

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2004 calendar year, or tax year beginning **JUL 1, 2004** and ending **JUN 30, 2005**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SOUTHEAST, INC.</b>	<b>D</b> Employer identification number <b>31-0940189</b>
	Please use IRS label or print or type. See Specific Instructions. Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>16 WEST LONG STREET</b>	<b>E</b> Telephone number <b>614-225-0980</b>
	City or town, state or country, and ZIP + 4 <b>COLUMBUS, OH 43215</b>	<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number ▶

**G** Website: ▶ **WWW.SOUTHEASTINC.COM**

**J** Organization type (check only one)  501(c) ( 03 ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **22,556,405.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	<b>6,669.</b>		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>6,669.</b> noncash \$ )	<b>1d</b>		<b>6,669.</b>	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<b>14,949,121.</b>	
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		<b>74,659.</b>	
	<b>5</b> Dividends and interest from securities	<b>5</b>		<b>116,131.</b>	
	<b>6 a</b> Gross rents <b>SEE STATEMENT 1</b>	<b>6a</b>	<b>77,075.</b>		
	<b>b</b> Less: rental expenses <b>SEE STATEMENT 2</b>	<b>6b</b>	<b>265,753.</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		<b>-188,678.</b>	
<b>7</b> Other investment income (describe )	<b>7</b>				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	<b>12,413.</b>	<b>8a</b>	<b>6,276.</b>		
	<b>b</b> Less: cost or other basis and sales expenses	<b>8b</b>	<b>155.</b>		
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>	<b>6,121.</b>		
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>	<b>STMT 3 STMT 4</b>	<b>18,534.</b>		
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
<b>a</b> Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1a)	<b>9a</b>	<b>34,420.</b>			
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>27,836.</b>			
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	<b>SEE STATEMENT 5</b>	<b>6,584.</b>		
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	<b>7,120,876.</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>	<b>5,779,241.</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>	<b>STMT 6</b>	<b>1,341,635.</b>	
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		<b>158,765.</b>		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>16,483,420.</b>		
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>14,984,945.</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>1,073,725.</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		<b>7,710.</b>	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		<b>16,066,380.</b>	
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>417,040.</b>		
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>14,854,405.</b>		
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>SEE STATEMENT 7</b>	<b>136,779.</b>		
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>15,408,224.</b>		

423001 01-13-05

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				
(cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 511,077.	477,275.	33,802.	0.
26 Other salaries and wages	26 8,428,610.	7,864,165.	557,450.	6,995.
27 Pension plan contributions	27			
28 Other employee benefits	28 2,124,553.	1,983,325.	140,513.	715.
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41 80,138.	76,315.	3,823.	
42 Depreciation, depletion, etc. (attach schedule)	42 356,152.	336,532.	19,620.	
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 8	43e 4,565,850.	4,247,333.	318,517.	
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	44 16,066,380.	14,984,945.	1,073,725.	7,710.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 9**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a CLINICAL SERVICES - SEE ATTACHED	(Grants and allocations \$ _____)	10,178,202.
b APOTHECARE PHARMACY - SEE ATTACHED	(Grants and allocations \$ _____)	625,308.
c CRISIS HOUSING - SEE ATTACHED	(Grants and allocations \$ _____)	2,639,874.
d VOCATIONAL - SEE ATTACHED	(Grants and allocations \$ _____)	869,831.
e Other program services (attach schedule) STATEMENT 10	(Grants and allocations \$ _____)	671,730.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		14,984,945.

**Part IV Balance Sheets**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing		45		
	46 Savings and temporary cash investments	7,093,874.	46	6,970,418.	
	47 a Accounts receivable	47a 3,621,345.			
	b Less: allowance for doubtful accounts	47b	47c	3,621,345.	
	48 a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees		50		
	51 a Other notes and loans receivable	51a			
	b Less: allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		184,948.	52	172,789.
	53 Prepaid expenses and deferred charges		101,782.	53	26,002.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
	55 a Investments - land, buildings, and equipment: basis	55a			
	b Less: accumulated depreciation	55b		55c	
56 Investments - other	SEE STATEMENT 11	4,884,301.	56	5,170,852.	
57 a Land, buildings, and equipment: basis	57a 6,960,876.				
b Less: accumulated depreciation	57b 3,640,437.	2,712,715.	57c	3,320,439.	
58 Other assets (describe <b>SCULPTURES AND ARTWORK</b> )			58	75,847.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		17,871,359.	59	19,357,692.	
Liabilities	60 Accounts payable and accrued expenses	1,397,896.	60	1,550,487.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable	1,614,429.	64b	1,768,455.	
	65 Other liabilities (describe <b>DEFERRED REVENUE</b> )	4,629.	65	630,526.	
66 <b>Total liabilities</b> (add lines 60 through 65)		3,016,954.	66	3,949,468.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	14,706,844.	67	15,260,663.	
	68 Temporarily restricted	147,561.	68	147,561.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		14,854,405.	73	15,408,224.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		17,871,359.	74	19,357,692.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

<b>a</b> Total revenue, gains, and other support per audited financial statements	<b>a</b> 22,659,081.
<b>b</b> Amounts included on line a but not on line 12, Form 990:	
(1) Net unrealized gains on investments \$ 136,779.	
(2) Donated services and use of facilities \$	
(3) Recoveries of prior year grants \$	
(4) Other (specify): STMT 12 \$ 6,045,003.	
Add amounts on lines (1) through (4)	<b>b</b> 6,181,782.
<b>c</b> Line a minus line b	<b>c</b> 16,477,299.
<b>d</b> Amounts included on line 12, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify): STMT 14 \$ 6,121.	
Add amounts on lines (1) and (2)	<b>d</b> 6,121.
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b> 16,483,420.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b> Total expenses and losses per audited financial statements	<b>a</b> 22,105,262.
<b>b</b> Amounts included on line a but not on line 17, Form 990:	
(1) Donated services and use of facilities \$	
(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify): STMT 13 \$ 6,045,003.	
Add amounts on lines (1) through (4)	<b>b</b> 6,045,003.
<b>c</b> Line a minus line b	<b>c</b> 16,060,259.
<b>d</b> Amounts included on line 17, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify): STMT 15 \$ 6,121.	
Add amounts on lines (1) and (2)	<b>d</b> 6,121.
<b>e</b> Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b> 16,066,380.

