Some System Integration	Close Collaboration Approaching an Integrated Practice	Full Collaboration in a Transformed /Merged Integrated Practice

Heath B. Wise Romero P. and Reynolds K. A. Review and Proposed Standard Framework for Levels of Integrated Healthcare. Washington, D.C. SAMHSA-HRSA Center for Integrated Health Solutions. March 2013

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### Partners

- ▶ ADAMH Board of Franklin County
- ▶ Healthcare Collaborative of Greater Columbus
- ▶ Maryhaven
- ▶ North Community Counseling Centers
- ▶ OSU College of Social Work and Mental Health America of Franklin County
- ▶ Scioto Paint Valley Mental Health Center
- ▶ Syntero




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### CNHC Role in Prevention of Psychiatric Crises and Emergencies

#### ▶ Prevention through.....

- Increased access
- Close integration of medical and behavioral health

.....which will lead to a decrease in the need for crisis services.

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ANNUAL REPORT **2013**  
**BUILDING FOR THE FUTURE**



**MARYHAVEN**®

Helping People Restore Their Lives Since 1953®

## OUR MISSION

**TO HELP MEN, WOMEN, AND CHILDREN RESTORE THEIR LIVES WHEN THOSE LIVES HAVE BEEN INTERRUPTED BY ADDICTIVE OR MENTAL ILLNESS.**

### DEAR FRIEND OF MARYHAVEN,

No accomplishment of Maryhaven in 2013 is more important than helping 7,397 men, women, and adolescents restore their lives from addictive and mental illness. Continuing our goals of high quality and cost effective programming, our 2013 Audited Financial Statements reflect our low administrative cost of 7.6%, with 92.4% of all revenues invested in Maryhaven used to provide direct patient care.

In 2013, over 70% of our detoxification patients were addicted to opiates. Seeing our community's opiate epidemic first hand, Maryhaven has led in both significant national research as well as the resulting action in providing treatment based on individual patient need in Franklin, Delaware, Morrow, and Crawford Counties.

Growth was the operative word in 2013 with the addition of Union County to our family. This year, the Mental Health and Recovery Board of Union County selected Maryhaven to become the provider of behavioral healthcare to the residents of Union County. This year we cared for almost 900 patients in Union County, over one third more than had previously been seen.

As we celebrated 60 years of service this year, our eye still focuses on the future. Maryhaven is always developing new programs to respond to the behavioral health care needs in our community. Our goal is to continue to treat as many patients as possible and to maintain our focus on people suffering from addictive and mental illness.

We pledge to continue our mission of helping people restore their lives by providing the highest quality of behavioral healthcare services; by remaining fiscally prudent; and to achieve this with the same integrity and spirit with which we have provided care to over 198,000 patients and their families during Maryhaven's first 60 years of service to our community.



*Patricia*

**Patricia Eshman**  
Board Chair



*Paul*

**Paul Coleman**  
President and CEO

# 2013 HIGHLIGHTS

1. The Mental Health and Recovery Board of Union County awarded the behavioral healthcare services contract to Maryhaven by unanimous vote. This allowed Maryhaven to treat almost 900 patients in need of mental health services in Union County. In addition we were able to retain most of the staff with the addition of 26 new employees in 30 days, providing no disruption in service.
2. Expanded medication assisted treatment for patients in Delaware and Morrow counties. Funding for this expansion in Delaware came from the Delaware Morrow Mental Health and Recovery Services Board for the use of the medicines Suboxone® and Vivitrol® in treatment.
3. Selected as provider for the Addiction Treatment Pilot Program to provide Medication Assisted Treatment to individuals participating in the Crawford County Common Pleas Drug Court.
4. Maryhaven Addiction Research Institute
  - a. In collaboration with the University of Cincinnati and the NIDA CTN, completed participation in a NIH Sponsored randomized clinical trial designed to evaluate the utility of Bupirone for relapse-prevention in adults with cocaine dependency. Results will be published in the Journal of Clinical Psychiatry.
  - b. In collaboration with the University of Cincinnati and the NIDA CTN, began a new NIH sponsored multi-site clinical trial designed to evaluate the comparative effectiveness of extended release naltrexone (Vivitrol®) and buprenorphine naloxone (Suboxone®) for opioid use disorder. This will be the first effectiveness trial of extended release in the USA, as well as the first to compare the effectiveness of these two medications.
5. Continued a separate point of access branch of Columbus Neighborhood Health Center (CNHC) at Maryhaven's main hospital. This provides primary health care to both patients and community residents. There were 3,600 patient visits at the CNHC at Maryhaven this year.
6. In-stationing of counselors and Psychiatric NCPs with our Federally Qualified Health Center partners; Lower Lights, Capital Park and Columbus Neighborhood Health Center.
7. Maryhaven's Collaborative Outreach Team (MCOT) was extremely successful helping people who are homeless find shelter. In addition, our Outreach Team created warming stations to help people during the bitter cold winter and cooling stations during the heat of summer. In all three categories served, they doubled their goals: households served, goal 320, actual 640; housed and sheltered, goal 210, actual 420, and individuals housed, goal 105, actual 260.
8. Maryhaven's Collaborative Outreach Team (MCOT) also entered into a contract with Capital Crossroads/Discovery Special Improvement District (Discovery SID) to provide outreach services to people experiencing homelessness in Downtown Columbus. The program received the Discovery Special Improvement Services Award for their exemplary efforts.
9. Continued expansion of our services to persons with a primary diagnosis of mental illness.
10. ADAMH designated Maryhaven as the primary gambling treatment and prevention provider, and we became responsible for gambling prevention for the ADAMH system.
11. Our Women's Center Programs, comprised of the Aster and AYA Extended Care Programs and the Stable Cradle Outreach Program (funded by the Wexner Medical Center at The Ohio State University):
  - a. Provided care for 40 pregnant women with addictive and mental illness, and 31 healthy drug-free babies were delivered, potentially saving our community \$31 million dollars during their lifetimes according to statistics from the US Bureau of Justice Assistance.
  - b. Helped reunite 39 children with their mothers, 18 of whom were in the custody of Franklin County Children Services, saving our community \$220,000 in substitute childcare according to FCCS.
  - c. Provided treatment for trauma illness through our Seeking Safety Program funded by ADAMH.
12. Adolescent Services:
  - a. Expanded implementation of evidence-based treatment for youth and families with services provided in the home.
  - b. Increased adolescent services in Delaware to include intensive outpatient services; and in partnership with the Central Ohio Symphony, implemented a grant from the Getty Foundation for a therapeutic drum circle for adolescents in Delaware County.
  - c. Received an above average rating of our Adolescent Residential Treatment Services on an FCCS survey from its caseworkers.
13. In today's constantly changing economy Maryhaven has maintained a stable workforce. The employee turnover rate was a low 18.46% when the average in the behavioral healthcare system is 47%. In addition, the health insurance was provided with no increase to employees this year.



# OUR PROGRAMS

*Maryhaven provides integrated behavioral healthcare services to help men, women, and adolescents restore their lives from the effects of addictive and mental illness.*

## PUBLIC HEALTH PROGRAMS

- Adult residential programs (Medical Detoxification, Adult Inpatient, Women's Center extended care)
- Adult Outpatient Programs (Ambulatory Detoxification, Women's Stable Cradle, Opiate Treatment, Problem Gambling)
- Adolescent Gender-Specific Residential Programs
- Adolescent Home-Based Outpatient Treatment Programs
- Homeless Services (Engagement Center, Outreach, Supportive Housing)

## PUBLIC SAFETY PROGRAMS

Intervention, Education, and Treatment Programs connected to adult and juvenile court systems.

