Mike DeWine, *Governor*
Lori Criss, *Director*

KEY ISSUES: Overview of the State Psychiatric System and Services

OhioMHAS provides inpatient mental health care at our six regional psychiatric hospitals. Each site is accredited by the Joint Commission to create a high-quality hospital system that is the state mental health inpatient safety net. We serve patients who are uninsured or indigent, as well as those involved with the criminal court system. OhioMHAS also serves a small group of patients with insurance who are unable to be treated by their insurer's contracted provider network. Statewide capacity is typically at 96 percent occupancy in the 1,133-bed system. During FY18, there were 5,922 admissions for inpatient care.

Ohio Department of Mental Health and Addiction Services
Adult Psychiatric Beds Per 100,000 Population
For State Hospital Catchment Areas

Northeast Region
- 7 Boards; 7 counties
- Population: 2,680,201
- Private and State Civil Beds: 773 + 54/100,000: 30.9
- Private & Total State Hospital Beds: 773+258/100,000: 38.5

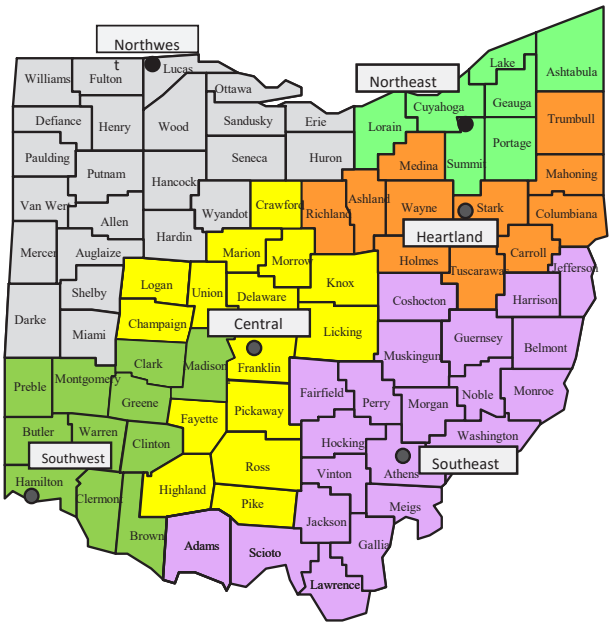
Northwest Region
- 11 Boards; 23 counties
- Population: 1,598,585
- Private and State Civil Beds: 443 + 19/100,000: 28.9
- Private & Total State Hospital Beds: 443+114/100,000: 34.8

Central Ohio Region
- 7 Boards; 15 counties
- Population: 2,272,461
- Private and State Civil Beds: 658 + 54/100,000: 31.3
- Private & Total State Hospital Beds: 658 + 178/100,000: 36.8

Southwest Region
- 8 Boards; 11 counties
- Population: 2,642,676
- Private State Civil Beds: 578 + 45/100,000: 23.6
- Private & Total State Hospital Beds: 578 + 291/100,000: 32.9

Southeast Region
- 8 Boards; 21 counties
- Population: 960,894
- Private and State Civil Beds: 153 + 21/100,000: 18.1
- Private & Total State Hospital Beds: 153 + 92 / 100,000: 25.5

Heartland Region
- 9 Boards; 11 counties
- Population: 1,535,614
- Private and State Civil Beds: 208 + 24/100,000: 15.1
- Private * Total State Hospital Beds: 208 + 132 / 100,000: 22.1



Statewide
- 50 Boards; 88 counties
- Population: 11,690,431
- Private and State Civil Beds: 2813 + 217 / 100,000: 25.9
- Private & Total State Hospital Beds: 2813 + 1065 /100,000: 33.2

Civil patients with acute needs make up about 25 percent of the inpatient population, with an average length of stay of 12 days. Most of these patients are uninsured or indigent. The criteria for admission for civil patients is defined by statute and is based on criteria of dangerousness to self or others due to mental illness as determined by a mental health professional. Civil patients are patients who are approved for admission by the local ADAMH boards and are not criminally court involved. They voluntarily agree to treatment or are involuntarily committed by the probate court. The remaining 75 percent of our patients are "forensic," meaning under the jurisdiction of the criminal courts. They may stay months or years based on their charges; their legal status is determined by criminal court statutes, their clinical condition, level of risk, and the direction of the court.