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JOHN JOHNSON 16 WEST LONG STREET COLUMBUS, OH 43215	MEDICAL DIRECTOR 40+/WK	182,093.	2,345.	0.
SANDRA STEPHENSON 16 WEST LONG STREET COLUMBUS, OH 43215	CHIEF EXECUTIVE OFFICER 40+/WK	129,939.	5,118.	8,000.
STEVEN ATWOOD 16 WEST LONG STREET COLUMBUS, OH 43215	CHIEF FINANCIAL OFFICER 40+/WK	99,527.	3,911.	3,000.
WILLIAM LEE 16 WEST LONG STREET COLUMBUS, OH 43215	ASSOC. EXEC. DIRECTOR 40+/WK	99,518.	3,910.	3,000.
SEE ATTACHED LIST OF BOARD MEMBERS				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule.  Yes  No

Part VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS? 77 Were any changes made in the organizing or governing documents but not reported to the IRS? 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b If "Yes," has it filed a tax return on Form 990-T for this year? 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80b If "Yes," enter the name of the organization SEE STATEMENT 16 and check whether it is exempt or nonexempt. 81a Enter direct or indirect political expenditures. See line 81 instructions 81b Did the organization file Form 1120-POL for this year? 82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) N/A 83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 84a Did the organization solicit any contributions or gifts that were not tax deductible? N/A 84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A 85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. 85c Dues, assessments, and similar amounts from members N/A 85d Section 162(e) lobbying and political expenditures N/A 85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices N/A 85f Taxable amount of lobbying and political expenditures (line 85d less 85e) N/A 85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A 86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 N/A b Gross receipts, included on line 12, for public use of club facilities N/A 87 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) N/A 88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 88 If "Yes," complete Part IX X 89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0. 89b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction X c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. d Enter: Amount of tax on line 89c, above, reimbursed by the organization 0. 90a List the states with which a copy of this return is filed OHIO 90b Number of employees employed in the pay period that includes March 12, 2004 259 91 The books are in care of STEVEN ATWOOD Telephone no. 614-225-0986 Located at 16 WEST LONG STREET, COLUMBUS, OHIO ZIP + 4 43215 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year N/A

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a CLIENT FEES					117,246.
b CLIENT FEES - INSURANCE					10,674.
c CONTRACTS					2,192,616.
d STAFF FEES					285.
e					
f Medicare/Medicaid payments					3,209,628.
g Fees and contracts from government agencies					9,418,672.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	74,659.	
96 Dividends and interest from securities			14	116,131.	
97 Net rental income or (loss) from real estate:					
a debt-financed property	531190	-120,018.			
b not debt-financed property			16	-68,660.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	18,534.	
101 Net income or (loss) from special events			01	6,584.	
102 Gross profit or (loss) from sales of inventory			03	1,341,635.	
103 Other revenue:					
a MISCELLANEOUS					40,661.
b PAYEE SERVICE FEES					96,199.
c ADVANCE FROM ODMH					6,288.
d TRAINING FEES					7,471.
e MEDICAL RECORDS					8,146.
104 Subtotal (add columns (B), (D), and (E))		-120,018.		1,488,883.	15,107,886.
105 Total (add line 104, columns (B), (D), and (E))					16,476,751.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 17

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here: Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Type or print name and title: \_\_\_\_\_

Paid Preparer's Use Only: Preparer's signature: Daniel Z Wauder Date: 2/2/06 Check if self-employed:  Preparer's SSN or PTIN: P00201073

Firm's name (or yours if self-employed), address, and ZIP + 4: SS&G FINANCIAL SERVICES  
300 SPRUCE ST., SUITE 250  
COLUMBUS, OH 43215 EIN: 34-1411795 Phone no.: \_\_\_\_\_

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2004**

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SOUTHEAST, INC.

Employer identification number

31 0940189

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MICHAEL STOCKTON ----- COLUMBUS, OH	PSYCHIATRIST 40/WK	150,652.	10,919.	0.
EVSEN ALASYALI ----- COLUMBUS, OH	PSYCHIATRIST 40/WK	136,683.	1,013.	0.
RADHIKA GOLLAPUDY ----- COLUMBUS, OH	PSYCHIATRIST 32/WK	133,518.	9,067.	0.
SARAH MCINTOSH ----- COLUMBUS, OH	PSYCHIATRIST 30/WK	104,537.	1,013.	0.
JAGAN CHITTIPROLU ----- COLUMBUS, OH	PSYCHIATRIST 29/WK	100,041.	8,133.	0.
Total number of other employees paid over \$50,000 ▶	18			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
COMMUNITY RESEARCH PARTNERS ----- 300 E BROAD ST SUITE 490, COLUMBUS, OH 43215	TEAM CONSULTING	91,166.
CITY WIDE MAINTENANCE ----- 942 HIBBS RD., LOCKBOURNE, OH 43137	CONSTRUCTION/REPAIRS	53,217.
DECISION SUPPORT SERVICES ----- 27 E RUSSELL ST SUITE 302, COLUMBUS, OH 43215	TRAINING	79,198.
COMMUNITY SHELTER BOARD ----- 115 MAIN ST, LL, COLUMBUS, OH 43215	TEAM CONSULTING	51,137.
----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

Total number of others receiving over \$50,000 for professional services ▶

0

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>▶</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?		X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V, FORM 990</b>	X	
<b>e</b> Transfer of any part of its income or assets?		X
<b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
<b>b</b> Do you have a section 403(b) annuity plan for your employees?		X
<b>4 a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

- The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)
- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
  - 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
  - 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
  - 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
  - 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** \_\_\_\_\_
  - 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
  - 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
  - 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
  - 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
  - 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	23,694.	64,619.	54,697.	9,189,488.	9,332,498.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	13,717,398.	18,338,800.	18,663,981.	4,276,822.	54,997,001.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	150,788.	249,554.	304,091.	533,320.	1,237,753.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	115,697.	106,070.	80,429.	389,578.	691,774.
<b>23</b> Total of lines 15 through 22	14,007,577.	18,759,043.	19,103,198.	14,389,208.	66,259,026.
<b>24</b> Line 23 minus line 17	290,179.	420,243.	439,217.	10,112,386.	11,262,025.
<b>25</b> Enter 1% of line 23	140,076.	187,590.	191,032.	143,892.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					225,241.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					11,262,025.
d Add: Amounts from column (e) for lines: 18 <u>1,237,753.</u> 19 _____ 22 <u>691,774.</u> 26b _____					1,929,527.
e Public support (line 26c minus line 26d total)					9,332,498.
f <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>					82.8670%
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2003) _____ (2002) _____ (2001) _____ (2000) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					N/A
d Add: Line 27a total _____ and line 27b total _____					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) <b>27f</b> N/A					
g <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>					N/A %
h <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>					N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....		
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....		
b	Admissions policies? .....		
c	Employment of faculty or administrative staff? .....		
d	Scholarships or other financial assistance? .....		
e	Educational policies? .....		
f	Use of facilities? .....		
g	Athletic programs? .....		
h	Other extracurricular activities? .....		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....		
b	Has the organization's right to such aid ever been revoked or suspended? .....		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....		