- Adult Driver Intervention Programs in both English and Spanish
- Underage Drinking/Drug Programs for Ages 12-20
- School-Based Prevention Services in Whitehall City and Morrow and Delaware Counties
- Federal Prison, Probation, and Pre-Trial Programs

## SERVICES IN DELAWARE AND MORROW COUNTIES

Our Delaware and Mt. Gilead offices provide addiction recovery and mental health services to adults and adolescents from both counties, funded principally by the Delaware-Morrow Mental Health and Recovery Services Board; funding is also received from both United Ways of Delaware and Morrow Counties. Programs include:

- Ambulatory Detoxification
- Opiate Treatment
- Addiction recovery and mental health outpatient and intensive counseling
- Underage Drinking/Drug Programs for Ages 12-20
- School-Based prevention and education

## SERVICES IN UNION COUNTY

Located in Marysville, Maryhaven at the Mills Center provides mental health and addiction recovery services to adults, adolescents, and children, funded principally by The Mental Health and Recovery Board of Union County; funding is also received from United Way of Union County. Programs include:

- Adult Outpatient Services
- Child, Adolescent, and Family Therapy
- Crisis Intervention Services
- Pharmacological Management
- Transitional Housing

# FINANCIAL HIGHLIGHTS

Fiscal Year July 1, 2012 – June 30, 2013

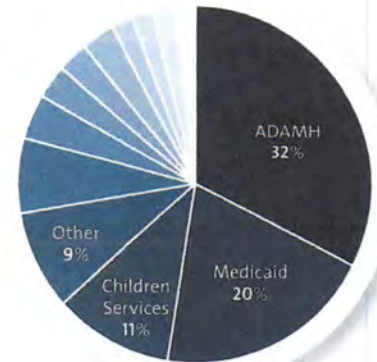
## OUR 2013 AUDITED FINANCIAL STATEMENTS

1. Show an unqualified or unmodified opinion for the 18th successive year.
2. Reflect our low administrative cost of 7.6%.
3. Reflect our continuing status as a low-risk auditee.

## REVENUE BY SOURCE

FY 2013 Revenues: \$18,008,686

□ Federal Probation/Pretrial	2%
□ Title XX	2%
□ United Ways	2%
□ Self Pay	2%
□ City of Columbus	3%
□ Community Shelter Board	3%
□ Contributions	3%
□ Nat'l Institute on Drug Abuse	4%
□ Delaware/Morrow Board	7%
□ Other	9%
□ Children Services	11%
□ Medicaid	20%
□ ADAMH	32%



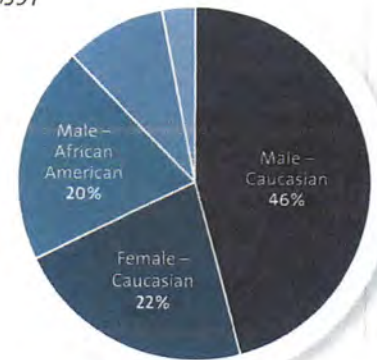
## PATIENT DEMOGRAPHICS

Fiscal year July 1, 2012-June 30, 2013

Number of Patients Cared for 7,397

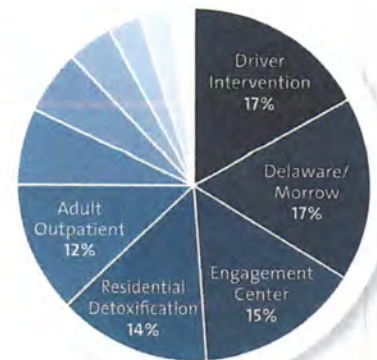
## BY RACE AND GENDER

■ Male – Latino	3%
■ Female-African American	9%
■ Male – African American	20%
■ Female – Caucasian	22%
■ Male – Caucasian	46%



## BY PROGRAM

□ Women's Center	2%
□ Opiate Treatment	3%
□ Adolescent Outpatient	3%
□ Adolescent Residential	4%
□ Adult Residential	6%
□ Ambulatory Detoxification	7%
□ Driver Intervention	17%
□ Delaware/Morrow	17%
□ Engagement Center	15%
□ Residential Detoxification	14%
□ Adult Outpatient	12%



# SIXTY YEARS OF SERVICE



Maryhaven Graduate Nicole Warner hugs Sister Margaurite Senesac, a member of the order of the Sisters of the Good Shepherd that founded Maryhaven in 1953, at Maryhaven's 50th Anniversary Celebration.

When the Sisters of the Good Shepherd were asked by Bishop Michael J. Ready of the Diocese of Columbus to create a home for women alcoholics in 1953, it would have been hard to believe that the program they started would be the Maryhaven of today. The original program aided women who were struggling with alcohol addiction; but by 1991 Maryhaven had grown to five programs, and today there are 26 different programs in five different geographic locations throughout Central and North Central Ohio.

In 1967, Maryhaven became a non-profit 501 (c)(3) organization governed by a volunteer Board of Directors. The growth that

Maryhaven experienced in the nineties was in response to the emerging need in the community. The opiate epidemic continues to rise and the waiting lists for treatment increase exponentially.

In 1991, Maryhaven was housed in the former county tuberculosis hospital which was unsuitable as a facility for patients needing behavioral healthcare services. A Capital Campaign was launched under the leadership of John C. Wolff, Maryhaven's then Board Chair, to secure funding for a new home. The current hospital was completed in 1998, providing a new modern facility. But demand has grown, and Maryhaven is launching a Capacity Expansion Capital Campaign under the leadership of Board Member Skip Weiler to increase space in the main hospital as well as the Women's Center.

President and CEO Paul Coleman has been Maryhaven's leader for almost 22 years. "I have been here for over one third of Maryhaven's life and have been privileged to work alongside some remarkable people, both staff and volunteers," said Coleman. "Without the support of the community we would not have been able to achieve the results we see today. When I say community I mean the entire community, such as our governmental funders, corporate partners, individual philanthropists, and of course our staff," Coleman added.

Throughout Maryhaven's sixty years, programs have adapted as the behavioral health needs of the community change. Many of the patients today are dually diagnosed not only with addictive illness but mental health concerns that need to be incorporated into their treatment plans. It is rare today that a patient presents only with alcoholism as they did sixty years ago.

What do the next sixty years hold for Maryhaven? Paul Coleman sums it up. "I would love to say that we will be out of

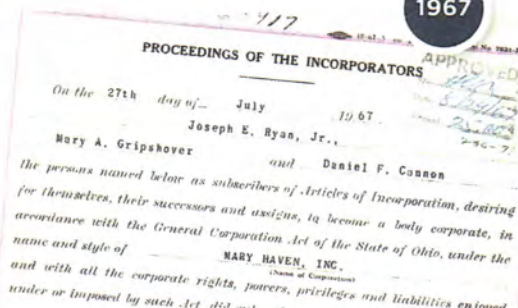
## MARYHAVEN TIMELINE



1953

Sisters of the Good Shepherd open Mary's Haven

Photo courtesy of The Columbus Dispatch



1967

Established as nonprofit 501 (c)(3)



1999

Main hospital grand opening



2013: Maryhaven Board Members at the 60th Anniversary Celebration. Pictured left to right: The Honorable David Cain, Carrie Maun-Smith, Skip Weiler, and Rich Mueller.

business but my fear is that will not be the case. Evidence points to a continued rise of addictive and mental illness." According to the National Institutes of Health, the United States has seen a three hundred percent increase in opiate use in 18-30 year olds during that time frame.

Today, Maryhaven's original program still exists and thrives. Women are treated at Maryhaven's Women's Center with pregnant women given top priority. The program has a remarkable success rate, with 83% of the women who complete the six month program living sober lives one year later.

As Maryhaven enters its seventh decade with an eye to meeting expanding community needs, our feeling is one of appreciation and gratitude. The hope is that as new behavioral health challenges emerge in our community, Maryhaven will have the necessary resources to meet these challenges and give patients a place to turn no matter what their financial need or personal situation.

Paul Coleman in 1996 in front of former Maryhaven building which was the former County Tuberculosis hospital.



2004



Women's Center Park Dedication

2010



Grand opening of Delaware office.

2012



Guest Speaker U.S. Congresswoman Joyce Beatty with Rev. Dr. Sokoto Fulani, Maryhaven Chaplain, at Maryhaven's African American History Month Celebration.

