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| Psychiatric Inpatient Hospital Name | River Vista Behavioral Hospital |
| Admission Status |  |
| First Name | Teresca |
| Last Name | Terry |
| Job Title | Director of Intake |
| Street Address | 1599 Alum Creek Drive |
| City | Columbus |
| State | OH |
| Zip | 43209 |
| Secure Email Address | tterry@rivervistahealth.com |
| Direct Phone Number | 614-643-5512 |
| Fax Number | 513-605-5898 |
| If County or Region specific, please specify County/Counties or Region (C, NW, NE, SE, SW) |  |
| Contact Person is the same for both Discharge Planning and Admission Status | No |
| Discharge Planning Contact |  |
| First Name | Megan |
| Last Name | Winegardner |
| Primary Job Role | Discharge Planner/Coordinator |
| Street Address |  |
| City |  |
| State | OH |
| Zip |  |
| Secure Email Address | mwinegardner@rivervistahealth.com |
| Direct Phone Number | 614-643-5426 |
| Fax Number | 614-643-5505 |
| Secondary Backup Contact |  |
| First Name |  |
| Last Name |  |
| Job Title |  |
| Street Address |  |
| City |  |
| State |  |
| Zip |  |
| Secure Email Address |  |
| Direct Phone Number |  |
| Fax Number |  |
| If County or Region specific, please specify County/Counties or Region (C, NW, NE, SE, SW) |  |

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| Psychiatric Inpatient Hospital Name | SUN Behavioral Columbus |
| Admission Status |  |
| First Name | Trish |
| Last Name | Frye |
| Job Title | Director of Admissions |
| Street Address | 900 East Dublin Granville Rd |
| City | Columbus |
| State | OH |
| Zip | 43229 |
| Secure Email Address | tfrye@suncolumbus.com |
| Direct Phone Number | 614-953-5219 |
| Fax Number | 614-633-4370 |
| If County or Region specific, please specify County/Counties or Region (C, NW, NE, SE, SW) |  |
| Contact Person is the same for both Discharge Planning and Admission Status | No |
| Discharge Planning Contact |  |
| First Name | Kalli |
| Last Name | Steinicke |
| Primary Job Role | Discharge Planner/Coordinator |
| Street Address | 900 E Dublin Granville Rd |
| City | Columbus |
| State | OH |
| Zip | 43229 |
| Secure Email Address | Ksteinicke@suncolumbus.com |
| Direct Phone Number | 614-953-5219 |
| Fax Number | 614-796-0494 |
| Secondary Backup Contact |  |
| First Name |  |
| Last Name |  |
| Job Title |  |
| Street Address |  |
| City |  |
| State |  |
| Zip |  |
| Secure Email Address |  |
| Direct Phone Number |  |
| Fax Number |  |
| If County or Region specific, please specify County/Counties or Region (C, NW, NE, SE, SW) |  |

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| Psychiatric Inpatient Hospital Name | Lindner Center of HOPE |
| Admission Status |  |
| First Name | Melissa |
| Last Name | Ray |
| Job Title | Accreditation, Compliance, Quality and Risk Manager |
| Street Address | 4075 Old Western Row Rd |
| City | Mason |
| State | OH |
| Zip | 45040 |
| Secure Email Address | melissa.ray@lindnercenter.org |
| Direct Phone Number | 513-536-0236 |
| Fax Number |  |
| If County or Region specific, please specify County/Counties or Region (C, NW, NE, SE, SW) | OH |
| Contact Person is the same for both Discharge Planning and Admission Status | Yes |
| Discharge Planning Contact |  |
| First Name |  |
| Last Name |  |
| Primary Job Role |  |
| Street Address |  |
| City |  |
| State | OH |
| Zip |  |
| Secure Email Address |  |
| Direct Phone Number |  |
| Fax Number |  |
| Secondary Backup Contact |  |
| First Name | Jeanne |
| Last Name | Rohrig |
| Job Title | Intake Dept Manager |
| Street Address |  |
| City |  |
| State |  |
| Zip |  |
| Secure Email Address | Jeanne.rohrig@lindnercenter.org |
| Direct Phone Number | 513-536-0236 |
| Fax Number |  |
| If County or Region specific, please specify County/Counties or Region (C, NW, NE, SE, SW) |  |