Schedule A (Form 990 or 990-EZ) 2004

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  a  if the organization belongs to an affiliated group. Check  b  if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37	
38	Total lobbying expenditures (add lines 36 and 37) .....	38	
39	Other exempt purpose expenditures .....	39	
40	Total exempt purpose expenditures (add lines 38 and 39) .....	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b>		
	<b>The lobbying nontaxable amount is -</b>		
	Not over \$500,000 .....	20% of the amount on line 40 .....	
	Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....	
	Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	
	Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....	
	Over \$17,000,000 .....	\$1,000,000 .....	
42	Grassroots nontaxable amount (enter 25% of line 41) .....	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	
45	Lobbying nontaxable amount .....				0.
46	Lobbying ceiling amount (150% of line 45(e)) .....				0.
47	Total lobbying expenditures .....				0.
48	Grassroots nontaxable amount .....				0.
49	Grassroots ceiling amount (150% of line 48(e)) .....				0.
50	Grassroots lobbying expenditures .....				0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers .....			
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
c Media advertisements .....			
d Mailings to members, legislators, or the public .....			
e Publications, or published or broadcast statements .....			
f Grants to other organizations for lobbying purposes .....			
g Direct contact with legislators, their staffs, government officials, or a legislative body .....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
i Total lobbying expenditures (Add lines c through h.) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



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FORM 990 RENTAL INCOME STATEMENT 1

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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
131 NORTH HIGH ST. COLS., OH - OFFICE BUILDING	1	77,075.
TOTAL TO FORM 990, PART I, LINE 6A		<u>77,075.</u>

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FORM 990 RENTAL EXPENSES STATEMENT 2

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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
BUILDING & GROUNDS		135,702.	
INTEREST EXPENSE		32,765.	
INSURANCE		42,192.	
DEPRECIATION		55,011.	
OTHER EXPENSES		83.	
- SUBTOTAL -	1		265,753.
TOTAL TO FORM 990, PART I, LINE 6B			<u>265,753.</u>

FORM 990 GAIN (LOSS) FROM NON-PUBLICLY TRADED SECURITIES STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
AMERICAN FUNDS SECURITIES - CAPITAL GAIN DISTRIBUTION	VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	12,413.	0.	0.	12,413.
TOTAL TO FM 990, PART I, LN 8	12,413.	0.	0.	12,413.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
EQUIPMENT	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	511.	927.	0.	772.	356.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
VEHICLE	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	5,765.	16,100.	0.	16,100.	5,765.
TO FM 990, PART I, LN 8	6,276.	17,027.	0.	16,872.	6,121.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 5

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
THE ART OF RECOVERY GALA	34,420.		34,420.	27,836.	6,584.
TO FM 990, PART I, LINE 9	34,420.		34,420.	27,836.	6,584.

FORM 990

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 6

INCOME

1. GROSS RECEIPTS . . . . .	7,120,876	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		7,120,876
4. COST OF GOODS SOLD (LINE 13) . . . . .	5,779,241	
5. GROSS PROFIT (LINE 3 LESS LINE 4) . . . . .		1,341,635

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR . . . . .	184,948	
7. MERCHANDISE PURCHASED . . . . .	5,767,082	
8. COST OF LABOR . . . . .		
9. MATERIALS AND SUPPLIES . . . . .		
10. OTHER COSTS . . . . .		
11. ADD LINES 6 THROUGH 10 . . . . .		5,952,030
12. INVENTORY AT END OF YEAR . . . . .	172,789	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . . . . .		5,779,241



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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	7
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DESCRIPTION	AMOUNT
UNREALIZED GAINS ON MARKETABLE SECURITIES	136,779.
TOTAL TO FORM 990, PART I, LINE 20	136,779.

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FORM 990	OTHER EXPENSES	STATEMENT	8
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACT SERVICES	973,181.	966,776.	6,405.	
COMPUTER EXPENSE	143,893.	134,650.	9,243.	
INSURANCE	254,404.	187,520.	66,884.	
OPERATING SUPPLIES & EXPENSE	1,720,776.	1,648,785.	71,991.	
OFFICE EXPENSE	263,776.	248,643.	15,133.	
BUILDING & GROUNDS	873,598.	859,790.	13,808.	
MILEAGE & TRANSPORTATION	250,250.	249,741.	509.	
MISCELLANEOUS EXPENSES	140,983.	6,439.	134,544.	
DEPRECIATION ALLOCATED TO RENTAL	-55,011.	-55,011.		
TOTAL TO FM 990, LN 43	4,565,850.	4,247,333.	318,517.	

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	9
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## EXPLANATION

TO MAINTAIN AND OPERATE A COMPREHENSIVE MENTAL HEALTH AND RECOVERY SERVICE CENTER.

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FORM 990 OTHER PROGRAM SERVICES STATEMENT 10

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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
PREVENTION/EDUCATION - SEE ATTACHED		671,730.
TOTAL TO FORM 990, PART III, LINE E		671,730.

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FORM 990 OTHER INVESTMENTS STATEMENT 11

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DESCRIPTION	VALUATION METHOD	AMOUNT
MISCELLANEOUS INVESTMENTS	MARKET VALUE	5,170,852.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		5,170,852.

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FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 12

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DESCRIPTION	AMOUNT
RENTAL EXPENSES	265,753.
PHARMACY COST OF GOODS SOLD	5,779,241.
ROUNDING	9.
TOTAL TO FORM 990, PART IV-A	6,045,003.

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FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 13

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DESCRIPTION	AMOUNT
RENTAL EXPENSES	265,753.
PHARMACY COST OF GOODS SOLD	5,779,241.
ROUNDING	9.
TOTAL TO FORM 990, PART IV-B	6,045,003.

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FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 14

DESCRIPTION	AMOUNT
GAIN ON SALE OF FIXED ASSETS	6,121.
TOTAL TO FORM 990, PART IV-A	6,121.