# MARYHAVEN ADDICTION RESEARCH INSTITUTE



Back row, from left: Gregory S. Brigham, Ph.D., Chief Research Officer; Lee Ann Williams, CCRP, Research Institute Supervisor; Tiffany Madden, MS, CDCA, Doctorial Psychological Intern; Dr. Elizabeth Lottes, Physician; Kimberley Ross, MA, Research Assistant; Front row, from left: Shannon Ross, LPN, Research Nurse; Monique Lumpkin, MSW, Research Assistant.

For over a decade now, the Maryhaven Addiction Research Institute (MARI) has served as a leader in the field of addiction treatment research. Under the leadership of Dr. Gregory Brigham, the institute is dedicated to using science to improve the treatment and prevention of substance use disorders. With nearly \$6 million dollars of National Institutes of Health (NIH) support, MARI has conducted 28 clinical studies in the Central Ohio community.

The national and local opioid epidemic is an important area of focus for the institute's research. The knowledge gained through research and clinical experience in this area has allowed Maryhaven to expand its Franklin County Opioid Treatment Services and extend access to our science based medication assisted treatments to Delaware, Morrow, and Crawford counties.

Another MARI research priority is developing chronic disease management approaches to addiction care that promote lifelong recovery. We have now successfully developed and completed preliminary testing of two long-term approaches. The first of these approaches, referred to as Community Reinforcement and Family Training for Treatment Retention (CRAFT-T), teaches significant other people in the drug dependent person's life to effectively promote ongoing engagement in treatment and recovery. The second approach, Long Term Recovery Management (LTRM), is designed to directly engage and maintain persons with substance use disorders in ongoing treatment, monitoring, and recovery supports.

MARI is continuously developing new research on both behavioral and medication based treatments for substance use disorders. Maryhaven's commitment to the implementation of addiction science assures that every person admitted receives an empirically supported treatment.

MARI has clinical research and training collaborations with partners from around the country including but not limited to:

- University of Cincinnati
- Wright State University
- Johns Hopkins University
- University of California Los Angeles (UCLA)
- University of Pennsylvania
- The Ohio State University
- Columbia University
- New York University (NYU)
- University of Georgia

## CULTURAL DIVERSITY

### THE CULTURAL DIVERSITY AND INCLUSION COUNCIL



Cultural Diversity Committee Members, back row from left: Sofia Mohamed, Dianna Henderson, Courtney Cox, Holly Andersen, Steve Albanese, Jennifer Johnson, Melony Ross, Cidra Poellnitz, Angela Reynolds. Front row from left: Charles Williams, Rev. Dr. Sokoto Fulani, Angela Stewart (Committee Chair). Not pictured: Bruce Jones, Rose Knorwood, and Michele Mitchell.

Maryhaven acknowledges that cultural differences exist among our staff. The Cultural Diversity and Inclusion Council is a group of individuals who bring with them a diverse set of attitudes, behaviors and beliefs. We encourage cultural awareness as a process of becoming sensitive to other cultures. Maryhaven strives to provide treatment that takes into account the differences in our community. In order to provide appropriate treatment services, Maryhaven trains all of our staff to be aware of and sensitive to other cultures.

### THE LESBIAN, GAY, BISEXUAL AND TRANSGENDER COMMITTEE (LGBT)

The LGBT committee is a sub-committee of the Cultural Diversity and Inclusion Council, and the Committee's goal is to make strides in educating Maryhaven staff and patients while increasing social awareness, and collaborating with community resources by providing trainings, services, and alternative social activities.

# MARYHAVEN EXPANDS SERVICES INTO UNION COUNTY



Maryhaven leaders and Union County officials attend the Grand Opening Ceremony of Maryhaven at the Mills Center. Pictured left to right: Marysville Chief of Police, Floyd Golden, Steve Hedge, Executive Director, Delaware Morrow Mental Health & Recovery Services Board, Patricia Eshman, Maryhaven Board Chair, Paul Coleman, President and CEO, The Honorable Charlotte Coleman Eufinger, Union County Common Pleas, Dr. Robert Ahern, Board Chair, Mental Health and Recovery Board of Union County, and David Phillips, Union County Prosecuting Attorney.

Throughout its 60 year history of service, Maryhaven has made meeting the growing needs of the community paramount. Currently, Maryhaven serves patients in five counties throughout Central and North Central Ohio. The most recent is Union County where Maryhaven provides both mental health and addiction recovery services. On March 21, 2013, the Mental Health and Recovery Board of Union County awarded the contract for all public behavioral healthcare to Maryhaven. Maryhaven at the Mills Center was opened on July 1, 2013 in Marysville and has made a major difference to the patients we serve.

"The Mental Health and Recovery Board of Union County was looking for a provider with a history of quality service, innovative treatment and a proven track record for offering a full continuum of programs. They wanted a large organization for economy of scale. By working with an organization with a wide reach they could save on administrative costs. There was also a need to strengthen the existing recovery services primarily due to the growing opiate addiction problem," said Steve Albanese, Site Director for Maryhaven at the Mills Center. "This is the most significant venture that Maryhaven has made in provision of primary psychiatric and mental health services. About 80% of the patients we care for in Union County right now have a primary diagnosis in the area of mental health," Albanese added.

The addition of Maryhaven at the Mills Center allowed Maryhaven to treat nearly 900 new patients this year. The operation will produce 2.1 million dollars in revenue. While the operating organization was changed to Maryhaven, most of our current staff had been with the Mills Center for many years. "We offered continued employment to just about everyone and 90% chose to remain during the transition. This was very important for the continuity of patient care," stated Albanese.

The services that Maryhaven currently offers have a wide range. Patients as young as 5 years old come for outpatient therapy for behavioral problems in addition to long term psychiatric patients who need continuous treatment. The services also include drug and alcohol prevention education, court ordered programs, family therapy, recovery treatment and medication assisted treatment. Many of these services are new, and were added to complement the existing mental health treatment services offered previously in Marysville. Maryhaven at the Mills Center also manages three residential programs that are owned by the Mental Health and Recovery Board of Union County. There is a transitional housing unit for people who are homeless and have a mental health or addiction problem. In addition, there is a separate transitional housing program and then a permanent housing program for people with severe mental illness. There are currently 22 patients being treated in the three residential houses with 24 hour staffing across the units.

# SUPPORTERS

**In the last five years, opiate addiction has increased 300% according to a recent Ohio Opiate Summit. In response to the growing national crisis, the demand for services is ever increasing; in our efforts to better meet this demand, Maryhaven has launched a \$2million Capacity Expansion Capital Campaign. Funds received from this Campaign will allow us to provide services to, at a minimum, 350 additional patients through our Main Campus, and an additional 12 patients at our Women's Center.**

**Responding to the opiate epidemic of low birth-weight, addicted babies, in 2011 we launched our Women's Center Healthy Mothers, Healthy Babies Campaign. Through this campaign we have increased patient capacity prioritized to serve more addicted, expectant women to help them deliver healthy, drug-free babies. As of December 31, 2013, we are pleased to report our contributions exceeded our overall campaign goal of \$990,000, reaching over \$1.5 million dollars.**

## **DIAMOND DONORS (\$100,000+)**

American Electric Power  
Crane Family  
John Doyle  
Grange Insurance  
Mr. & Mrs. Joseph A. Jeffrey, Jr.

