



# Ohio Department of Mental Health

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30 East Broad Street  
Columbus, Ohio 43215-3430

Phone: (614) 466-2596  
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www.mh.state.oh.us

November 7, 2007

Steven Friedman, Ph.D., Exec. Director  
Mental Health Services, Inc.  
1744 Payne Avenue  
Cleveland, Ohio 44114

Dear Dr. Friedman:

The Ohio Department of Mental Health has reviewed your application for Certification, per Ohio Administrative Code (OAC) 5122-25-05. The Department has determined that your agency is in compliance with these Rules, however, the following areas indicated below are still in review by other Department offices and may need additional documentation or follow-up.

- OAC 5122-28-04 Consumer Outcomes
- OAC 5122-28-03 Performance Improvement

The Office of Program Evaluation and Research is reviewing your Attachment 7, the Outcomes Data Use Compliance Monitoring Score Sheet and supporting materials. They will be contacting you in the near future to discuss these materials and indicate that your agency is in compliance with the Rule or that a Plan of Correction or additional supporting materials are needed. Any specified information should be submitted to that office as soon as possible, as continued non-compliance in this area may adversely affect your agency's Certification status.

ODMH certification allows the agency to participate in the community mental health Medicaid program. Enclosed is **ODMH Certificate No. 0210**, which specifies the mental health services that **Mental Health Services, Inc.** is authorized to provide at the locations indicated.

Please note the following information:

1. Certification denotes that the mental health service(s) provided by the agency meet minimum standards established pursuant to section 5119.611 of the Revised Code.
2. The **effective dates** of the enclosed certification are **February 3, 2007** through **February 2, 2010**.
3. The certificate shall remain in effect until it is renewed, terminated or revoked, pending the review and approval of materials submitted to address any deficits in compliance with the Rules specified in the first paragraph above.
4. The agency shall notify the department immediately of any changes in its operation that affect the agency's continued compliance with department certification standards, including services, sites and/or activities added since the most recent certification.

Please feel free to contact **Connie Davis** at **614-752-8871** if you have any questions on this matter.

Sincerely,



Anita Lieser, RN, Chief  
Office of Licensure and Certification

AL/kns

Enclosures: Certificate(s)

pc: Kathy Coate-Ortiz, Area Director, Northeast Ohio  
William Denihan, CEO, Cuyahoga Co. CMHB  
Dee Roth, Chief, Program Evaluation and Research  
Margie Herrel, Administrator, Community Medicaid Funding  
Karen Beardman, Coordinator, Office of Licensure and Certification  
Connie Davis, RNC, Mental Health Standards Surveyor  
Certification File

**State of Ohio**

Ted Strickland, Governor

**Department of Mental Health**

Sandra Stephenson, Director

**Mental Health  
Agency Certification**

**MENTAL HEALTH SERVICES, INC.**

**Certification Number: 210**

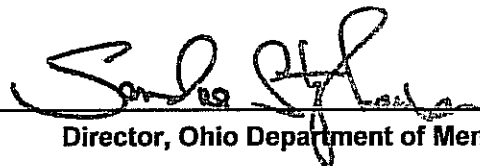
**Issued: February 03, 2007**

**Expires: February 02, 2010**

**In accordance with Sections 5119.611 (A) and (C) of the Ohio Revised Code, this agency meets minimum standards and is hereby certified for a period of three years to provide the following mental health services and activities at the locations specified below:**

1736 Superior Avenue  
Cleveland, OH 44114

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Behavioral Health Counseling & Therapy | <input checked="" type="checkbox"/> Community Psychiatric Supportive Treatment (CPST) |
| <input checked="" type="checkbox"/> Mental Health Assessment               | <input type="checkbox"/> Inpatient Psychiatric  |
| <input checked="" type="checkbox"/> Pharmacologic Management               | <input type="checkbox"/> Consultation   |
| <input type="checkbox"/> Partial Hospitalization                           | <input type="checkbox"/> Prevention   |
| <input type="checkbox"/> Forensic Evaluation                               | <input type="checkbox"/> Mental Health Education                                      |
| <input checked="" type="checkbox"/> Behavioral Health Hotline              | <input checked="" type="checkbox"/> Referral & Information                            |
| <input checked="" type="checkbox"/> Crisis Intervention Mental Health      | <input type="checkbox"/> Adjunctive Therapy   |
| <input type="checkbox"/> Employment/Vocational                             | <input type="checkbox"/> Occupational Therapy   |
| <input type="checkbox"/> Adult Educational                                 | <input type="checkbox"/> School Psychology  |
| <input type="checkbox"/> Social & Recreational                             | <input type="checkbox"/> Intensive Home Based Treatment (IHBT)                        |
| <input type="checkbox"/> Self-Help/Peer Support                            | <input type="checkbox"/> Assertive Community Treatment (ACT)                          |
| <input type="checkbox"/> Consumer Operated                                 |   |