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 15

DESCRIPTION	AMOUNT
GAIN ON SALE OF FIXED ASSETS	6,121.
TOTAL TO FORM 990, PART IV-B	6,121.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B STATEMENT 16

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
PROJECT WORK CORNERSTONE SUPPORT SERVICES, INC.	X X	

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 17

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93AB	FEEES FOR PSYCHIATRIC COUNSELING AND VARIOUS MENTAL HEALTH SERVICES
CD	
93FG	GRANTS FOR PSYCHIATRIC COUNSELING AND VARIOUS MENTAL HEALTH SERVICES
103A	MISCELLANEOUS INCOME FOR COUNSELING AND MENTAL HEALTH SERVICES
103B	REVENUE EARNED FROM PAYEESHIP FEES IN ASSISTING LOW-INCOME HOUSEHOLDS BUDGETING AND ADMINISTERING THEIR FUNDS
103C	AMORTIZATION OF ODMH ADVANCE OVER 40 YEAR PERIOD @ \$524 PER MONTH
103D	FEES RECEIVED FOR PROVIDING SEMINARS
103E	FEES RECEIVED FOR PROVIDING MEDICAL RECORDS TO FORMER CLIENTS

SCHEDULE A	OTHER INCOME			STATEMENT 18
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
WORKERS COMP REFUND	0.	0.	0.	14,491.
MISCELLANEOUS	24,109.	21,242.	7,046.	606.
REFUNDS	0.	0.	0.	203,133.
ADVANCE FROM ODMH	6,288.	6,288.	6,288.	6,288.
PAYEE SERVICE FEES	85,300.	78,540.	67,095.	164,376.
VENDING MACHINES	0.	0.	0.	684.
TOTAL TO SCHEDULE A, LINE 22	115,697.	106,070.	80,429.	389,578.

Depreciation and Amortization (Including Information on Listed Property)

See separate instructions. Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SOUTHEAST, INC.

FORM 990 PAGE 2

31-0940189

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election. Line 1: 102,000. Line 3: 410,000.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost.

Table with 13 rows for Section 179 election continuation. Line 7: 7. Line 8: 8. Line 9: 9. Line 10: 10. Line 11: 11. Line 12: 12. Line 13: 13.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 3 rows for Special Depreciation Allowance. Line 14: 14. Line 15: 15. Line 16: 16.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for Section A. Line 17: 290,124. Line 18: 18.

Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System

Table with 3 rows for Section C. Line 20a: 20a. Line 20b: 20b. Line 20c: 20c.

Part IV Summary (See instructions.)

Table with 3 rows for Summary. Line 21: 34,749. Line 22: 356,152. Line 23: 23.

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See instructions for limits for passenger automobiles.)

**24a** Do you have evidence to support the business/investment use claimed?  **Yes**  **No** **24b** If "Yes," is the evidence written?  **Yes**  **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
<b>SEE STATEMENT: 24</b>							<b>34,749.</b>	
<b>27</b> Property used 50% or less in a qualified business use:								
		%			S/L -			
		%			S/L -			
		%			S/L -			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	<b>34,749.</b>
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year. Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>39</b> Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2004 tax year:					
<b>43</b> Amortization of costs that began before your 2004 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See instructions for where to report					<b>44</b>

FORM 4562 TOTALS LISTED PROPERTY INFORMATION—MORE THAN 50% STATEMENT 24

(A) DESCRIPTION	(B) DATE	(C) BUS. %	(D) COST	(E) BASIS	(F) LIFE	(G) MTH/CV	(H) DEDUCTION	(I) 179 ELECTED	
(K) TOTAL MILES	(L) BUSINESS MILES	(M) COMMUTING MILES	(N) PERSONAL MILES	(O) WAS VEH. AVAIL.? Y N	(P) > 5% OWNER? Y N	(Q) ANOTHER VEH. AVAILABLE? Y N			
AUTOMOBILES VARIOUS			122,306.		5.0	HY/SL	17,144.		
HYUNDAI ACCENT	05/08/02		10,370.		5.0	HY/SL	2,074.		
CHEVY TRUCK	11/22/02		34,065.		5.0	HY/SL	6,813.		
97 CHEVY VENTURE	11/06/03		8,275.		5.0	HY/SL	1,655.		
00 CHEVY VAN	11/03/03		9,675.		5.0	HY/SL	1,935.		
MOB VAN	05/20/04		3,662.		5.0	HY/SL	732.		
CHEVY TRUCK	10/01/04		27,194.		5.0	HY/SL	4,305.		
CORNERSTONE TRUCK	04/11/05		2,180.		5.0	HY/SL	91.		
TOTALS TO FORM 4562, PART V, LINE 26							34,749.		

Southeast, Inc.  
 Summary Schedule of Fixed Assets  
 6/30/2005

DESCRIPTION	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
Building Improvements	4,537,104	812,363	0	5,349,467
Furniture & Equipment	1,275,358	120,757	927	1,395,188
Vehicles	190,352	30,912	16,100	205,164
Tenant Improvements	<u>11,057</u>	<u>0</u>	<u>0</u>	<u>11,057</u>
Totals	6,013,871	964,032	17,027	6,960,876

ACCUMULATED DEPRECIATION	BEGINNING BALANCE	CURRENT PROVISION	DISPOSALS	ENDING BALANCE
Building Improvements	2,036,501	223,385	0	2,259,886
Furniture & Equipment	1,126,063	97,374	772	1,222,665
Vehicles	127,536	35,393	16,100	146,829
Tenant Improvements	<u>11,057</u>	<u>0</u>	<u>0</u>	<u>11,057</u>
Totals	3,301,157	356,152	16,872	3,640,437



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**(July 1, 2004 – June 30, 2005)**

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**Board members do not receive compensation.**

SOUTHEAST, INC.  
AGENCY SERVICES PLAN ABSTRACT

**PROGRAM AND SERVICE INITIATIVES FY 2005**

**PROGRAMS FOR ADULTS WITH SEVERE MENTAL DISABILITIES**

AFTERCARE, CORNERSTONE, AND TRI-WEST  
GENERALIST COMMUNITY TREATMENT TEAMS  
SPECIALIZED COMMUNITY TREATMENT TEAMS: Homeless Community Treatment Team  
SPECIALIZED COMMUNITY TREATMENT TEAMS: MI/DD (MI/MR) Community Treatment Team  
Specialized Community Treatment Teams: HOMELESS DUAL DIAGNOSIS COMMUNITY TREATMENT TEAM  
SPECIALIZED COMMUNITY TREATMENT TEAMS: JUSTICE TEAM  
SPECIALIZED COMMUNITY TREATMENT TEAMS: Afrocentric Team (Kuumba Posse)  
SPECIALIZED COMMUNITY TREATMENT TEAMS: Deaf Services Team  
SPECIALIZED COMMUNITY TREATMENT TEAMS: Bridging Access to Treatment (BAT)

SMD - OUTPATIENT INDIVIDUAL AND GROUP SERVICES  
DIALECTICAL BEHAVIOR THERAPY (DBT)

**Psychiatric/Medication and Other Medical Services**

**SMD - COMMUNITY OUTREACH SERVICES**

PROJECT LIAISON  
MOBILE PSYCHIATRIC OUTREACH PROJECT  
SAFE HAVENS  
INTERIM HOUSING PROGRAM (VARIOUS COMMUNITY SITES)