## **GOLD DONORS (\$50,000 to \$99,999)**

Harry C. Moores Foundation  
Limited Brands  
Nationwide Insurance Foundation  
The Reinberger Foundation

## **SILVER DONORS (\$25,000 to \$49,999)**

Crane Group  
Plaskolite  
Walmart  
Robert Weiler Family

## **BRONZE DONORS (\$5,000 to \$24,999)**

Anonymous  
Cardinal Health Foundation  
Crane Family Foundation/G4  
Committee

Beth Crane and Richard McKee  
Jameson Crane  
Jamie Crane/Tim Miller  
Jay and Meredith Crane  
Loann Crane  
Michael and Paige Crane  
Rob and Shannon Crane  
Tanny Crane and John Wolff  
Stephany and Matt Fisher  
Holly Herschede  
Honda of America Mfg.  
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Pepsi-Cola Company  
Safelite Foundation  
Chris Spielman Foundation  
USBancorp Foundation  
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## **PATRONS (\$1,000 TO \$4,999)**

Abbott Labs Fund Matching  
Gifts Program  
Able Roofing  
Anonymous  
Bricker & Eckler LLP Women  
in Networking Autumn  
Outreach Event  
Dr. Gregory Brigham  
Christine Bustamante  
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Dr. Alvin Pelt  
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Neal and Nancy Wood  
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**IN MEMORY OF  
BERNARD GORMAN**  
Monique VanRenterghem

**IN MEMORY OF  
JUDITH K. HARRISON**  
Pamela and John McManus

**IN MEMORY OF CYNTHIA JEFFREY**  
Tad and Nancy Jeffrey

**IN MEMORY OF RENEE  
JEWETT THOMPSON**

Victoria Bordner  
Tom and Mary Graham  
Tom and Judy Moore  
Dallas and Marilyn Rakes  
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**IN HONOR OF CHERYL JACOBS**  
Andrew and Carrie Madison

**IN HONOR OF THOMAS MAZONAS**  
Cecelia Jokerst

## **MAJOR IN-KIND DONORS**

Grange Insurance  
Huntington Bank  
Limited Brands  
Walmart Distribution Center  
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## **CORPORATE VOLUNTEERS**

American Electric Power  
Grange Insurance  
Honda of America  
KPMG  
Limited Brands  
Nationwide Insurance  
NiSource  
Wal-Mart Distribution Center

**In creating our donor computer database, we sought for 100% accuracy. If, however, you find any omission or error, please accept our apology and contact Cheryl Jacobs, Manager, Development and Marketing for correction. Thank you.**

# OUR BOARD OF DIRECTORS

**WE ARE GOVERNED BY A BOARD OF DIRECTORS, COMMUNITY LEADERS WHO GIVE THEIR TIME AND TALENTS TO FURTHER OUR MISSION.**

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Assistant VP for Community Relations,  
Grange Insurance

**The Honorable Gregory Frost,  
Vice Chair**  
United States District Court Judge

**Richard Mueller,  
Secretary/Treasurer**  
Vice President of Audit Services,  
AEP

**Christine Bustamante**  
Tax Managing Director,  
KPMG LLP

**The Honorable David E. Cain**  
Common Pleas Judge,  
Franklin County

**Suzanne Coleman-Tolbert**  
President and CEO,  
COWIC

**Dr. Jan Gorniak**  
Franklin County Coroner

**Ron Kerr**  
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**John Littlejohn**  
Account General Manager,  
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**Doug Lumpkin**  
Principal,  
Government Consulting Resources

**Carrie Maun-Smith**  
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OSU Student Legal Services

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Franklin County

**Lana Ruebel**  
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Judge of the Court of Appeals,  
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**Ann Schiele**  
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Mount Carmel College of Nursing

**The Honorable Charles A. Schneider**  
Common Pleas Judge,  
Franklin County

**Robert "Skip" Weiler**  
President,  
Robert Weiler Company

## 2013 MEETING COMMUNITY NEEDS



Councilmember Priscilla Tyson, Paul Coleman, Tom Horan, Chief Executive Officer, CNHC, and State Senator Charletta Tavares cut the ribbon across the entryway of the Columbus Neighborhood Health Center at Maryhaven.



Judie Float, Interim Executive Director, Mental Health & Recovery Board of Union County with Dr. Bob Ahern, Board Chair, Mental Health & Recovery Board of Union County, tie the Ribbon of Recovery at the Union County Grand Opening.



Maryhaven Collaborative Outreach Team (MCOT) were recipients of the Capital Crossroads/Discovery SIDS Outstanding Service Award. Back row, left to right: James Alexander, Program Supervisor, Taylor Greene, Thomas Adams. Front row, left to right: Deb Rambo-Foley and Nicole Warner.

# MARYHAVEN'S 60TH ANNIVERSARY CELEBRATION



The Weiler Family pictured left to right: Robert Weiler, Sr., Linda Weiler, Paul Coleman, Maryhaven CEO, Skip Weiler, and Missy Weiler.



Joe and Gibby Jeffrey were acknowledged for their long time support of our work.



The Crane Family pictured left to right: Tanny Crane, Jamie Crane, Stephy Fisher, Tim Miller, Leah Westwater, John Wolff, and Brian Westwater.

In celebration of Maryhaven's 60th Anniversary, an event was held at the L Brands Corporate Headquarters in November that recognized our 60 years of service along with three families that have been extremely supportive throughout the years. The Crane, Jeffrey, and Weiler families have been champions of Maryhaven as well as the Central Ohio community.

The Harmony Project entertained, and WCMH Anchor Colleen Marshall served as mistress of ceremonies. The audience was privileged to hear success stories from patients, Tyler and Ursula. The Corporate community showed their support of Maryhaven's mission to restore the lives of men, women, and adolescents when those lives have been interrupted by addictive and mental illness.



## MARYHAVEN®

Helping People Restore Their Lives Since 1953®

1791 Alum Creek Drive  
Columbus, Ohio 43207  
Voice/TDD (614) 445.8131  
Fax (614) 445.7808  
www.maryhaven.com

Maryhaven in Bucyrus  
105 Washington Square  
Suite 201  
Bucyrus, Ohio 44320  
Voice (419) 562.1740  
Fax (419) 562.1296

Maryhaven in Delaware  
88 North Sandusky Street  
Delaware, Ohio 43015  
Voice (740) 203.3800  
Fax (740) 203.3799

Maryhaven in Mt. Gilead  
528 West Marion Road  
Mt. Gilead, Ohio 43338  
Voice (419) 946.6734  
Fax (419) 946.6952

Maryhaven at the Mills Center  
715 South Plum Street  
Marysville, Ohio 43040  
Voice (937) 644.9192  
Fax (937) 644.3426

Funded by the United Ways of Central Ohio, Delaware, Morrow and Union Counties; Alcohol, Drug, and Mental Health Board (ADAMH) of Franklin County; Ohio Department of Development; Ohio Department of Mental Health and Addiction Services; the City of Columbus; Franklin County Children Services; Delaware-Morrow Mental Health and Recovery Services Board; Crawford-Marion County ADAMH Board; Franklin County Job and Family Services; the Mental Health and Recovery Board of Union County; and the Community Shelter Board. Grant-based funding received from The Columbus Foundation, the Wexner Medical Center at The Ohio State University; and Franklin County Juvenile Court.



Producer: Cheryl Jacobs, Development and Marketing Manager  
Associate Producer and Photographer: Michele Mitchell, Development Associate  
Equal Provider of Services. Equal Opportunity Employer





**nami**  
National Alliance on Mental Illness

# Franklin County

## NAMI FC Mission

NAMI Franklin County is dedicated to improving the lives of family members, friends and persons with mental illness through education, outreach, support, referral and advocacy in Central Ohio.

## Objectives

The Goals of NAMI Franklin County are to:

- **Provide quality education on brain disorders** to family members, friends and mental health professional in Central Ohio.
- **Raise awareness and enlighten community members** through outreach efforts regarding what NAMI Franklin County is and what services we provide;
- **Offer support and/or referral of services** to families, friends and persons with mental illness; and
- **Advocate on behalf of individuals with mental illness and their family members** in order to improve the system, remove stigma, ensure system accountability and strengthen our grassroots network.

As the Executive Director of NAMI FC, we are committed and dedicated to providing the following services:

- Quality education on brain disorders to family members, friends and mental health professional in Central Ohio.
- Raise awareness and enlighten community members through outreach efforts regarding what NAMI Franklin County is and what services we provide;
- Offer support and/or referral of services to families, friends and persons with mental illness; and
- Advocate on behalf of individuals with mental illness and their family members in order to improve the system, remove stigma, ensure system accountability and strengthen our grassroots network.