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MENTAL HEALTH SERVICES, INC.**

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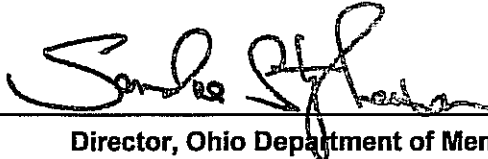
**Issued: February 03, 2007**

**Expires: February 02, 2010**

**In accordance with Sections 5119.611 (A) and (C) of the Ohio Revised Code, this agency meets minimum standards and is hereby certified for a period of three years to provide the following mental health services and activities at the locations specified below:**

3740 Euclid Avenue  
Cleveland, OH 44115

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Behavioral Health Counseling & Therapy | <input checked="" type="checkbox"/> Community Psychiatric Supportive Treatment (CPST) |
| <input checked="" type="checkbox"/> Mental Health Assessment               | <input type="checkbox"/> Inpatient Psychiatric  |
| <input checked="" type="checkbox"/> Pharmacologic Management               | <input type="checkbox"/> Consultation   |
| <input type="checkbox"/> Partial Hospitalization                           | <input type="checkbox"/> Prevention   |
| <input type="checkbox"/> Forensic Evaluation                               | <input type="checkbox"/> Mental Health Education                                      |
| <input type="checkbox"/> Behavioral Health Hotline                         | <input type="checkbox"/> Referral & Information                                       |
| <input checked="" type="checkbox"/> Crisis Intervention Mental Health      | <input type="checkbox"/> Adjunctive Therapy   |
| <input type="checkbox"/> Employment/Vocational                             | <input type="checkbox"/> Occupational Therapy   |
| <input type="checkbox"/> Adult Educational                                 | <input type="checkbox"/> School Psychology  |
| <input type="checkbox"/> Social & Recreational                             | <input type="checkbox"/> IHBT   |
| <input type="checkbox"/> Self-Help/Peer Support                            | <input type="checkbox"/> ACT  |
| <input type="checkbox"/> Consumer Operated                                 |   |



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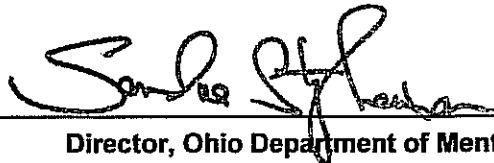
**Issued: February 03, 2007**

**Expires: February 02, 2010**

**In accordance with Sections 5119.611 (A) and (C) of the Ohio Revised Code, this agency meets minimum standards and is hereby certified for a period of three years to provide the following mental health services and activities at the locations specified below:**

Safe Haven I  
7408 Broadway Avenue  
Cleveland, OH 44105

- |   |   |
|---|---|
| <input type="checkbox"/> Behavioral Health Counseling & Therapy | <input checked="" type="checkbox"/> Community Psychiatric Supportive Treatment (CPST) |
| <input type="checkbox"/> Mental Health Assessment               | <input type="checkbox"/> Inpatient Psychiatric  |
| <input type="checkbox"/> Pharmacologic Management               | <input type="checkbox"/> Consultation   |
| <input type="checkbox"/> Partial Hospitalization                | <input type="checkbox"/> Prevention   |
| <input type="checkbox"/> Forensic Evaluation                    | <input type="checkbox"/> Mental Health Education                                      |
| <input type="checkbox"/> Behavioral Health Hotline              | <input type="checkbox"/> Referral & Information                                       |
| <input type="checkbox"/> Crisis Intervention Mental Health      | <input type="checkbox"/> Adjunctive Therapy   |
| <input type="checkbox"/> Employment/Vocational                  | <input type="checkbox"/> Occupational Therapy   |
| <input type="checkbox"/> Adult Educational                      | <input type="checkbox"/> School Psychology  |
| <input type="checkbox"/> Social & Recreational                  | <input type="checkbox"/> IHBT   |
| <input type="checkbox"/> Self-Help/Peer Support                 | <input type="checkbox"/> ACT  |
| <input type="checkbox"/> Consumer Operated                      |   |



