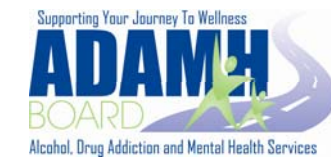


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Suite 27N
New Philadelphia, OH 44663

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Our Mission

Providing the foundation for community-based mental health and substance abuse recovery

How We Fulfill Our Mission

The ADAMHS Board's responsibilities and duties are outlined in Ohio Revised Code 340. Fulfilling these duties, and in turn our mission, generally involves assessing the behavioral health treatment and prevention needs within our service district and subsequently to develop plans for operation of services to address those needs. Integral to this planning function is working in cooperation with other local and regional planning and funding bodies.

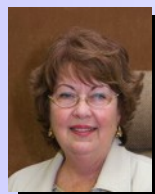
Annual Report

State Fiscal Year 2010

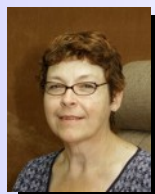
ADAMHS Board members who served in Fiscal Year 2010



Drvis Campbell
Tuscarawas



Gay Cox
Tuscarawas



Sherry Fritz
Carroll



Amber Grunder
Carroll



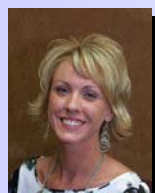
Bob Hannon
Tuscarawas



Julie Hickman
Carroll



Beth Johnson
Tuscarawas



Peggy Jones
Tuscarawas



Brian Kress
Tuscarawas



John Lyons
Tuscarawas



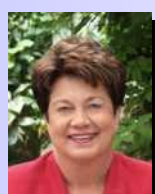
Dawn Nichols
Carroll



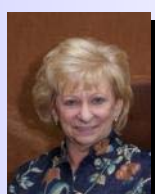
Larry Owen
Tuscarawas



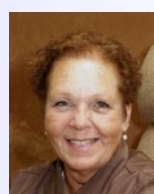
Sally Ronald
Tuscarawas



Pat Russell
Tuscarawas



Karen Stokey
Tuscarawas



Diana Strader
Carroll



Fred Smith
Tuscarawas

ADAMHS Board Staff

David L. Schaffer
Executive Director

Michelle Sayre
Fiscal Manager

Natalie Bollon
Community Services Manager

Michael Dotts
Special Projects Manager

Danielle Lurie
*Administrative Assistant/
Enrollment Specialist*

Did You Know...

- The Board recently passed a .5 mill replacement levy by a margin of 54% to 46%
- Long-time members Pat Russell, Diana Strader, Beth Johnson and Gay Cox have a combined 48 years of service to the board
- The Board holds an annual golf outing, a B-B-Q, and raffle fundraisers to help build community awareness about addiction and mental illness
- In SFY2010, 239 Individuals received inpatient psychiatric services
- The Suicide Prevention Coalition of Tuscarawas and Carroll Counties was formed through a local partnership spearheaded by the ADAMHS Board

Message From the Board Chair and the Director...

On behalf of our Board of Directors, we want to first thank the Tuscarawas County community for approving our .5 mill replacement levy in the November 2010 election. Since 1982, our residents have supported locally managed, high quality and cost effective treatments for adults and children on their "journey to wellness" in the face of serious mental illness and other behavioral health disorders.

The ripple effect of the drastic reductions in state general revenue funding we experienced in SFY '09 continues to be felt within our local network of care. You will have experienced this first hand if you've attempted to see a local psychiatrist within the past 18-24 months. Like many other Board service districts faced with significant reductions, the immediacy of the loss of revenue reduced access to service by many individuals and families that rely on financial coverage for psychiatric, crisis intervention and other forms of community-based care.

We are committed to continue to explore, in conjunction with our mental health and recovery service providers, opportunities to improve the quality of life for our residents and the many partner organizations that rely on the availability of mental health interventions to meet their goals. The clinical and management expertise of our local agencies, especially their volunteer Boards of Directors, has enabled the system to sustain a level of care without a major retraction in the variety of services that continue to be available.

Please take an opportunity to learn more about the people who benefit from the resources made available through the ADAMHS Board network of services. Thanks for your continued interest and support.

Inside this Report

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Gay Cox
ADAMHS Board Chair
2009-2010



David Schaffer
ADAMHS Board
Executive Director

Characteristics of Clients Receiving Services in the ADAMHS Board System of Care

SFY 2010 - July 1, 2009 through June 30, 2010

- 5259** Total Clients Served*
4340 - Mental Health
1324 - Substance Abuse
- \$1199** Average yearly cost per client for Mental Health services
- \$1041** Average yearly cost per client for Substance Abuse services
- 1159** Number of children under the age of 18 served in SFY10
- 33 Years** Average age of client seeking services
- 38%** Percentage of people treated for an addiction who are living with a child under 18
- Most Common MH diagnoses by age:**
 - Age 0-17: Conduct Disturbance
 - Age 18-45: Episodic Mood Disorder
 - Age 46+: Recurrent Depression
- Most Common SA diagnoses by age:**
 - Age 0-17: Cannabis Abuse
 - Age 18-45: Alcohol Dependency
 - Age 46+: Alcohol Dependency