### Family-to-Family Classes

The NAMI Family-to-Family Education Program is a free, 12-week course for family caregivers of individuals with severe mental illnesses. The course is taught by trained family members

- All instruction and course materials are free to class participants
- Over 115,000 family members have graduated from this national program

### NAMI Basics

NAMI Basics is the signature education program for parents and other caregivers of children and adolescents living with mental illnesses. The NAMI Basics course is taught by trained teachers who are the parent or other caregivers of individuals who developed the symptoms of mental illness prior to the age of 13 years.

The course consists of six classes, each lasting for 2 ½ hours. Classes may be offered weekly for six consecutive weeks, or may be offered twice per week for three weeks to accommodate the hectic schedules of parents.

All instruction materials are FREE to participants.

### NAMI Connection

NAMI Connection is recovery support group. These support groups will be led by individuals who are in recovery themselves.

- NAMI Connection is a recovery support group. The meetings are held every Thursday 7:00 p.m.-8:30 p.m. at Meadow Park Church of God 2425 Bethel Road, Columbus, Ohio 43221.
- The program reflects NAMI's core values, the new program is inclusive. Anyone with a mental illness is welcomed, regardless of diagnosis.
- NAMI Connection will be offered safe environments for people who live with mental illnesses to express themselves without being judged.

### NAMI Peer-to-Peer Recovery Program

- NAMI's Peer-to-Peer recovery program is a unique, experiential learning curriculum for people with any serious mental illness who are interested in establishing and maintaining their wellness and recovery.
- Peer-to-Peer consists of nine two-hour units and is taught by a team of three trained 'Mentors' who are personally experienced at living well with mental illness.
- Mentors are trained in weekend-long training sessions, supplied with teaching manuals, and are paid a stipend for each course they teach.
- Participants come away from the course with a binder of hand-out materials, as well as many other tangible resources including:
- An advance directive; a "relapse prevention plan" to help identify tell-tale feelings, thoughts, behavior, or events that may warn of impending relapse and to organize for intervention; mindfulness exercises to help focus and calm thinking; and survival skills for working with providers and the general public.

### Support Groups

- For family members/loved ones of someone living with a mental illness  
Meets once a month

Attached is a copy of the support group meeting times.



NAMI  
National Alliance on Mental Illness

# Franklin County

NAMI Family Meeting 10-16-2014

## *Psychiatric Crisis:*

My son had a panic attack at work. The symptoms mirrored a cardiac event; he was hospitalized. He told the hospital about his mental health diagnosis and the medications he was taking. We were out of the city, so we called the hospital to explain our son's condition and make sure he wouldn't be released alone. The nurse we spoke to promised to call our support person when it was time for our son to be released. Despite the phone call and the hospital's assurances, when our son was released he was put in a cab and sent home, alone. We found out when he called to tell us he was home.

My daughter was living in New York when she was hospitalized. I called the hospital, explained her condition and even offered to go to New York to offer testimony so that they could hold her. I was told that anything I had to offer was based on the past; the information wasn't relevant. I also offered to send extensive records of her past hospital stays, but wasn't given the option. I asked about "Kendra's Law." I was told that it doesn't apply unless the person is actually on the street. My daughter was in the hospital 21 days and I spoke to them every day of her stay. My daughter now lives in another state and often uses fake names. When my daughter is in crisis, she finds her way to a hospital. As soon as she feels better, she leaves. She has not accepted her diagnosis. In one criminal case, I submitted hospital records to the judge handling the case. The public defender and the judge worked with me. My daughter didn't go to jail and did better for a year.

I got a call in 1982 from a hospital in Virginia. My daughter was admitted after a high speed traffic accident. She was having seizures. She was charged in a federal offense because the roadway she was traveling on was a federal highway. This was prior to a diagnosis. Since then, she has been hospitalized 44 times, including two stays in a group home. I use a spreadsheet to track her hospitalizations.

The original crisis occurred a little over 15 years ago when my son's father became ill and died. We were told that his break was probably the result of his father's illness and subsequent death. My son has had many breaks over the years. He may be stable for about two years and then he goes off his medications. This seems to be more the result of the medication becoming less effective over time. He stops taking his meds as the illness makes him feel as though he is alright. So it appears that he stops taking the meds after he begins to be unwell, not the other way around. He has had many hospitalizations: the State

Hospital, TVBH, OSU Neuro Psych, Mt. Carmel, Dublin Springs and OHP. I have listed the hospitals in order of efficacy, the most helpful to the least helpful to my son. For example, I was unable to speak to a doctor at Dublin Springs as they explained to me, "doctors don't have time to talk to everyone." They also asked me to go to Westerville to pick up his meds (I declined the offer). My son told me he witnessed several orderlies beating on a slightly built patient who did not do what they wished. Most hospitals NEVER kept my son long enough to stabilize, the major exception being TVBH. The compounding difficulty is getting my son to the hospital in the first place. When he goes off his meds, he doesn't want to go to the hospital. Consequently, I have had the Sheriff and multiple CPD officers in my home. There have been occasions when the police have said, "we do not feel you are sincere when you say you are in fear of your life so we will not take him to the hospital," and left. One time twice in on day.

***Challenges within the system:***

- After the struggle to get someone into a hospital, they are often not kept long enough to see if the meds work.
- Families shouldn't have to get the police involved to get someone the care they need.
- How does the research conducted, trickle down to patient care? What does the research say about not keeping patients long enough to find out if the treatment was effective?
- I'm concerned about the lack of knowledge among professionals.
- Nurses would understand better, if they received training.
- (I was told that) Grant Hospital staff avoids walk-ins who display signs of mental illness. They get no training and have little empathy.
- There are too few psychiatrists; too few have cultural awareness. Social workers are often afraid of the clients and don't know the system well enough to navigate on behalf of patients.
- Most doctors have gone through a psychiatric rotation, so have some knowledge.
- Doctors bill based on services provided, mental health services are hard to track.
- So many doctors are just prescribing and managing medication.
- Prior to my son's death, I told the doctor that my son was anxious and not doing well. The doctor said my son was doing fine. They dismissed my concerns.
- Providers are afraid that the mentally ill are violent.
- Despite 44 hospitalizations, there is still misinformation in my daughter's file.
- Families are too exhausted to advocate.
- I spoke with a mother who had put together a list of housing resources for her soon to be released, incarcerated son. She was too exhausted to make the calls.
- Agencies don't always know what other agencies do / provide.
- Advance directives don't work and are easily revoked.

- Shortages of available beds and services are addressed differently for the mentally ill than for other health challenges.
- People don't understand confidentiality; lawsuits are rarely filed over giving information to family members of mentally ill patients.

### ***Ways to improve the system:***

- Families should advocate more.
- Develop a single sheet form that families can give the hospital upon admission that describes the medical history, etc. Hospitals can't give families information, but they can accept information from family members.
- The single sheet form could be a legal tool for families.
- Under the ACA, previous hospitalizations will be tracked.
- Develop a white paper on families living with a mentally ill loved one, to submit to funders.
- Providers need to work with families.
- Providers should treat patients with mental health diagnosis the same as they do patients who are in vegetative states.
- Why can't there be an advance directive in the event that a patient becomes mentally incapacitated?
- Create patient advocates who maintain an accessible paper trail documenting the patient's history.
- Netcare encourages people to call; getting information to Netcare can get the information into the court system.
- Families should be able to pick and choose from a menu of services.
- Stigma is still a major problem; the ADAMH Board Anti-Stigma campaign was very effective.
- Partnering with other brain disease awareness efforts to help de-stigmatize mental illness and raise awareness.
- Launch a campaign that includes videotaped vignettes of family members telling their stories of living with mentally ill loved ones.

# NETCARE ACCESS

- Psychiatric Emergency Services
  - Suicide Prevention
  - Evaluation

614-276-CARE

All Franklin County children, adults and adolescents in need of care are served, regardless of the ability to pay; no one in crisis is turned away.

## Services

### ● Crisis Intervention Services

Two crisis centers: 199 S. Central Ave and 741 E. Broad Street. 24 hours, 7 days a week mental health and substance abuse crisis intervention and stabilization.