In addition, Twin Valley Behavioral Healthcare, located in Columbus, also operates a maximum-security facility. The Timothy B. Moritz Forensic Unit (TBMFU) serves all 88 Ohio counties. Individuals are typically admitted to TBMFU on an order from a criminal court and tend to have higher-level felony offenses and increased security risks associated with their care.

Civil Inpatient Process

Civil patients are admitted to the state hospitals through local community mental health centers that have arrangements for this responsibility with the county ADAMH boards and the hospitals. Admissions typically occur through the mental health center's crisis service or hospital emergency departments. Admission processes include pre-screening by the local ADAMH board, contacting the hospital with detailed admission information, ensuring the patient is medically appropriate for treatment in the state hospital setting, and arranging for transfer and admission times based upon bed availability. If a bed is not readily available in the hospital designated to serve the board authorizing the admission, the patient may need to be admitted to a different private or state hospital.

The length of stay for civil patients varies for each patient, but generally is 10 to 14 days. Treatment is focused on stabilizing the acute symptoms of mental illness, medical concerns, and substance use disorders, and educating about self-care and community resources. Prior to discharge, staff work collaboratively with community mental health agencies to link patients with an outpatient treatment team or his/her own psychiatrist to maintain his/her progress in the community.

Forensic Inpatient Process

Forensic patients are admitted to the state hospitals through the order of a criminal court. Many forensic patients also come to the hospitals from local jails. Admission processes include receipt of a journal entry ordering the hospitalization and records from the prosecutor's office about the criminal case, detailed admission information from the jail, ensuring the patient is medically appropriate for treatment in the state hospital setting, and arranging for transfer and admission times based upon bed availability.

The length of stay for forensic patients varies from months to years based upon the criminal court statute under which they are hospitalized. Patients admitted for competency restoration may be hospitalized from 30 days up to one year, depending upon the seriousness of their charges. Patients admitted after a finding of Not Guilty by Reason of Insanity may be admitted for as long as they could have been sentenced if they had been convicted on their most serious offense. This also applies to patients charged with serious felonies who have been found by the court to be unrestorable to competency and are retained under the jurisdiction of the court. Treatment is focused on stabilizing and managing the symptoms of mental illness and substance use disorders, education about the mental illness and management strategies, assessment of risk behaviors and issues, and means to mitigate these risk behaviors in the future. In addition, the focus of treatment utilizes a recovery model for patient care and engages patients in a holistic approach to well-being, including supports for education, supported employment, meaningful activities, and daily living skills. Staff members work with families, patients, courts, and community agencies to ensure the safety of the patient and the community throughout all stages of treatment. Forensic patients receive on-going risk assessments and forensic evaluations which contain recommendations for the court.

The court provides the order for discharge. Forensic patients receive outpatient services from local community mental health providers upon discharge. Once discharged from the hospital, certain forensic patients may remain on a criminal court commitment and are placed on conditional release. A conditional release provides the patient with a set of conditions he/she needs to abide by to remain in the community. The court may re-order hospitalization if symptoms recur or revoke the conditional release if violations occur. The patient's care is additionally monitored by a Forensic Monitor supported by the local ADAMH boards.

FORENSIC STATUSES AND OUTCOMES IN THE STATE REGIONAL PSYCHIATRIC HOSPITALS

Individuals with legal charges are admitted to our state hospitals primarily in three ways: jail transfers, pre-trial defendants, or post-adjudication patients.

Jail-transfer Patients

Jail-transfer patients are individuals who have legal charges and are booked in their local jail. If the jail staff become concerned that these defendants have an acute and unstable mental illness that requires immediate hospital-level care, these individuals are "pink-slipped" to the hospital for stabilization of their mental illness. Although these individuals do not have a criminal court order and are admitted via the probate statutes (ORC 5122), they often represent an increased level of risk within the hospital setting given their pending charges. In FY18, the regional psychiatric hospitals admitted 603 jail-transfer patients for stabilization. Once stabilized, the hospital coordinates with the jail for the defendant's return.

Pre-trial Defendants/Patients

Although the majority of court-ordered assessments are completed by outpatient Forensic Evaluation Centers and do not require a hospital-level of care, the hospitals are sometimes ordered to complete Competency to Stand Trial or Sanity Evaluations on individuals who are non-cooperative with an outpatient evaluation or in need of hospitalization. In, FY18 the regional psychiatric hospitals admitted 165 individuals for pre-trial evaluations. Once the evaluation is completed, after approximately 20 days, the patients return to the jail for their next hearing.