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| Psychiatric Inpatient Hospital Name | Dublin Springs |
| Admission Status |  |
| First Name | Sarah |
| Last Name | Elliot |
| Job Title | Admissions Director |
| Street Address | 7625 Hospital Drive |
| City | Dublin |
| State | Ohio |
| Zip | 43017 |
| Secure Email Address | SarahElliot@spsh.com |
| Direct Phone Number | 614-652-2912 |
| Fax Number |  |
| If County or Region specific, please specify County/Counties or Region (C, NW, NE, SE, SW) |  |
| Contact Person is the same for both Discharge Planning and Admission Status | No |
| Discharge Planning Contact |  |
| First Name | Johnna |
| Last Name | Kovach |
| Primary Job Role | Director of Operations |
| Street Address |  |
| City |  |
| State | Ohio |
| Zip |  |
| Secure Email Address | JohnnaKovach@spsh.com |
| Direct Phone Number | 614-652-3490 |
| Fax Number | No Fax |
| Secondary Backup Contact |  |
| First Name | Erica |
| Last Name | Schucht |
| Job Title | Market Director of Business Development |
| Street Address |  |
| City |  |
| State |  |
| Zip |  |
| Secure Email Address | EricaSchucht@spsh.com |
| Direct Phone Number | 614-400-4127 |
| Fax Number |  |
| If County or Region specific, please specify County/Counties or Region (C, NW, NE, SE, SW) |  |

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| Psychiatric Inpatient Hospital Name | Columbus Springs East |
| Admission Status |  |
| First Name | Emily |
| Last Name | Hale |
| Job Title | Admissions Director |
| Street Address | 2085 Citygate Drive |
| City | Columbus |
| State | Ohio |
| Zip | 43219 |
| Secure Email Address | emilyhale@spsh.com |
| Direct Phone Number | 614-300-9145 |
| Fax Number |  |
| If County or Region specific, please specify County/Counties or Region (C, NW, NE, SE, SW) |  |
| Contact Person is the same for both Discharge Planning and Admission Status | No |
| Discharge Planning Contact |  |
| First Name | Danny |
| Last Name | Silverman |
| Primary Job Role | Inpatient Clinical/Discharge |
| Street Address |  |
| City |  |
| State | Ohio |
| Zip |  |
| Secure Email Address | daniellsilverman@spsh.com |
| Direct Phone Number | 614-300-9125 EXT 1271 |
| Fax Number | No Fax |
| Secondary Backup Contact |  |
| First Name | Erica |
| Last Name | Schucht |
| Job Title | Market Director of Business Development |
| Street Address |  |
| City |  |
| State |  |
| Zip |  |
| Secure Email Address | EricaSchucht@spsh.com |
| Direct Phone Number | 614-400-4127 |
| Fax Number |  |
| If County or Region specific, please specify County/Counties or Region (C, NW, NE, SE, SW) |  |

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| Psychiatric Inpatient Hospital Name | Sojourn At Senecas |
| Admission Status |  |
| First Name |  |
| Last Name |  |
| Job Title |  |
| Street Address | 50 St. Lawrence Drive |
| City | Tiffin |
| State | OH |
| Zip | 44883 |
| Secure Email Address | SojournFax@voa.org |
| Direct Phone Number | 567-207-2230 |
| Fax Number | 567-245-4587 |
| If County or Region specific, please specify County/Counties or Region (C, NW, NE, SE, SW) | Seneca/ NW |
| Contact Person is the same for both Discharge Planning and Admission Status | No |
| Discharge Planning Contact |  |
| First Name | Erin |
| Last Name | Wolph |
| Primary Job Role | Director Social Service |
| Street Address |  |
| City |  |
| State | OH |
| Zip |  |
| Secure Email Address | EWolph@voa.org |
| Direct Phone Number | 567-207-2312 |
| Fax Number | 567-245-4587 |
| Secondary Backup Contact |  |
| First Name | Michelle |
| Last Name | Lipcsey |
| Job Title | Director of Business Development |
| Street Address |  |
| City |  |
| State |  |
| Zip |  |
| Secure Email Address | MLipcsey@voa.org |
| Direct Phone Number | 567-207-2270 |
| Fax Number | 567-245-4587 |
| If County or Region specific, please specify County/Counties or Region (C, NW, NE, SE, SW) |  |

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| Psychiatric Inpatient Hospital Name | Mental Health Services for Clark and Madison Counties, Inc. |
| Admission Status |  |
| First Name |  |
| Last Name |  |
| Job Title |  |
| Street Address | 474 N. Yellow Springs Street |
| City | Springfield |
| State | OH |
| Zip | 45504 |
| Secure Email Address | kelly.rigger@mhscc.org |
| Direct Phone Number | 937-399-9500 |
| Fax Number | 937-342-4242 |
| If County or Region specific, please specify County/Counties or Region (C, NW, NE, SE, SW) | Clark, Madison, Greene Counties |
| Contact Person is the same for both Discharge Planning and Admission Status | Yes |
| Discharge Planning Contact |  |
| First Name |  |
| Last Name |  |
| Primary Job Role |  |
| Street Address |  |
| City |  |
| State | OH |
| Zip |  |
| Secure Email Address |  |
| Direct Phone Number |  |
| Fax Number |  |
| Secondary Backup Contact |  |
| First Name | Kelly |
| Last Name | Rigger |
| Job Title | CEO |
| Street Address |  |
| City |  |
| State |  |
| Zip |  |
| Secure Email Address | kelly.rigger@mhscc.org |
| Direct Phone Number | 937-629-3117 |
| Fax Number | 937-342-4242 |
| If County or Region specific, please specify County/Counties or Region (C, NW, NE, SE, SW) |  |