**RESIDENTIAL PROGRAMS**

CARPENTER HOUSE  
REDMOND HOUSE  
PARKER MORROW HOUSE  
GRANVILLE HOUSE

**OTHER PROGRAMS FOR PERSONS WITH SEVERE MENTAL DISABILITIES**

URGENT CARE  
PROJECT WORK, INC.  
SOUTHEAST ACUPUNCTURE PROGRAM FOR ADDICTIONS  
**CLIENT HEALTH CARE SERVICES: SOUTHEAST NURSE PRACTITIONER HEALTH CLINIC**

**PROGRAMS FOR THE GENERAL ADULT POPULATION**

**Programs for Adults and Families**

**HIV/AIDS PROGRAMS**

HIV/AIDS COUNSELING SERVICES  
HIV/AIDS Education  
HIV (RYAN WHITE) OUTREACH CASE MANAGERS

**CRIMINAL JUSTICE SERVICES PROGRAM**

DOMESTIC VIOLENCE SERVICES  
WOMEN SURVIVORS OF DOMESTIC VIOLENCE  
"WOMEN LIKE ME," FEMALE PERPETRATORS OF DOMESTIC VIOLENCE  
STRUCTURED THERAPY AND EDUCATION PROGRAM (STEP)

YOUTH SEX OFFENDER PROGRAM

STALKING ASSISTANCE PROGRAM

**PROGRAMS/SERVICES FOR OLDER ADULTS**

**ALCOHOL AND OTHER DRUG TREATMENT PROGRAMS**

ALCOHOL AND OTHER DRUG PROGRAMS  
PHOENIX PRIDE

**SERVICES FOR CHILDREN AND ADOLESCENTS**

**OTHER SOUTHEAST SERVICES AND PROGRAMS**

APOTHECARE PHARMACY (131 NORTH HIGH STREET)  
NURSE PRACTITIONER CLINIC (16 WEST LONG STREET)  
SERVICES FOR TANF RECIPIENTS

SOUTHEAST, INC.  
AGENCY SERVICES PLAN ABSTRACT FY 2005

**PROGRAM AND SERVICE INITIATIVES**

**PROGRAMS FOR ADULTS WITH SEVERE MENTAL DISABILITIES**

**RECOVERY, CORNERSTONE, AND TRI-WEST TEAMS**

The Designated Case Management Unit utilizes a Recovery Model in assessing and meeting the needs of clients. Group based upon clinical appropriateness to clinical consumer treatment outcomes will be developed and conducted. Currently, Recovery offers "Restart Groups," at 13 sessions for each group. The focus of this group is management of mental illness and independent community functioning. The Cornerstone location was added in April 2005

Other consumers served by this unit generally present low to moderate service needs and may have been stabilized and well involved in recovery for a number of years. Their needs usually include ongoing medication monitoring and periodic crisis resolution. Their patterns of service utilization typically start with weekly or biweekly sessions; later, as they learn to manage their symptoms, engage in recovery, and achieve stability, service utilization decreases to monthly or quarterly interventions.

**GENERALIST COMMUNITY TREATMENT TEAMS**

Target Population & Program/Service Overview: Generalist CTT's are designed to serve adults over the age of 18, who meet the criteria for ODMH 508 certification. Consumers assigned to CTT's have typically experienced multiple psychiatric hospitalizations and have significant needs in most life domain areas. The majority of clients are assigned to a team subsequent to an admission to the state hospital.

Southeast operates six Generalist CTT's. Teams are staffed by one master's degreed team leader, 3.5 F.T.E. case managers, 0.5 F.T.E. nurse, and 0.3 F.T.E. psychiatrist. Those teams with a 0.5 F.T.E. nurse may also have a Community Living Specialist or case aide. In meeting the goal of focusing nursing in the delivery of more holistic health case services, a nursing practitioner was added to the Southeast staff.

**SPECIALIZED COMMUNITY TREATMENT TEAMS: Homeless Community Treatment Team**

Homeless consumers are defined by the same characteristics as the general SMD consumer population. They frequently present dual diagnoses including alcohol and/or drug abuse/dependence; they may require a higher level of support when first moving into independent housing. They often present a higher frequency of medical and legal needs. Many resist case managers' interventions and staff may spend several months developing a relationship with the client. As a result of these multiple factors, staff may spend up to 12 months with an individual before s/he is willing to accept services.

**SPECIALIZED COMMUNITY TREATMENT TEAMS: MI/DD (MI/MR) Community Treatment Team**

The MI/DD Team serves individuals who have severe and persistent mental disabilities and also have a diagnosis of developmental disability. The Team functions in a fashion similar to other teams and provides similar services. However, this team places greater emphasis on developing and implementing behavioral (with a focus on challenging behaviors) treatment plans, teaching activities of daily living, and linking consumers to services in the MR/DD System. Persons served by this team present needs that generally require high levels of service to continue their tenure in the community.

### **Specialized Community Treatment Teams: HOMELESS DUAL DIAGNOSIS COMMUNITY TREATMENT TEAM**

This team serves one of the most challenging groups of consumers because of the dual presence of chemical dependency and mental illness, combined with the status of homelessness. Most clients served by the team are not immediately interested in mental health or drug/alcohol treatment or rehabilitation. Their addictions are typically of long standing duration and there is little motivation to change their life style due to oppression, habituated living patterns, and lack of support systems. In spite of these barriers, consumers surprisingly welcome the assistance of a case manager, nurse, or physician and over time some dramatic changes take place.

### **SPECIALIZED COMMUNITY TREATMENT TEAMS: JUSTICE TEAM**

The Justice Team is designed to serve 75 consumers who are frequently involved in the criminal justice system and are assessed as having a severe mental disability. The population typically presents with a co-existing long term chemical dependency and anti-social behaviors. Consumers served by this team typically have poor support systems and are often homeless; they typically resist initial efforts of behavioral healthcare intervention.

### **SPECIALIZED COMMUNITY TREATMENT TEAMS: Afrocentric Team (Kuumba Posse)**

The Afrocentric Team is designed to serve 75 African American consumers who often have intense levels of need and co-existing chemical dependency. Recently, the Columbus Dispatch featured the services provided by this team in an article (see appendix). Persons referred to this team may have participated in programs that have not adequately addressed their needs or offered choice regarding service philosophy. This team provides intensive levels of CSP services, with frequent and sometimes daily contact.

### **SPECIALIZED COMMUNITY TREATMENT TEAMS: Deaf Services Team**

The Deaf/HOH Community Treatment Team is located within Southeast's well-developed division of SMD Services and Programs. It joins our five specialist teams and seven generalist teams that provide services to adult SMD consumers from Franklin County. This team serves persons who are deaf, hard or hearing, culturally deaf and who may or may not make use of ASL.