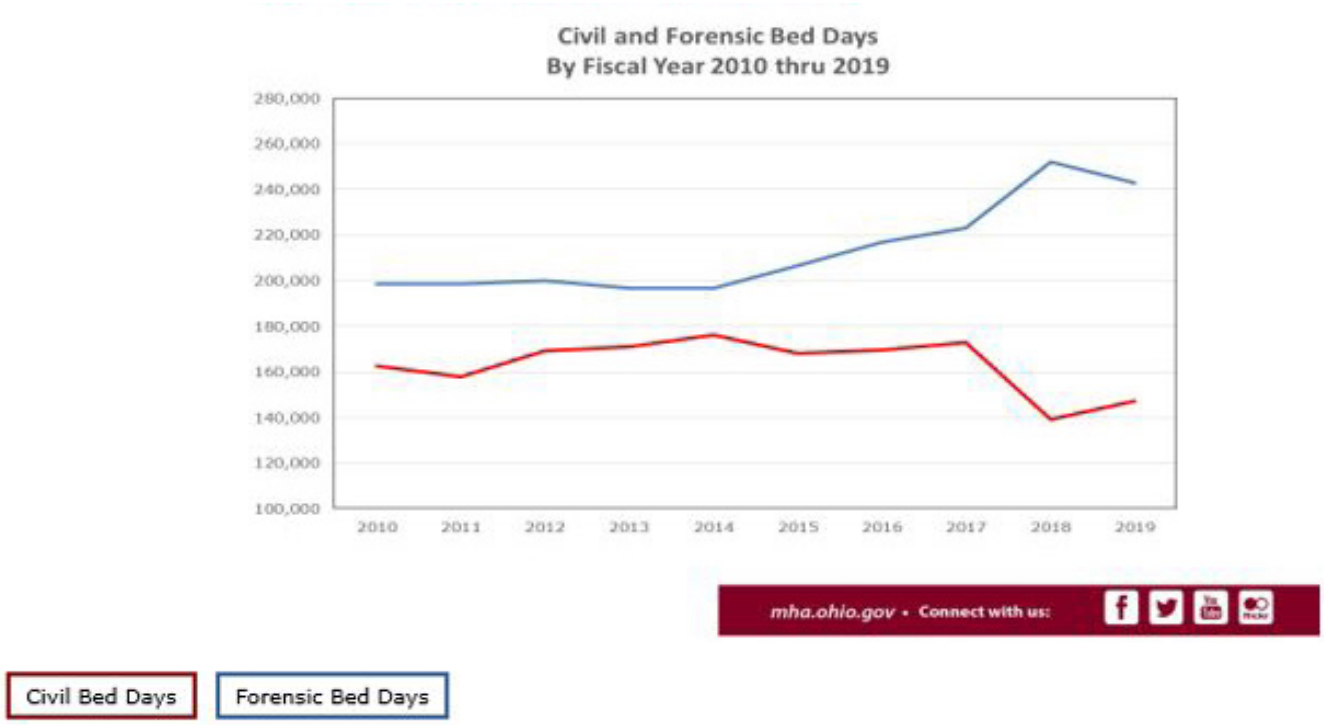
The majority of defendants ordered to the hospital for treatment during the pre-trial phase of their adjudication are ordered for Competency Restoration. These individuals were found by the court to be Incompetent to Stand Trail based upon their mental illness interfering with their ability to understand the court process or work with an attorney in their defense. Hospital services will include treatment for their mental illness, competency restoration education, and further forensic evaluation and opinion for the court at the end of a time frame specified by statute. Misdemeanor defendants will have 30 to 60 days for competency restoration, whereas felony defendants will have six months to a year. In FY18, the regional psychiatric hospitals admitted 734 patients for competency restoration. The median length of stay was 71 days. Although about 80% of patients charged with felonies are restored to competency, only 50% of people charged with misdemeanors are restored. Some individuals may return to the hospital for additional treatment if they remain incompetent to stand trial.

Post-adjudication Patients

Some patients are admitted post-adjudication, that is, after their criminal case is resolved by a plea bargain or a trial. These individuals are ordered to the hospital after a finding of Not Guilty by Reason of Insanity (NGRI). The court has determined that these individuals are acquitted of the criminal charges due to their mental illness and instead need psychiatric hospitalization. Patients found Incompetent to Stand Trial — Unrestorable — Under Criminal Court Jurisdiction (IST-U-CJ) are also included in this group. According to statute, these patients remain on a criminal court commitment for up to the amount of time they could have served if they had been convicted of their most serious offense. This court commitment may be served in the hospital or in the community. The criminal court retains jurisdiction on these cases and reviews and orders levels of movement and conditional release from the hospital during their treatment process.