*Some consumers receive both mental health and substance abuse services

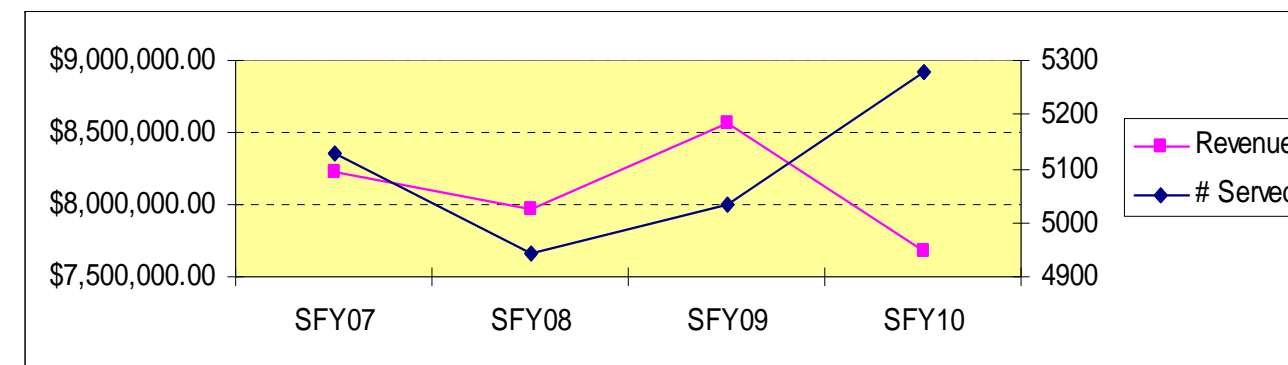
SFY10 Revenue and Expenditures

Revenue		Expenditures	
Source			
<u>Ohio Department of Mental Health</u>		Community Mental Healthcare, Inc.	\$3,765,992
State	\$2,483,460	Personal and Family Counseling, inc.	\$1,013,187
Federal (Includes Medicaid)	\$3,514,258	Alcohol and Addiction Program	\$614,106
Total	\$5,997,718	Advocacy Choices, and Empowerment, Inc.	\$141,714
<u>Ohio Dept of Alc. And Drug Addic. Serv.</u>		HARCATUS C.A.O.	\$35,000
State	\$293,141	NAMI Tusc-Carroll	\$11,326
Federal (Includes Medicaid)	\$788,047	Tusc. Co. Family & Children First	\$100
Total	\$1,081,188	Medicaid Only Providers	\$1,731,027
<u>Local (Tuscarawas County Levy)</u>		Mental Health Inpatient Hospital	\$227,320
Total	\$500,782	Detoxification Services	\$19,636
<u>Other</u>		System Wide Agency Audits	\$48,050
Total	\$95,124	Community Education	\$9,134
GRAND TOTAL	\$7,674,812	Psychiatric Medications	\$3,915
		Non-Contract Crisis Services	\$6,981
		Community Programs	\$21,820
		Contract Services (Misc)	\$35,950
		Board Admin & Operations	\$545,730
		TOTAL EXPENDITURES	\$8,230,988

The Real Facts About Addiction and Mental Illness

- Contrary to popular belief, addiction is NOT an affliction of the uneducated. 74% of those treated in Tuscarawas and Carroll Counties graduated from High School and/or College.
- Mental Illness and Addiction does not discriminate. Those treated in the two-county area are evenly split by gender and widely cross the age spectrum.
- Alcohol is the most commonly abused drug in the two-county area. 63% of individuals who sought addiction treatment in SFY10 indicated alcohol as their primary drug of choice.
- In an effort to increase the amount of available housing for those experiencing severe and persistent mental illness, the ADAMHS Board facilitated the creation of the Gateway Housing Cooperative. Gateway's first project is to develop a federally funded multi-unit housing complex for this population.

4-Year Revenue Trends vs. Number of Clients Served



The ADAMHS Board - Local System of Care

Community Mental Healthcare
330-343-6631 ~ 330-627-4313 ~ Hotline: 330-343-1811 or 330-627-5240

Personal and Family Counseling Service, Inc.
330-343-8171

Harbor House (A Division of Personal and Family Counseling)
330-343-2778 ~ Crisis: 330-364-1374

The Alcohol and Addiction Program
330-343-5555 ~ 330-627-5891

ACE Incorporated
330-308-8604



Behind the Numbers - Declining Revenue, Increased Need

The current nationwide economic downturn has had a negative impact in the lives of nearly all Tuscarawas and Carroll County residents. The same can be said for the ADAMHS Board and the agencies that provide direct service to our family and friends.

Since State Fiscal Year 2007, the ADAMHS Board has seen a reduction of over \$670,00 in yearly revenue. With the exception of one-time Federal Stimulus funds received in SFY 2009, the ADAMHS Board has seen reduced state and federal funding in each of the past 4 years.

Compounding this issue is the increased need for emergency and on-going psychiatric services. It is common to see increased need for depression and anxiety treatment services in times of economic distress, and the past 5 years have been no exception. For example, from SFY09 to SFY10, the ADAMHS Board provider system saw a 7% increase in mental health and substance abuse assessments and a similar increase in need for mental health counseling. With these increases, coupled with reduced funding, provider agencies are less able to provide the best available treatment options that would lead to recovery.

The ADAMHS Board continues to make efforts to maximize available funding. The tables above illustrate a difference of over \$500,000 between revenue and expenditures in SFY2010. The ADAMHS Board was able to utilize one-time emergency reserves to meet this need; however, once spent, these funds will no longer be available.