### ● Assessment Services

Mental health and substance abuse assessments at 741 E. Broad Street, Monday through Friday from 8:00 a.m. - 3:30 p.m. Services provided on a walk-in basis, no appointment necessary.

### ● Emergency Response Services

Call 614-276-CARE (2273) or 888-276-CARE (2273) 24 hours, 7 days a week. Clinicians assist callers with the most appropriate resources and information. Call if in a crisis, concerned about a family member or friend in a crisis, or when making a referral.

### ● Reach Out Program

Mobile intervention service transports intoxicated persons off the streets to a place of safety and shelter. Contact Netcare: 614-276-CARE (2273)

### ● Youth Crisis and Assessment Services

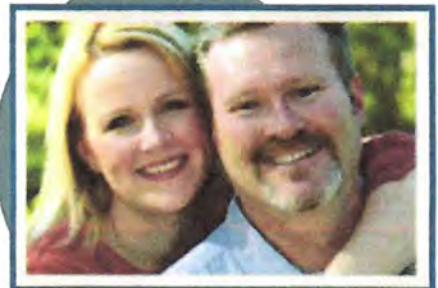
Collaborative between Netcare, Nationwide Children's Hospital and The Ohio State University Medical Center addresses behavioral health crisis needs of youth under age 18, as well as their care givers.

### ● Crisis Stabilization Unit (CSU)

Located at 199 S. Central Ave, CSU is an alternative to psychiatric hospitalization, for adult clients in crisis who require a period of further stabilization before returning to their home environment. Admission on a voluntary basis. Individual and group therapy, psychiatric nursing care, medication, linkage to community services.

### ● Community Crisis Response

Clinicians provide on-the-scene response to trauma victims in the community. 24 hours, 7 days a week; call 614-276-CARE (2273)



Read more →



● **Miles House**

Residential respite for adults stabilizing from crisis. Clients stay up to 16 days to continue working on coping skills and community re-entry. Referrals accepted from area hospitals, community professionals, mental health centers and Netcare programs.

● **Forensic Center**

Court-ordered forensic evaluations for the Courts of Common Pleas in Franklin and numerous surrounding counties. Evaluations for juveniles in Franklin County, offer opinions on specific legal questions such as Competency to Stand Trial or Sanity.

● **Family Psychological Services**

Comprehensive assessments and psychological testing for youths and adults at the request of Franklin County Children Services and Franklin County Juvenile Court. Assessments seek answers to clinical rather than legal questions; assist with treatment planning, placement and sentencing.

● **Probate Pre-Screening**

Assessments performed in the community and local hospitals to determine if an individual meets criteria for involuntary psychiatric hospitalization as a result of mental illness. Requests for Probate Pre-Screens are often made by treatment providers or relatives of an individual who is unwilling or unable to seek treatment, and who appears at risk of harm to self or others. Staffed during Probate Court hours, Monday - Friday 8:00 a.m. - 5:00 p.m., Call 276-CARE (2273)

● **Older Adult Services**

Evaluations initiated when a family member or concerned other contacts Netcare about an older adult's ability to manage daily living.

● **Developmental Disabilities Services**

Netcare Developmental Disabilities specialist is a liaison between the Franklin County Board of Developmental Disabilities and Franklin County ADAMH system to coordinate care for individuals with diagnosis of mental illness/substance abuse and Developmental Disabilities.

● **Translation/Interpreting Service**

All Netcare programs offer interpreting and translation services for those who are hearing impaired or non-English speaking.

● **Training Program**

Social work, counseling or nursing students may attend classes at no charge, other registrants: \$25 per course, CPR: \$50. Current list of trainings: [www.netcareaccess.org](http://www.netcareaccess.org).

● **Netcare Foundation**

501-C-3 entity that raises funds and supports services of Netcare Access. For more information about the Netcare Foundation, or about making a tax-deductible donation, call (614) 278-0109.



199 S. Central Avenue  
Columbus, OH 43223  
Phone: (614)-274-9500  
Fax: (614)-279-0925

Serving Franklin County since 1972. Our doors never close.  
For further information, please visit [www.netcareaccess.org](http://www.netcareaccess.org)

## **TWIN VALLEY BEHAVIORAL HEALTHCARE HOSPITAL SERVICES OVERVIEW**

Tracy J. Plouck, Director OhioMHAS  
Mark Hurst, M.D., Medical Director, OhioMHAS  
David Colletti, Assistant Director Hospital Services, OhioMHAS  
Veronica Lofton, Chief Executive Officer, TVBH  
R. Alan Freeland, M.D., Chief Clinical Officer-Medical Director, TVBH  
Justin Trevino, M.D., Chief Clinical Officer-Director of Clinical Services, TVBH

### **County Boards (7)**

Crawford/Marion, Delaware/Morrow, Franklin, Licking/Knox, Logan/Champaign,  
Ross/Fayette/Pickaway/Highland/Pike, Union **15 Counties Total**

### **Admission Criteria**

The Admission Criteria the hospital utilizes is the statutory requirement outlined in the Ohio Revised Code (ORC) 5122.01 (A).

### **SERVICE LINES:**

#### **1. Acute Care Services**

The goal of treatment is to stabilize the patients' clinical symptoms and behaviors which resulted in admission, and to have patients return to a less restrictive community setting as soon as possible. Acute Care Services are individualized and focused on short-term treatment, education, group and individual work, as well as recovery and discharge planning. The community case manager is heavily involved in treatment while the patient is in the hospital, by collaborating with staff for discharge planning.

#### **2. Forensic and Risk Management Services**

Patients with various forensic legal statuses may be admitted or transferred into hospital. The treatment of these patients addresses specific legal situations; i.e., competency evaluation, restoration to competency, as well as the psychiatric reasons for hospitalization. Recovery is always an integral part of treatment.

Patients may be ordered to the hospital by the courts after they have been adjudicated to be incompetent to stand trial, not guilty by reason of insanity or due to violation of conditional release. These patients remain under the jurisdiction of the courts.

Jail transfers may also be admitted by the ADAMH Board as emergency admissions. These patients may or may not remain under court/jail jurisdiction.

The TVBH Community Living, Education and Recovery Services (CLEAR) program is designed for forensic legal status patients who are working towards a

conditional release or are nearing discharge from an expired forensic legal status. This program consists of twenty (20) beds on K4, where patients receive treatment as others on the forensic service line, but also are involved in activities towards community reintegration such as employment, peer support assistance, community service and mentoring.

**3. Maximum Security Services**

The Timothy B. Moritz Forensic Unit is a four-unit maximum-security center which serves 52 patients from all 88 counties in Ohio. Patients in maximum security have been ordered by the courts for competency restoration; or have been found not guilty by reason of insanity and require continued psychiatric treatment in a maximum-security setting. The distinction of patients being admitted to the maximum-security unit versus a civil hospital setting is largely related to the nature and level of the criminal behavior.

**4. Community Support Network (CSN)**

Legislative revisions in 1988 provided an opportunity for hospital staff to be assigned to work in the community services sponsored by various ADAMH Boards. Per agreements between TVBH and the ADAMH Board, community-based case management services are provided by TVBH staff.