This team is organized as a hybrid PACT model utilizing case managers, a nurse, psychiatrist, and team leader to provide services and the coordination of those services to assist consumers in achieving the highest level of functioning possible as they manage the symptoms of their mental illness. The PACT model provides comprehensive, highly individualized services directly to consumers within the community. It is nationally recognized as an evidence-based practice. The model provides long-term monitoring and treatment for clients at risk of hospitalization and assures necessary supports so consumers can achieve their highest level of functioning and quality of life in the community. The team also employs two interpreters.

### **SPECIALIZED COMMUNITY TREATMENT TEAMS: Bridging Access to Treatment (BAT)**

The BAT Team is designed to serve 108 homeless consumers who often have intense levels of need and co-existing chemical dependency. This team is staffed with professionals from such organizations as the Community Housing Network, Veterans Administration, Columbus Neighborhood Community Health Centers, and the Community Shelter Board. Persons referred to this team may have participated in programs that have not adequately addressed their needs or offered acceptable housing options. This team provides intensive levels of CSP services, with frequent and sometimes daily contact.

## **SMD - OUTPATIENT INDIVIDUAL AND GROUP SERVICES**

### **DIALECTICAL BEHAVIOR THERAPY (DBT)**

Clients participating in the DBT program are referred from both the agency's Community Treatment Teams and Designated Case Managers. The main DBT group meets for 27 weeks, once per week, for 5 hours. The average number of attendees is 4-7. There are three cognitive skills groups, averaging 16-20 total participants per week. One additional group is a women's support group averaging 4-9 participants per week.

### **Psychiatric/Medication and Other Medical Services**

Southeast psychiatrists and nurses in the Medical Department provide psychiatric and medical services. The Medical Department functions as an integrated component of other clinical programs to ensure delivery of coordinated, comprehensive mental health services. Physicians schedule psychiatric time for routine and emergency treatment; nurses are continuously available during agency hours. Nurses also share 24 hour "on call" responsibilities for CTT consumers. Medical services may include assessment, medication evaluation and treatment, on-site laboratory collection, education, acupuncture, hospital evaluation, and medication maintenance. Southeast's Central Pharmacy serves customers who are not eligible for Medicaid, and whose incomes fall within the Central Pharmacy guidelines for eligibility. The Pharmacy also serves customers who meet Medicaid-defined criteria but whose entitlements are pending.

## **SMD - COMMUNITY OUTREACH SERVICES**

### **PROJECT LIAISON**

Project Liaison is charged to reach out, identify, and provide crisis resolution and initial case management to persons who are SMD, homeless and in need of mental health services. Specifically, Project Liaison responds to requests and referrals from a multitude of community agencies, public safety officials, churches, store owners and others to assess, treat, and link homeless persons to mental health and other community based services. The staff provide aggressive case finding, on-the-streets outreach efforts, and linkage of homeless persons with human services, medical, housing, mental health, alcohol and drug, and entitlement programs.

### **MOBILE PSYCHIATRIC OUTREACH PROJECT**

The Mobile Psychiatric Outreach Project is an "other mental health service" within the Homeless Services Program. It provides aggressive case finding, psychiatric evaluation, stabilization and treatment, and limited medical care, to homeless customers in their natural environments, which may include homeless shelters, and the streets. The staff are based in a van which travels throughout Franklin County to sites where persons who are homeless are found; it also responds to urgent requests for service from shelters, police, businesses, clergy, and physicians. Because customers are difficult to engage, it is critical that the Van provide services without the requirements for opening a formalized medical record (ICR) and gathering customer-specific information during the initial contacts.

### **SAFE HAVENS**

Safe Havens is a collaborative housing project with Community Housing Network and Friends of the Homeless. It began operation in February, 1999. The 13 bed single room occupancy (SRO) facility, located at 749 East Broad, is designed to serve hard-to-reach, chronically homeless, mentally ill and chemically addicted men and women. The program provides both temporary and permanent housing.

### **INTERIM HOUSING PROGRAM (VARIOUS COMMUNITY SITES)**

Southeast is a partner organization with the Community Shelter Board and part of the Rebuilding Lives initiative. Southeast has been funded to develop and operate sixty (60) units of scattered-site housing, either interim or permanent. Southeast currently employees 2.0 FTE to manage this program, which is close to capacity.

Homeless persons who have not been successfully housed, and who have been living in shelters are the primary target population. Southeast assists with material acquisition as participants move into our apartments. We provide case management supports and linkages that support the residents' capabilities in living successfully in our community. The program clients generally have a severe mental disability, addiction or both.

#### **RESIDENTIAL PROGRAMS**

##### **CARPENTER HOUSE**

Carpenter House is a six-bed Type I residential facility that provides services to men who are dually diagnosed with mental illness and developmental disabilities; they also have failed other residential options in the adult system of care due to severe behavioral issues. Carpenter House provides room and board, personal care services, and "Other" mental health services.

##### **REDMOND HOUSE**

Redmond House is a 15 bed residential facility serving both the needs of homeless individuals in acute psychiatric crisis and those clients who wish further rehabilitation/habilitation following stabilization to address those issues which contribute to their chronic homelessness. At least 5 beds are dedicated to acute crisis stabilization. Upon admission to the program, those who are not receiving services from an ADAMH system agency are linked with a psychiatrist for medication assessment and treatment and to a case manager for linkage, advocacy, and support services.

##### **PARKER MORROW HOUSE**

Parker Morrow House provides residential treatment to elderly severely mentally disabled men & women whom no longer can reside independently in the community. Each individual has an individualized treatment plan developed in collaboration with the client, family member/guardian or other interested person when appropriate, group home staff and the mental health agency treatment provider directing interventions to enable clients to meet their basic needs and maximize their independence. A major goal of the facility is to prevent institutionalization. A family-like atmosphere is emphasized within the environment.

The facility is located in Groveport, Ohio and services maximum of 6 residents. The facility is staffed 24/7 to ensure safety and treatment needs of the residents. The milieu incorporates positive reinforcement and allows individuals maximum independence depending on each individuals functioning level. Staff provides supervision, meal preparation, laundry, direction and occasional assistance with personal hygiene care, assistance with accessing medical care, medication reminders, socialization and leisure opportunities and direction with accessing community resources. Diagnostic assessments are provided and clients are referred and linked with mental health case managers

##### **GRANVILLE HOUSE**

This residential program was developed to serve severely ill persons who have been unsuccessful in becoming discharged from TVBH and who have been hospitalized for at least 6 (six) months or longer. The program provides treatment as delineated in the individual's treatment plan. Program staff and the consumer contribute to the treatment plan with respect to interventions to be carried out within the Granville House program.