In FY18, the regional psychiatric hospitals admitted 120 NGRI patients and had 256 NGRI patients on-rolls on June 30, 2019. Generally, individuals found NGRI remain in the hospital an average of two to five years. Once discharged, the patient remains on a commitment via the criminal court and follows a conditional release program with forensic monitoring. There are approximately 350 individuals on conditional release in Ohio.

While the number of forensic admissions had been steady for many years, there has been a recent increase. Between FY15 and FY18, there was a 132% increase in jail-transfer admissions. Competency Restoration admissions increased by 28%. Approximately 65% of the forensic admissions are for Competency Restoration.



OVERVIEW OF SYSTEM CHALLENGES AND THEIR DRIVERS

Forensic Patient Growth in the State Psychiatric System

The increase in forensic patients bring increased safety and risk management issues to the regional psychiatric hospitals. Most civil patients do not demonstrate the risk behaviors associated with those who are sent from the court system. Some forensic referrals show a greater tendency toward criminogenic and predatory behaviors, placing other patients on the units at risk of victimization. Forensic patients, or those patients under the jurisdiction of a criminal court, enter the hospital for specific treatment based on their legal status. Often this is for competency restoration, and many times it's for misdemeanor, non-violent charges. Forensic patients tend to have longer lengths of stay and occupy a high percentage of total beds — about 75% — of beds at any time. This is creating a barrier to admissions for civil patients in most hospital catchment areas. Currently there is no designated cap on the number of forensic beds in state facilities, nor a designated minimum number of civil beds in state facilities.

Current Competency Restoration Processes

There has been an increase in defendants admitted to the state hospital setting for competency restoration, especially for misdemeanors. Defendants charged with misdemeanors and have been found to be Incompetent to Stand Trial are almost always admitted to the state hospital for treatment that focuses on the competency restoration services. People charged with misdemeanors are restored to competency to stand trial approximately 50% of the time, largely because of the limited time available for restoration. If they are restored, they return to court, often have their charges dismissed, receive time served, or are placed on probation and released to the community. Their treatment provisions are disrupted when they move between the hospital, jail, and community. Many times, medication treatment is disrupted by varying formularies and prescribers when returning to the jail setting. If the defendant is not restored, he/she is then transferred to probate court and continues treatment in the hospital. Treatment can then be fully focused on the mental health needs of the individual and community treatment linkage. Discharge planning can assist with their continuity of care. The competency restoration process as it exists for the misdemeanor population is ineffective and inefficient, disrupts care, and adds to the length of stay within the state hospital system, resulting in reduced access for civil patients.

Lack of a Robust, Statewide Psychiatric Continuum of Care

There are pockets of the state that have developed responses to serve individuals in need of intensive psychiatric services. There is not a fully developed, statewide infrastructure of resources and alternatives to inpatient hospitalization or to more rapidly transition patients to community-based services. There is a lack of designated observation beds and stabilization units, short-term residential and residential rehabilitation beds. In addition, there is not adequate access in some areas of the state to diversion strategies such as Assertive Community Treatment (ACT) teams, Community Living, Education, and Recovery Services (CLEAR) programs, and comprehensive crisis services.

Lack of Statewide Strategy for Directing Patients to the Appropriate Placement

Collaboration among ADAMHS boards, community treatment and recovery support providers and managed care plans/other payors is key to ensuring timely admissions and discharges as a person achieves stabilization and returns to the community.

Currently, there is no statewide strategy or approach that is followed across those involved in assuring patients are accessing the most appropriate level of care to meet their needs. This has resulted in a lack of clarity between the roles of the ADAMH boards, hospitals, community providers, and the managed care plans. In addition, there is no ability to track bed availability and capacity at the community level for outpatient and recovery support services on a real-time basis.

Ohio's Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards are statutorily empowered to plan, develop, fund, administer, and evaluate the local system of care for mental health and addiction services. ADAMH boards serve as the gatekeepers to the state psychiatric hospitals. This pre-screening process may look different depending on the board area. Often the pre-screening process occurs through a contractual relationship between the board and a local community behavioral health center. However, boards are not responsible for the financing or reimbursement of the state psychiatric hospitals. In addition, there has been a lack of direction to boards on appropriate placement options in general hospitals and private psychiatric hospitals.