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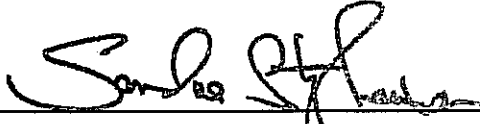
**Issued: February 03, 2007**

**Expires: February 02, 2010**

**In accordance with Sections 5119.611 (A) and (C) of the Ohio Revised Code, this agency meets minimum standards and is hereby certified for a period of three years to provide the following mental health services and activities at the locations specified below:**

Permanent Housing Program  
2363 West 14th Street  
Cleveland, OH 44113

- |   |   |
|---|---|
| <input type="checkbox"/> Behavioral Health Counseling & Therapy | <input checked="" type="checkbox"/> Community Psychiatric Supportive Treatment (CPST) |
| <input type="checkbox"/> Mental Health Assessment               | <input type="checkbox"/> Inpatient Psychiatric  |
| <input type="checkbox"/> Pharmacologic Management               | <input type="checkbox"/> Consultation   |
| <input type="checkbox"/> Partial Hospitalization                | <input type="checkbox"/> Prevention   |
| <input type="checkbox"/> Forensic Evaluation                    | <input type="checkbox"/> Mental Health Education                                      |
| <input type="checkbox"/> Behavioral Health Hotline              | <input type="checkbox"/> Referral & Information                                       |
| <input type="checkbox"/> Crisis Intervention Mental Health      | <input type="checkbox"/> Adjunctive Therapy   |
| <input type="checkbox"/> Employment/Vocational                  | <input type="checkbox"/> Occupational Therapy   |
| <input type="checkbox"/> Adult Educational                      | <input type="checkbox"/> School Psychology  |
| <input type="checkbox"/> Social & Recreational                  | <input type="checkbox"/> IHBT   |
| <input type="checkbox"/> Self-Help/Peer Support                 | <input type="checkbox"/> ACT  |
| <input type="checkbox"/> Consumer Operated                      |   |

  
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# Mental Health Agency Certification

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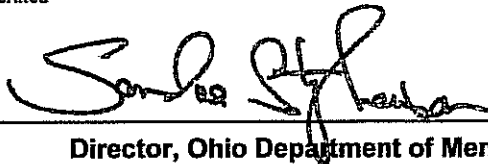
**Issued:** February 03, 2007

**Expires:** February 02, 2010

**In accordance with Sections 5119.611 (A) and (C) of the Ohio Revised Code, this agency meets minimum standards and is hereby certified for a period of three years to provide the following mental health services and activities at the locations specified below:**

Safe Haven II  
6128 Lausche Avenue  
Cleveland, OH 44103

- |   |   |
|---|---|
| <input type="checkbox"/> Behavioral Health Counseling & Therapy | <input checked="" type="checkbox"/> Community Psychiatric Supportive Treatment (CPST) |
| <input type="checkbox"/> Mental Health Assessment               | <input type="checkbox"/> Inpatient Psychiatric  |
| <input type="checkbox"/> Pharmacologic Management               | <input type="checkbox"/> Consultation   |
| <input type="checkbox"/> Partial Hospitalization                | <input type="checkbox"/> Prevention   |
| <input type="checkbox"/> Forensic Evaluation                    | <input type="checkbox"/> Mental Health Education                                      |
| <input type="checkbox"/> Behavioral Health Hotline              | <input type="checkbox"/> Referral & Information                                       |
| <input type="checkbox"/> Crisis Intervention Mental Health      | <input type="checkbox"/> Adjunctive Therapy   |
| <input type="checkbox"/> Employment/Vocational                  | <input type="checkbox"/> Occupational Therapy   |
| <input type="checkbox"/> Adult Educational                      | <input type="checkbox"/> School Psychology  |
| <input type="checkbox"/> Social & Recreational                  | <input type="checkbox"/> IHBT   |
| <input type="checkbox"/> Self-Help/Peer Support                 | <input type="checkbox"/> ACT  |
| <input type="checkbox"/> Consumer Operated                      |   |