The program psychiatrist and nurse work with residents who require psychiatric medication management, in consultation with other Granville House treatment team staff, who provide feedback about the individual's response to and compliance with medication. Services include music, recreational, and occupational, individual and group therapies. A CCDC provides substance abuse interventions. Residential staff offers activities that contribute to the therapeutic milieu.

#### **OTHER PROGRAMS FOR PERSONS WITH SEVERE MENTAL DISABILITIES**

##### **URGENT CARE**

Southeast's Urgent Care program serves persons who have unscheduled and scheduled critical need (appointment will be scheduled/client will be seen within 24 hours of contact). The unit also functions as the agency's intake department through telephone and face to face assessment of individuals in need of mental health and AOD services. Staffed by a Program Manager and an assessment specialist.

##### **PROJECT WORK, INC.**

Project Work targets customers who have interests in pursuing part-time and periodic employment. Customers are able to specify the number of hours and days they wish to work. The Project Work program is specifically designed to serve those who are not interested in traditional employment training opportunities. However, it is a goal of Project Work to refer customers to community vocational programming, training, or competitive employment. Project Work has succeeded in employing those who cannot function in more structured, formal vocational training or employment programs. Customers with significant functional impairments have enjoyed the rewards of working.

The "Computer Learning Center" provides consumers the opportunity to develop basic and advanced computer skills under the direction of a computer expert. Classes and open lab for purposes of practicing new skills are scheduled frequently throughout the week. Additionally, we are offering GED classes for those consumers who wish to pursue their GED.

##### **SOUTHEAST ACUPUNCTURE PROGRAM FOR ADDICTIONS**

The program began in the Winter of 1997 and provides an array of services from several different units within Southeast. The program is designed to provide new and innovative adjunctive treatment approaches with consumers also engaging in primary AOD interventions. Acupuncture targets a population of clients who are severely mentally ill and chemically dependent. A part-time coordinator developed and leads this program.

#### **PROGRAMS FOR THE GENERAL ADULT POPULATION**

The adult target population includes persons between the ages of 18 and 60 years who present emotional, behavioral, mental and situational problems that affect their lives. The severity of the problems may be such that they affect adult customers' abilities to function in one or more life domains. While Southeast's adult population represents all socioeconomic levels, the majority are working-class and at (or below) the poverty level. The adult population does not include persons who are severely mentally ill. Southeast include varied and targeted subgroups – Criminal Justice is a major subgroup.

##### **Programs for Adults and Families**

The Adult and Family Program provides a range of services which include diagnostic assessment; group, individual, couple, family counseling and psychotherapy; medication/somatic; consultation; and mental health education. Counseling and psychotherapy services provide adult customers with assistance to improve functioning, to ease emotional pain, and to enhance relationships. Customers may receive



individual, group, family, and/or couples counseling. The Adult and Family Program specializes in short-term therapeutic approaches, solution oriented treatment, and group therapy. Presenting problems frequently include anxiety, stress, depression, and relationship difficulties.

### **HIV/AIDS PROGRAMS**

#### **HIV/AIDS COUNSELING SERVICES**

The HIV-Infected population may be asymptomatic or be at various stages related to the progression of the disease process. At Southeast, the majority of customers within this subgroup are homosexual males. Other customers are females and IV drug users. These individuals experience serious issues relating to loss, depression, and anger that affect their ability to function in various areas of their lives. Their significant others are also impacted and in need of mental health intervention, including bereavement assistance.

#### **HIV/AIDS Education**

HIV/AIDS Mental Health Education Services are provided as a joint funding effort between the Franklin County ADAMH Board and the Columbus Health Department. Presentations by the HIV/AIDS Counselor and the Educator are developed with input from persons with HIV/AIDS, family members, community members, and planners/funders. Recipient groups of educational presentations include homeless persons, youth, persons with mental illness, and staff groups who provide services to these groups. Evaluations are completed at the end of presentations; information from audiences forms the basis for determining the strengths of such programs and is used to develop future programs.

#### **HIV (RYAN WHITE) OUTREACH CASE MANAGERS**

The Ohio Department of Health funds Southeast's two HIV Outreach Case Managers for the Central Ohio Region. They provide community based case management services to persons infected with and affected by HIV/AIDS and link individuals with resources in their communities to meet identified needs. Specific target groups include members of such minority groups as African Americans, women, children, adolescents, and substance abusers in Franklin and the six surrounding counties. These populations largely have been underserved to this point.

### **CRIMINAL JUSTICE SERVICES PROGRAM**

#### **DOMESTIC VIOLENCE SERVICES**

Domestic Violence Services are separate structured group for perpetrators and survivors as recommended by Ohio Domestic Violence Network Certification Requirements. In most cases, the legal/criminal justice system intervened in the DV situation and mandated participation by the male abuser. The DV male population presents problems of power/control, low self-esteem, and negative views of women. Issues of alcohol and drug abuse occur in many of these customers. Chemical use or abuse may be present. For both males and females, DV problems have affected their ability to function within the relationship and within other areas of their lives. Consumers may also receive individual counseling apart from the group.

#### **WOMEN SURVIVORS OF DOMESTIC VIOLENCE**

These consumers receive 12 weeks of education and support through a weekly group. Consumers may also receive individual therapy as indicated. Customers are generally referred through the Victim Witness Assistance Program, Children's Services, ACCESS, or Southeast Counseling Services. The women are assess/screened prior to beginning group to determine additional needs. Women may select to stay after

the 12 weeks to gain self-knowledge, skills, and support. Weekly attendance and/or monthly progress is reported to appropriate sources when releases of information are completed.

#### ***"WOMEN LIKE ME," FEMALE PERPETRATORS OF DOMESTIC VIOLENCE***

In September of 1997 Southeast was awarded this sub-contract initiated by the Ohio Reformatory for Women (ORW). Southeast places at ORW's Marysville facility a domestic violence counselor to conduct assessments and group counseling sessions among inmates for whom domestic violence and battering are issues. Anger management, conflict resolution and cognitive/behavioral issues are themes of this service for highly aggressive and abusive inmates.

#### **STRUCTURED THERAPY AND EDUCATION PROGRAM (STEP)**

The sexual offenders sub-population is composed of adult offenders who have committed illegal sexual acts, most of whom have been convicted of or charged with sexual offenses. Offenders who sexually abuse children constitute the majority of the customers. Other customers have victimized adults through rape, voyeurism, exhibitionism, or telephone harassment. In addition, Southeast treats customers with inappropriate sexual behavior and urges who are also severely mentally disabled (SMD); this program targets adult males and females. In November, 1994 the STEP MR/DD program was created to serve offenders with developmental disabilities. Sex offenders and those with sexually abusive thinking have experienced differing histories and behavior patterns.