Financing and Reimbursement

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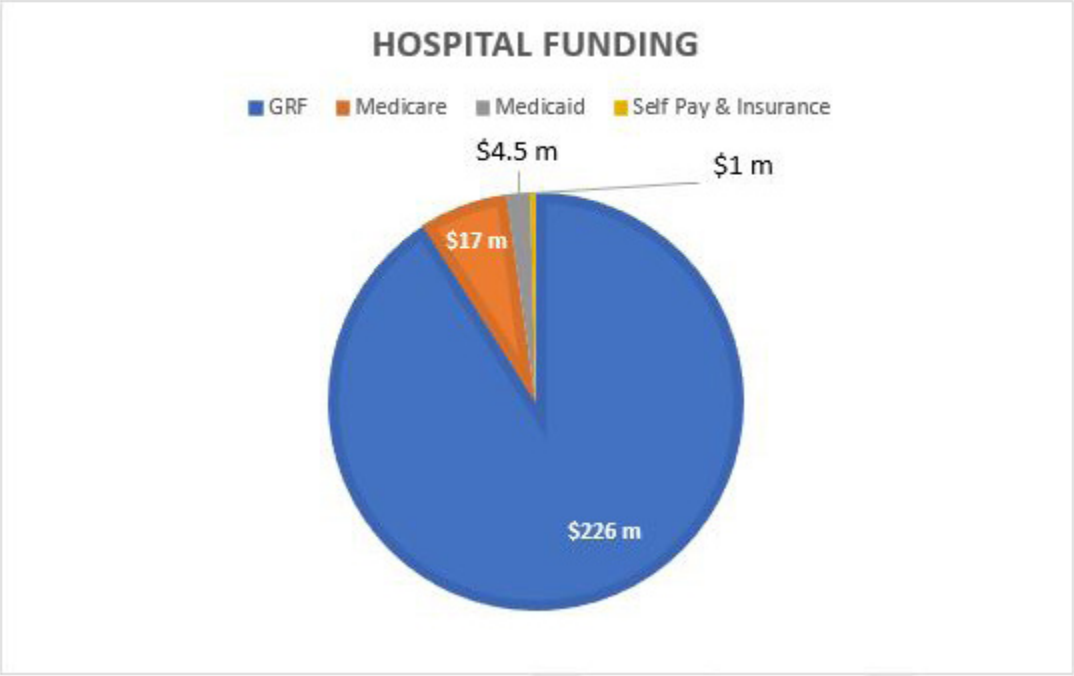

SOLUTIONS TO CONSIDER

The solutions below are being offered for consideration purposes only at this point. Each of the concepts below needs to be more fully explored to determine viability and associated opportunities, risks, challenges, costs and impacts to other systems at both the state and local level.

Increase Partnerships with General and Private Hospitals for Civil Patients

Across the country, state psychiatric hospitals have experienced an increase in forensic admissions; Ohio is not unique in experiencing an influx of forensic admissions. There are opportunities for boards to contract directly with local general and private psychiatric hospitals to serve civil patients needing inpatient services. Other states have taken steps to contract civil beds in general and private hospitals. The crisis funding that boards were allocated in the current budget can be used to contract with hospitals for civil admissions to avoid waiting for placement. This will expand bed capacity and availability at the local level and assure patients get services close to home. This will also ease transition efforts for individuals to return to or engage in community-based services locally upon discharge.

Mitigate Risks Associated with Jail Transfers

Improve assessment capacity and triage within local jails to assure appropriate, safer transfers when clinically necessary. Increase the types of services that are available at local jails by increasing mental health staffing to improve access to mental health assessments and treatment, and by improving psychiatric medications formularies. Likewise, the state psychiatric hospitals have improved their safety by undergoing vulnerability assessments, adding cameras and metal detectors. Ongoing attention to safety and security in the hospital setting is necessary while maintaining a treatment culture and focus.

Complete Existing Construction Projects in the State Psychiatric Hospital System

Construction projects at the regional psychiatric hospitals are improving environments for inpatient treatment and providing additional bed capacity. Northwest Ohio Psychiatric and Heartland Behavioral Healthcare are currently under renovation and will be completed in early 2021. A newly constructed Twin Valley Behavioral Healthcare is scheduled for completion in 2023 and will add 26 beds to the system. Both Northcoast Behavioral Healthcare and Summit Behavioral Healthcare were designed to add additional units for future use. Twin Valley, when finished, has been designed with the potential for additional units to be added.