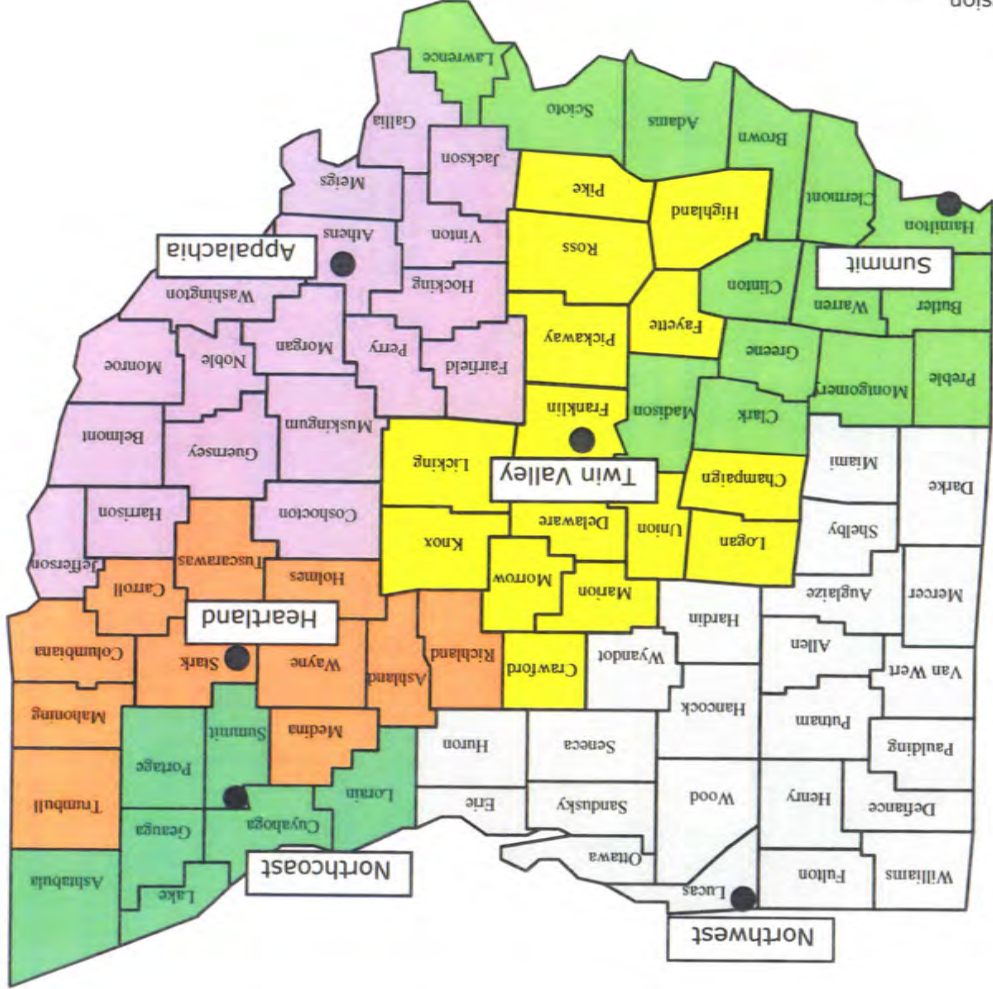
The Community Support Network (CSN) program serves persistent and severely mentally disabled adults with intensive and pervasive treatment needs. CSN offers services based on best practices such as Assertive Community Treatment (ACT), Integrated Dual Diagnosis Treatment (IDDT) and Recovery. CSN takes a team approach to service provision with regard to case management but offers individual therapy and group therapy also.

<b>BEDS</b>		
<b>PROGRAM</b>	<b>UNIT</b>	<b>BEDS</b>
Acute Care Services	K-6, K-7, K-8, K-9	104
Forensic and Risk Management Services	K-2, K-3, K-4	72
Moritz Forensic Services (Maximum Security)	A, B, C, D	52
<b>TOTAL</b>		<b>228</b>

<b>FY 2014 ADMISSIONS AND DISCHARGES</b>	
Kosar Admissions	1934
Kosar Discharges	1934
Moritz Admissions	40
Moritz Discharges	39

Monthly medium length of stay ranges between 11 to 14 days.

# Ohio Department of Mental Health and Addiction Services Regional Psychiatric Hospitals Catchment Areas for Admissions\*



\*Regions represent hospital admission catchment areas, effective September 23, 2013, except for NGR1 and ISTU-CJ legal statuses. Please see separate map for those particular legal statuses.

# CALM Interventions: Behavioral Health Crisis Assessment Linkage and Management Improve Patient Care

Natalie Lester, MD, MPH, *Director of Psychiatric Emergency Services and Data Analytics*  
 Laura Thompson, MD, MS, *Assistant Professor, Department of Emergency Medicine*  
 Kendal Herget, MD, *Resident, Department of Emergency Medicine*  
 Jonathan Thomas, *Quality Data Manager, Quality and Patient Safety*

Kathy Jennings, RN, NE-BC, *Nurse Manager, CALM Unit*  
 John V. Campo, MD, *Professor and Chairman, Department of Psychiatry*  
 Susan Moffatt-Bruce, MD, PhD, *Chief Quality and Patient Safety Officer*

## Background

Individuals in crisis related to mental illness and substance abuse deserve access to integrated and comprehensive health, mental health, and addiction services, but existing service delivery models typically fall short. Growth in the number of psychiatric and addicted patients presenting in crisis, in combination with the lack of system capacity and inpatient bed availability, has been associated with Emergency Department (ED) boarding. Even in academic medical centers, psychiatric and addicted patients in crisis are viewed as potential threats to the effective functioning and flow of the larger clinical operation, and fiscal leadership is wary of the realities of reimbursement for psychiatric emergency services that are inadequate to cover the costs of service delivery. The average patient referred for inpatient psychiatric care in Franklin County, OH, waits 20 or more hours for bed placement, creating a practical strain on patients, families, and hospital systems, with the economic loss estimated at \$2264 per boarded patient.

## Strategy and Design: The CALM Model

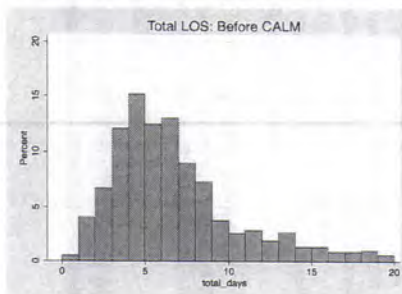
**Crisis Assessment Linkage and Management (CALM)** provides integrated, interdisciplinary, team based, and physician led care delivered at The Ohio State University Wexner Medical Center for patients in crisis due to mental health and addictive disorder. It includes:

- Comprehensive, biopsychosocial, patient centered assessment
- Active treatment such as individual and family psychotherapy, including cognitive behavioral therapy, pharmacotherapy, and case management and coordination
- Collaboration with local mental health resources and first responders to improve linkage including liaisons with outpatient clinical sites, partial hospital and intensive outpatient treatment programs, student counseling services, and a community mental health center



## Outcomes

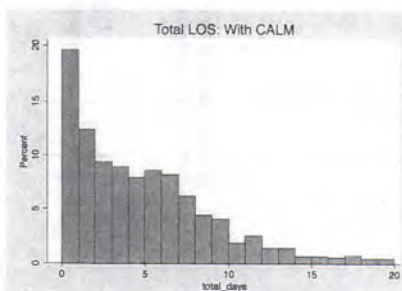
### Changing the shape of the curve



**Before CALM:** Histogram of total LOS for all patients presenting to the ED in behavioral health crisis, excluding patients discharged from the ED, medical admissions and transfers.

This represents LOS for psychiatric inpatients.

Modal LOS is 5 days.



**After CALM:** Histogram of total LOS for all patients presenting to the ED in behavioral health crisis, excluding patients discharged from the ED, medical admissions and transfers.

This includes LOS for patients in inpatient and observation care.

Modal LOS is 1 day.

## Lengths of Stay and Disposition among ED patients in behavioral health crisis

ED Consults	Pre-CALM	CALM	% Change
Total n	2200	2374	-20.7%
Unique Patients	1886	2033	-7.9%
Percent Unique Pts	85.7%	85.6%	7.8%
Mean Age	31.3	31.7	
Gender (%male)	50.0%	48.1%	

Final Disposition	n	percent	n	percent	% Change
Admit	1058	47.9%	908	38.0%	-20.7%
Discharge	865	39.1%	672	28.2%	-27.9%
Medical	45	2.0%	71	3.0%	50.0%
Observation			430	18.0%	
Transfer	243	11.0%	306	12.9%	17.3%
All Inpt (Adm + Trsf)	1301	58.8%	1214	50.9%	-13.6%

ED LOS	Hours	Hours	% Change
Median	9.55	7.29	-23.7%
Mean	14.48	11.11	-24.9%

Total Med Ctr LOS	Hours	Hours	% Change
Median	46.38	31.81	-31.4%
Mean	101.4	91.5	-9.8%

Admit	146.07	145.74	-0.2%
Discharge	7.48	8.08	7.9%
Observation		21.83	
Transfer	19.33	18.45	-4.5%

## Summary

Metrics improved with CALM implementation:

- ED LOS decreased 23.7%
- Med center LOS decreased 31.4%
- Inpatient hospitalization rates declined 13.6%

CALM provides patient-centered crisis assessment, linkage and management services in a behavioral health setting, with pathways for direct triage from the ED. This model has demonstrated reduced reliance on inpatient admission and improved hospital throughput.