#### **THE STALKING VICTIMS' HELP PROJECT**

Southeast, in cooperation with the City Prosecutor's Office and coordinated with our Victim Witness Assistance Program and funded by Violence Against Women Act funds, provides 1.0 FTE staff member to assist people who are being victimized by stalking. We provide safety education and assistance, provide assistance with the gathering of necessary information for the legal system, and help these people navigate the legal system. The program serves over 150 persons a year who are being stalked; it provides additional education regarding this often under-reported and threatening community problem.

#### **PROGRAMS/SERVICES FOR OLDER ADULTS**

Southeast defines older adults as persons 60 years of age or older. Persons 55-59 years of age may qualify for older adult services if they present issues of aging. Persons seen in this program may experience problems of depression, dementia, bereavement, multiple losses, fear of losing their independence, inability to care for themselves within their natural environment, and other mental health and chemical dependency issues not necessarily linked to age. Approximately 60% have severe mental disabilities. Problems may be further exacerbated by isolation due to lack of a family support system and by retirement. Issues of failing health, loss of income, and inadequate financial support also define older adults. Most of Southeast's older adult customers are women, widowed, and in poor health. The Older Adult Program works closely with the Franklin County Senior Options Program, Adult Protective Services, and PASSPORT and Netcare/Access Older Adult Assessment Program.

#### **ALCOHOL AND OTHER DRUG TREATMENT PROGRAMS**

##### **ALCOHOL AND OTHER DRUG PROGRAMS**

Southeast's Chemical Dependency Program is based upon the disease concept and utilizes an educational and counseling model of service provision. These services are provided to groups, families, individuals, and couples. The services provided are individualized, based on clinical need, as determined through an intensive assessment process. The customer's clinical need is matched with the appropriate level of treatment through use of the ODADAS Level of Care protocol. The treatment plan is developed cooperatively with the customer, family, and others, as appropriate.

Southeast provides core outpatient chemical dependency and recovery services in non-traditional ways to persons who are gay, lesbian, and bisexual. The program uses outreach efforts to identify and engage members of the target group and makes use of community sites where natural supports and networks already exist. Services focus on gay, lesbian, and bisexual individuals for whom substance abuse problems are perceived to be either circumscribed or pervasive in the individual's life.

### **PHOENIX PRIDE**

Phoenix Pride is an AOD prevention program for Gay, Lesbian, Bisexual, and Transgender youth and youth who are Questioning their sexual orientation (GLBTQ youth). Discrimination and oppression toward GLBTQ persons present additional risks factors not shared by persons who define themselves as heterosexual. Drugs and alcohol are frequently used as coping mechanisms which lead to additional problems. To address issues faced by GLBTQ youth, Southeast provides Phoenix Pride. The program targets youth ages 14 through 21 in Franklin County who define themselves as GLBTQ. Phoenix Pride provides a safe and chemical-free drop-in space staffed by professionally trained counselors. The group, which utilizes a flexible curriculum, meets twice each week and addresses topics such as drug and alcohol awareness, homophobia, the coming out process, problems with parent's reactions, safer sex, building relationships and affirmation of self

### **SERVICES FOR CHILDREN AND ADOLESCENTS**

Child and Adolescent Programs at Southeast provide services shown above to children and adolescents experiencing such mental/emotional problems as school behavior difficulties, sexual offending behaviors, living in homeless situations (at risk or preventing homelessness) or living in therapeutic foster care. Services are provided in a community based model that focuses on individualized strengths of the child and family. Strong collaborations have been developed with other systems of care (school system, child welfare system and homeless shelter system) which assists with the provision of wraparound services that promote success in natural environments.

Services are provided at the following locations:

1. Kae Elementary School, 4738 Kae Avenue, Whitehall
2. Southside Community Health Center, 1430 S. High St., Columbus
3. Franklin County Children Services, 855 W. Mound St., Columbus
4. Southeast, Inc. Tri-West Associates, 3035 W. Broad St., Columbus

### **OTHER SOUTHEAST SERVICES AND PROGRAMS**

#### **APOTHECARE PHARMACY (131 NORTH HIGH STREET)**

This program is a non-retail specialty pharmacy, providing compliance packaging of prescribed medications for persons with severe and persistent mental disabilities and other cognitive disorders. The packaging places all medications to be taken at scheduled times within clearly marked "blisters." The blisters are on sealed cards, displaying all medications generally for one-week periods. Medication errors are demonstrated to be reduced with this packaging and clients do not have to recall whether or not they have taken their scheduled medications or remember which medications they take with others at scheduled times; the card provides the information. There are other significant advantages for consumers and family members, residential staff, etc., when this type of packaging is utilized. Southeast intends to continue to expand this program. The pharmacy program currently employees 2 FTE Ohio registered pharmacists (one is the director of pharmacy services), and 2 FTE pharmacy technicians. Southeast is also engaged in the development of a grant application to fund a compliance study and to purchase additional pharmacy compliance supports for this program.

#### **NURSE PRACTITIONER CLINIC (16 WEST LONG STREET)**

Southeast established a Nurse Practitioner Clinic in response to the fragmented physical healthcare services available for our most ill clients. Southeast worked closely with the OSU College of Nursing in the development of this clinic. Clients and staff complained that physical healthcare services were increasingly under severe time limitations due to managed care pressures. Often, high needs SMD clients require more than a 10 minute physical healthcare visit. Many of our clients have serious co-occurring disorder including hypertension, diabetes, respiratory illness, infections, and many others. A significant number of our clients had not had physical examinations; and some would not let physical healthcare practitioners touch them. Many of our homeless clients serves by Psychiatric Outreach and Project Liaison are linked with this physical healthcare option on site at our 16 W. Long Street location.

The Nurse Practitioner Clinic offers physical healthcare services twenty (20) hours per week to Southeast clients most in need. The Southeast Nurse Practitioner, a .5 FTE employee, works under a collaborating agreement (as required by the Nurse Practice Act) with a Franklin County Family Practice physician. The Southeast Nurse Practitioner will be engaged in the newly legislated process to obtain prescriptive authority. Consumer satisfaction with this program has been quite positive. Southeast is assessing our financial ability and benefits associated with an expansion of this clinic. We are also assessing options to add Advanced Practice Nurses to our psychiatric services area.

#### **SERVICES FOR TANF RECIPIENTS**

Southeast added the CAPE Team (Career Achievement and Permanent Employment Program), a job-readiness training program that provides continued support to TANF recipients referred from Job and Family Services. This job readiness program is based on intensive mental health, substance abuse and Job Profile Questionnaires (JPQTM) assessments. Staff will provide services to remove barriers, small group instructions, group and individual processing sessions, job shadowing, and hands-on work experience. This team will offer the support needed by participants to apply for jobs, work and maintain employment.