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| Psychiatric Inpatient Hospital Name | Arrowhead Behavioral Health |
| Admission Status |  |
| First Name | Joel |
| Last Name | Brownfield |
| Job Title | Director of Assessments and Referrals |
| Street Address | 1725 Timber Line Road |
| City | Maumee |
| State | OH |
| Zip | 43537 |
| Secure Email Address | joel.brownfield@uhsinc.com |
| Direct Phone Number | 419.891.9333 |
| Fax Number | 419.740.6819 |
| If County or Region specific, please specify County/Counties or Region (C, NW, NE, SE, SW) | NW |
| Contact Person is the same for both Discharge Planning and Admission Status | No |
| Discharge Planning Contact |  |
| First Name | Amanda |
| Last Name | Zalenski |
| Primary Job Role | Director of Clinical Services |
| Street Address |  |
| City |  |
| State | OH |
| Zip |  |
| Secure Email Address | amanda.zalenski@uhsinc.com |
| Direct Phone Number | 419.891.9333 |
| Fax Number | 419.740.6819 |
| Secondary Backup Contact |  |
| First Name | Norine |
| Last Name | Wasielewski |
| Job Title | CEO |
| Street Address |  |
| City |  |
| State |  |
| Zip |  |
| Secure Email Address | norine.wasielewski@uhsinc.com |
| Direct Phone Number | 419.891.9333 |
| Fax Number | 419.740.6819 |
| If County or Region specific, please specify County/Counties or Region (C, NW, NE, SE, SW) |  |

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| Psychiatric Inpatient Hospital Name | ClearVista Behavioral Hospital |
| Admission Status |  |
| First Name |  |
| Last Name |  |
| Job Title |  |
| Street Address | 3364 Kolbe Road |
| City | Lorain |
| State | Ohio |
| Zip | 44053 |
| Secure Email Address | CvintakeGroup@chs-corp.com |
| Direct Phone Number | 440-960-7963 |
| Fax Number | 440-960-7990 |
| If County or Region specific, please specify County/Counties or Region (C, NW, NE, SE, SW) |  |
| Contact Person is the same for both Discharge Planning and Admission Status | Yes |
| Discharge Planning Contact |  |
| First Name |  |
| Last Name |  |
| Primary Job Role |  |
| Street Address |  |
| City |  |
| State | Ohio |
| Zip |  |
| Secure Email Address |  |
| Direct Phone Number |  |
| Fax Number |  |
| Secondary Backup Contact |  |
| First Name | ClearVista |
| Last Name |  |
| Job Title | Administrative Assistant |
| Street Address |  |
| City |  |
| State |  |
| Zip |  |
| Secure Email Address |  |
| Direct Phone Number | 440-960-7960 |
| Fax Number |  |
| If County or Region specific, please specify County/Counties or Region (C, NW, NE, SE, SW) |  |

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| Psychiatric Inpatient Hospital Name | Haven Behavioral Hospital of Dayton |
| Admission Status |  |
| First Name |  |
| Last Name |  |
| Job Title |  |
| Street Address | 1 Elizabeth Place |
| City | Dayton |
| State | OH |
| Zip | 45417 |
| Secure Email Address | daytonintakedistribution@havenllc.com |
| Direct Phone Number | 937.234.0102 |
| Fax Number | 937.528.2876 |
| If County or Region specific, please specify County/Counties or Region (C, NW, NE, SE, SW) | OHio |
| Contact Person is the same for both Discharge Planning and Admission Status | No |
| Discharge Planning Contact |  |
| First Name | Cheryl |
| Last Name | Cook |
| Primary Job Role | Director |
| Street Address |  |
| City |  |
| State | OH |
| Zip |  |
| Secure Email Address | ccook@havenllc.com |
| Direct Phone Number | 937.234.0121 |
| Fax Number | 937.234.0114 |
| Secondary Backup Contact |  |
| First Name | Taylor |
| Last Name | Cole |
| Job Title | Social Work Team Lead |
| Street Address |  |
| City |  |
| State |  |
| Zip |  |
| Secure Email Address | tcole@havenllc.com |
| Direct Phone Number | 937.234.0120 |
| Fax Number | 937.234.0114 |
| If County or Region specific, please specify County/Counties or Region (C, NW, NE, SE, SW) |  |