



*A Three-Year Accreditation is awarded to  
Community Counseling Services, Inc.*

*for the following identified programs:*

- Case Management/Services Coordination: Integrated: AOD/MH (Adults)*
- Case Management/Services Coordination: Integrated: AOD/MH (Children and Adolescents)*
- Crisis Intervention: Integrated: AOD/MH (Adults)*
- Crisis Intervention: Integrated: AOD/MH (Children and Adolescents)*
- Outpatient Treatment: Integrated: AOD/MH (Adults)*
- Outpatient Treatment: Integrated: AOD/MH (Children and Adolescents)*

*This accreditation is valid through  
May 2012*

*The accreditation seals in place below signify that the organization has met annual  
conformance requirements for quality standards that enhance the lives of persons served.*



*This Certificate of Accreditation is granted by authority of:*

*Cathy Ellis P.T.*

Cathy Ellis, PT  
Chair, Board of Directors

*Brian J. Boon Ph.D.*

Brian J. Boon, Ph.D.  
President/CEO

**carf**



*enhancing PEOPLE'S LIVES*

**CARF USA**  
4891 East Grant Road  
Tucson, AZ 85712 USA  
Toll-free/TTY 888 281 6531 ■ Fax 520 318 1129  
www.carf.org

**CARF-CCAC**  
1730 Rhode Island Avenue, NW, Suite 209  
Washington, DC 20036 USA  
Toll-free 866 688 1122 ■ Fax 202 587 5009  
www.carf.org/ogng

**CARF CANADA**  
10655 Jasper Avenue, Suite 1400A  
Edmonton, Alberta T5J 3S9 Canada  
Tel 780 429 2538 ■ Fax 780 426 7274  
www.carfcanada.ca



Department of  
Mental Health

Ted Strickland, Governor  
Sandra Stephenson, Director

# Mental Health Agency Certification

## CERTIFICATE OF SERVICES

for

**Community Counseling Services, Inc.**

**Certification Number:** 0177

**Issued:** October 4, 2009

**Expires:** October 3, 2012

In accordance with Section 5119.611 (A) and (C) of the Ohio Revised Code, this agency meets minimum standards and is hereby certified for a period of three (3) years to provide the following mental health services and activities at the location(s) specified below:

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

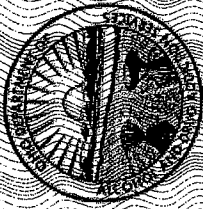
Director, Ohio Department of Mental Health

Agency Site Location(s)

2458 Stetzer Road  
Bucyrus, OH 44820

Ed Stitekland,  
Governor

# Ohio Department of Alcohol and Drug Addiction Services



Angela Cornelius Dawson,  
Director

## CERTIFICATE TO OPERATE AN ALCOHOL AND DRUG ADDICTION PROGRAM ISSUED TO:

**Provider - 1057**

Community Counseling Services  
2458 Stetzer Road  
Bucyrus, OH 44820-2066  
Crawford County

**Owner**

Community Counseling Services, Inc.  
2458 Stetzer Road  
Bucyrus, OH 44820  
Crawford County

**PROGRAM**

Outpatient

**Effective Date**

9/1/2009

**Expiration Date**

5/31/2011

*Angela Cornelius Dawson*  
Angela Cornelius Dawson, Director

In accordance with section 3793.06 of the Ohio Revised Code and Section 3795 of the Ohio Administrative Code, this certificate is not assignable or transferable to any Owner or Provider other than those listed herein.