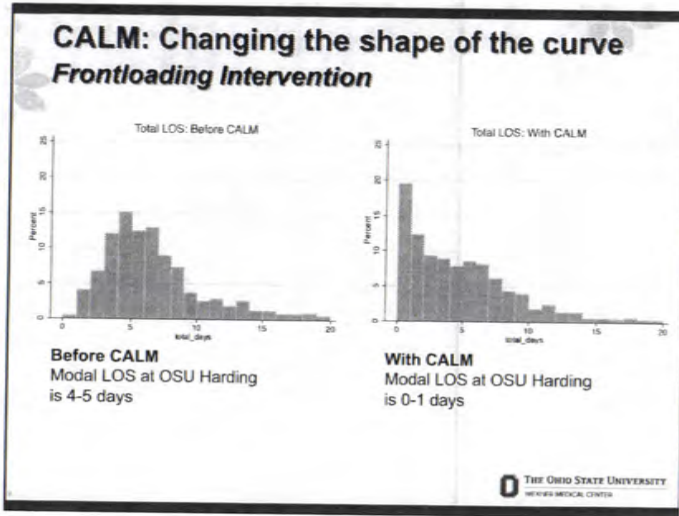
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THE OHIO STATE  
UNIVERSITY

WEXNER MEDICAL CENTER



### OSU Harding Behavioral Health Summary

- **Commitment to providing integrated, interdisciplinary, and innovative care for patients in crisis due to mental health and addictive disorders**
- **Innovation through:**
  - Partnerships within OSU and the community
  - Interdisciplinary, team based care
  - Dedicated physician leadership and availability
  - Development and expansion of CALM model
  - Application of telepsychiatry and state of the art technology (cCBT)
  - Rapid linkage to care following ED discharge
  - Leveraging our educational and research resources to continuously improve and study a forward looking model of crisis care




**OSU Harding Behavioral Health**  
November 3, 2014

Our mission is to improve lives through excellence in Behavioral Health CARE:


Care  
Advocacy  
Research  
Education

Improving People's Lives Through Innovations In Personalized Health Care

 THE OHIO STATE UNIVERSITY  
WEINER MEDICAL CENTER

**OSU Harding Behavioral Health: Who We Are**  
**An Interdisciplinary Team**

- **29 General Psychiatrists**
  - 18 new in past 2 years (>150% increase)
  - Addictions, Geriatrics, Neuropsychiatry, Psychosomatics
- **22 Child and Adolescent Psychiatrists**
  - 7 new in past 2 years (~50% increase)
- **27 PhDs**
  - 22 Psychology/3 Social Work/1 Neuroscience
  - 10 new in past 2 years (>60% increase)
- **9 Advanced Practice Nurses**
  - 6 new in past 2 years (200% increase)
- **45 Social Workers**
- **261 OSU Harding FTEs**
  - 36 additional in FY15 (additional services, CALM, Partial)
  - Nurses, PCT, SW, OT, RT, Clerical, Admin Support, Finance

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**OSU Harding Behavioral Health: What We Do**  
**Clinical Care**


- **Acute Inpatient**
  - 53 adult inpatient beds
  - 20 child/adolescent
  - 25 addiction beds
- **Observation**
  - Crisis Assessment Linkage and Management (CALM)
- **Partial Hospitalization**
- **Intensive Outpatient**
  - Adult IOP
  - Adolescent
  - Addictions (at Talbot)
- **Consultation and Integration**
  - Emergency Department
  - Medical-Surgical Specialties
  - Primary Care
- **Outpatient**
  - Medication management
  - Individual psychotherapy
  - Group psychotherapy
- **Neurotherapeutics**
  - Deep Brain Stimulation (DBS)
  - Transcranial Magnetic Stim (TMS)
  - Electroconvulsive therapy (ECT)
- **Specialty Expertise**
  - Stress, Trauma, Resilience (STAR)
  - Child and Adolescent Psychiatry
  - Transition to Adulthood
  - Women's Behavioral Health
  - Neuropsychiatry
  - Geriatric psychiatry

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**OSU Harding Behavioral Health: What We Do**  
**Training the Next Generation of Providers**

**Interdisciplinary Education and Training**

- **Psychiatry Residency Training**
  - Recent increase from 6 to 8 new trainees per year
  - Psychotherapy training
- **Fellowship Training**
  - Child and Adolescent Psychiatry
  - Forensic Psychiatry
  - Psychosomatic Medicine (in development)
  - Addiction Psychiatry (planned)
- **Psychology Internship**
- **Psychiatric Nursing**
- **Psychiatric Social Work**
- **Medical Students**

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### OSU Harding Behavioral Health: What We Do


#### Advancing the Field

**Research**

- \$4.6 Million in funded research
- **Basic neuroscience**
  - Psychoneuroimmunology
  - Maternal-fetal health
- **Clinical trials**
  - ADHD, Autism, Mood and Anxiety disorders
  - Neurofeedback and Neurotherapeutics
  - Nutritional interventions
- **Mental health services and quality improvement**
  - Suicide prevention
  - Crisis assessment, linkage, and management


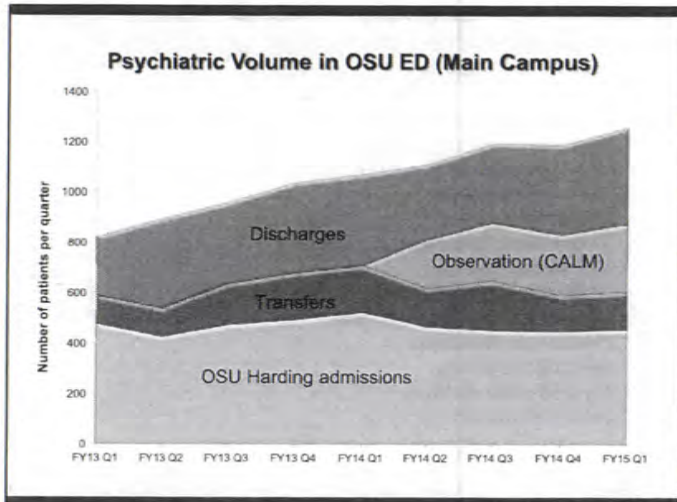
**Advocacy and outreach**

- Annual Ohio suicide prevention conference and advocacy
- Minds Matter statewide quality improvement initiative
- On-campus collaborations advancing wellness within OSU



### Psychiatric Emergency Services

- **OSU Main Campus ED**
  - 435 consults per month
  - 2.5 clinical psychiatry FTE's dedicated to PES/CALM
  - Weekend / evening attending coverage increased
- **OSU East ED**
  - 70 consults per month
  - Telepsychiatry was initiated in April 2014
  - Advanced practice nurse coverage
- **CALM**
  - 147 patients per month treated (90 observation pts)
  - Opened October 2014
  - 8 actively managed observation beds
  - Treats across all ages

### Crisis Assessment Linkage and Management (CALM)

**Interdisciplinary team and multimodal treatment including:**

- Individual psychotherapy
- Family psychotherapy
- Medication management
- Computerized cognitive behavioral therapy
- Case management
- Linkage of care and collaboration across treatment locations

**Results**

- 6 months of data after CALM compared to 6 months prior year
- **18% of all OSU ED patients treated in observation care**
- Decreased use of inpatient services by 13%
- Decreased median ED LOS by 23%
- Decreased median medical center stay by 31%