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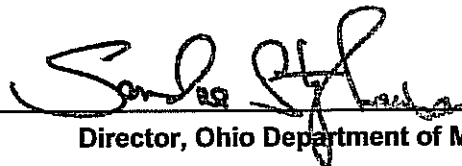
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**In accordance with Sections 5119.611 (A) and (C) of the Ohio Revised Code, this agency meets minimum standards and is hereby certified for a period of three years to provide the following mental health services and activities at the locations specified below:**

Safe Haven III  
1707 Brainard Avenue  
Cleveland, OH 44109

- |   |   |
|---|---|
| <input type="checkbox"/> Behavioral Health Counseling & Therapy | <input checked="" type="checkbox"/> Community Psychiatric Supportive Treatment (CPST) |
| <input type="checkbox"/> Mental Health Assessment               | <input type="checkbox"/> Inpatient Psychiatric  |
| <input type="checkbox"/> Pharmacologic Management               | <input type="checkbox"/> Consultation   |
| <input type="checkbox"/> Partial Hospitalization                | <input type="checkbox"/> Prevention   |
| <input type="checkbox"/> Forensic Evaluation                    | <input type="checkbox"/> Mental Health Education                                      |
| <input type="checkbox"/> Behavioral Health Hotline              | <input type="checkbox"/> Referral & Information                                       |
| <input type="checkbox"/> Crisis Intervention Mental Health      | <input type="checkbox"/> Adjunctive Therapy   |
| <input type="checkbox"/> Employment/Vocational                  | <input type="checkbox"/> Occupational Therapy   |
| <input type="checkbox"/> Adult Educational                      | <input type="checkbox"/> School Psychology  |
| <input type="checkbox"/> Social & Recreational                  | <input type="checkbox"/> IHBT   |
| <input type="checkbox"/> Self-Help/Peer Support                 | <input type="checkbox"/> ACT  |
| <input type="checkbox"/> Consumer Operated                      |   |



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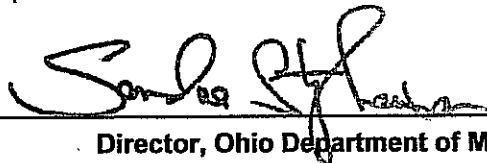
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**In accordance with Sections 5119.611 (A) and (C) of the Ohio Revised Code, this agency meets minimum standards and is hereby certified for a period of three years to provide the following mental health services and activities at the locations specified below:**

Young Adult Program  
276 East 156th  
Cleveland, OH 44110

- |   |   |
|---|---|
| <input type="checkbox"/> Behavioral Health Counseling & Therapy | <input checked="" type="checkbox"/> Community Psychiatric Supportive Treatment (CPST) |
| <input type="checkbox"/> Mental Health Assessment               | <input type="checkbox"/> Inpatient Psychiatric  |
| <input type="checkbox"/> Pharmacologic Management               | <input type="checkbox"/> Consultation   |
| <input type="checkbox"/> Partial Hospitalization                | <input type="checkbox"/> Prevention   |
| <input type="checkbox"/> Forensic Evaluation                    | <input type="checkbox"/> Mental Health Education                                      |
| <input type="checkbox"/> Behavioral Health Hotline              | <input type="checkbox"/> Referral & Information                                       |
| <input type="checkbox"/> Crisis Intervention Mental Health      | <input type="checkbox"/> Adjunctive Therapy   |
| <input type="checkbox"/> Employment/Vocational                  | <input type="checkbox"/> Occupational Therapy   |
| <input type="checkbox"/> Adult Educational                      | <input type="checkbox"/> School Psychology  |
| <input type="checkbox"/> Social & Recreational                  | <input type="checkbox"/> IHBT   |
| <input type="checkbox"/> Self-Help/Peer Support                 | <input type="checkbox"/> ACT  |
| <input type="checkbox"/> Consumer Operated                      |   |



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