Increase the Use of Diversion Strategies, Crisis and Community Service Capacity

More widely implementing promising and evidenced-based practices would help reduce the impact of bed shortages and assist individuals in receiving the most appropriate level of care, often times in the community.

- Create a step-down facility in each of the state psychiatric hospital catchment areas for individuals leaving inpatient settings to stabilize and prepare patients for the transition to community-based care.

- Crisis services provide comprehensive evaluation and treatment approaches that are specifically designed to stabilize individuals in crisis and promptly link clients to community treatment, frequently avoiding the need for inpatient treatment. These include warm handoffs, quick response teams, crisis stabilization units, and mobile crisis teams to name only a few.

- Housing capacity and redirecting local funds — lack of safe housing is a huge barrier to the recovery of individuals with mental illness or addiction. Appropriate housing also is a key to rebalancing Ohio's long-term care options, saving taxpayer dollars, and increasing independence for people who do not require institutional care.

- Assisted outpatient treatment (AOT) utilizes a court order to require adherence to treatment for individuals with a history of nonadherence and rehospitalization or reincarceration, among other criteria. Authorized in 46 states and the District of Columbia, AOT has been deemed an evidence-based treatment effective in reducing the incidence and duration of hospitalization, homelessness, arrests and incarcerations, victimization and violent episodes.

- Assertive community treatment (ACT) is a multidisciplinary team approach to serving patients with a mental illness where they live. One of the oldest and most widely researched practices in behavioral health care for serious mental illness, ACT decreases client use of intensive, high cost services such as emergency department visits, psychiatric crisis services and psychiatric hospitalization. Clients of ACT are also more likely to be living independently and have higher rates of treatment retention.

- Sequential Intercept Model is a conceptual framework for preventing individuals with mental illness from entering or penetrating deeper into the criminal justice system. Among the intercepts are practices such as mobile crisis teams, which integrate law enforcement and mental health workers to respond to psychiatric calls, and crisis intervention training (CIT), which gives law enforcement specialized training in spotting and responding to individuals in psychiatric crisis. CIT has been shown to significantly increase the likelihood a law enforcement contact with a person with serious mental illness will result in transport to a treatment facility rather than arrest and booking.

Expansion of the CLEAR Program

The Community Living, Education and Recovery Services (CLEAR) program can be designed to provide selected civil in-patients in the state hospital system with extended lengths of stay or high readmission rates the opportunity to experience a milieu that simulates a community-based, group living arrangement. CLEAR

services are designed at present for forensic patients who are working towards or nearing discharge. The expansion of this program to include civil patients will provide these individuals the opportunity to live in a more independent safe living arrangement. The program provides experiences that simulate community-based living with more freedom of choice and the ability to utilize other people and resources for recovery. The patients would spend their leisure, evening time, and sleep time on the CLEAR unit; and spend the balance of their day and early evening at work or participating in recovery, treatment, or discharge activities.

Reform Ohio's Strategy for Serving Those Involved in the Criminal Justice System

State hospital access would be improved by (a) diverting those who are not competent to stand trial and charged with misdemeanors (especially nonviolent misdemeanors) directly to the probate court for treatment instead of attempting restoration to competency, or (b) remanding these individuals to only outpatient competency restoration. Both options would increase the availability of state hospital beds. This reformation could potentially reduce the bed-day burden on the strained state psychiatric hospital system by 17,500 bed days annually (5% reduction in daily occupancy.) Ohio could also consider designating forensic-specific bed capacity. Ohio is one of 10 states that does not have a designated number of forensic beds. By designating specific forensic beds, access to civil beds in the state psychiatric hospital may be preserved. In addition, state civil beds could be purchased throughout the state in general and private psychiatric hospitals. North Carolina, Rhode Island, and Georgia have taken a similar approach.

Examine Utilization of Existing Bed Capacity

OhioMHAS will develop methods for determining the existing bed capacity across the state that is inclusive of private, freestanding psychiatric hospitals and psychiatric units in general hospitals, in addition to the capacity that is available in the state psychiatric system. This analysis will include the impact of workforce issues and access to, and capacity of, the community-based continuum of care on inpatient bed capacity. OhioMHAS will also be conducting a point-in-time study as part of this examination to determine overall capacity within the community behavioral health care system.

In Summary

The OhioMHAS hospital system faces challenges as it continues to serve individuals with mental illness in their local communities. However, with challenges comes opportunities to improve access to services and provide more comprehensive services to the population in most need of care, especially the forensic patients. Considering some of the above solutions will enable the system to move forward.