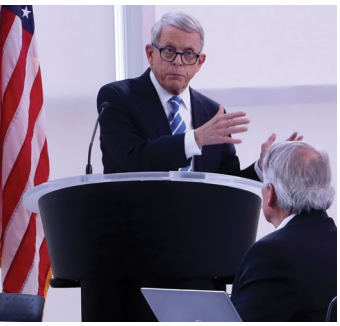


GOVERNOR'S WORK GROUP ON COMPETENCY RESTORATION AND DIVERSION

Recommendations Report

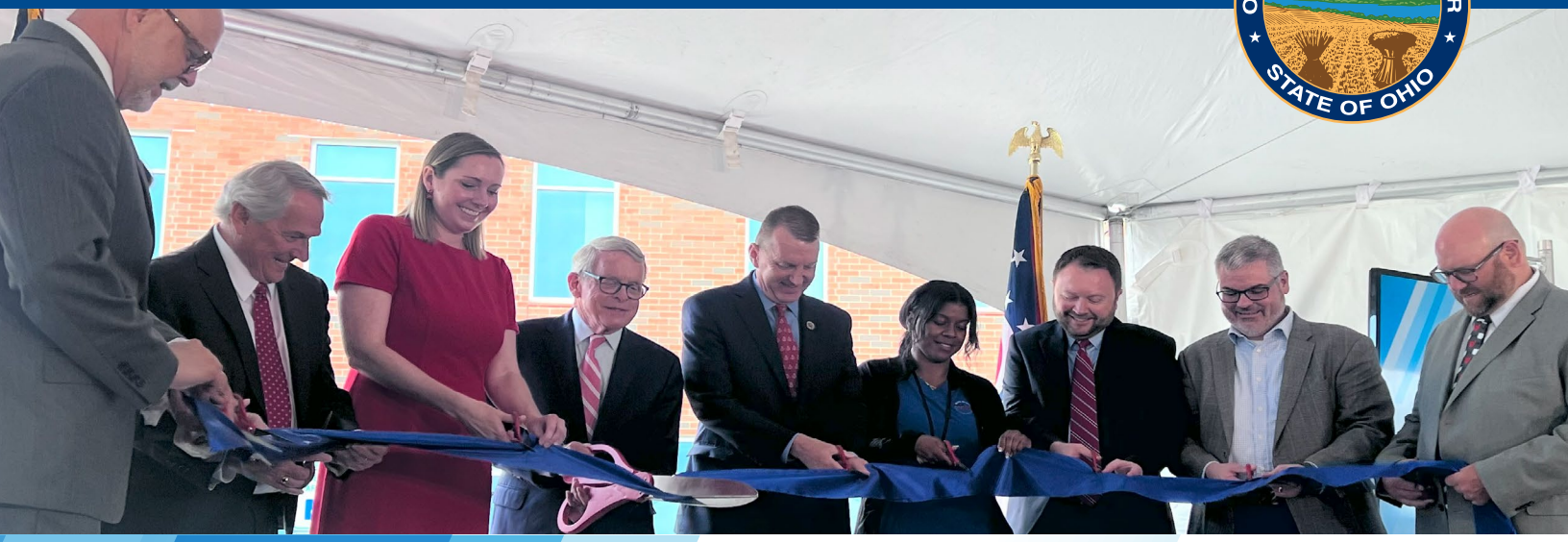
MIKE DEWINE
GOVERNOR OF OHIO

Department of Mental Health & Addiction Services

"Jails and RPHs often become the repository for individuals who have been kicked out of everywhere else because of their unmanaged mental illness—housing, shelters, emergency rooms, community treatment, etc."

– Community Behavioral Health Provider

LETTER FROM THE GOVERNOR



Dear fellow Ohioans,

During my time as Governor, one of my top priorities has been Ohio's mental health. My administration has been deeply committed to expanding access to mental health services, to ensure that all people can find the support and care they need to reach their full potential. While we have made great strides, our state's Regional Psychiatric Hospitals (RPHs) have faced significant challenges.

These hospitals, which serve as a crucial safety net for Ohioans with serious mental health conditions, are operating at more than 96% capacity. Alarmingly, more than 90% of the beds are occupied by individuals involved in the criminal justice system – also known as forensic patients. This growing forensic population has made it increasingly difficult for those with acute mental health needs who are not involved with the criminal justice system to access care in these facilities.

Recognizing this issue, I convened the Governor's Work Group on Competency Restoration and Diversion. Comprised of experts from various fields – ranging from mental health and criminal justice professionals to local leaders – this group came together with a shared goal: to develop actionable solutions that address the strain on our RPHs and improve access to care for all Ohioans. Over the course of several months, the Work Group met frequently, holding regional community listening sessions, studying best practices from experts in other states, and analyzing data. These efforts culminated in a set of comprehensive recommendations, contained within this report.

At the heart of these recommendations is a desire to ensure that every Ohioan has access to the right care, in the right place, at the right time. The Work Group's proposals seek to go beyond merely increasing the capacity within our RPHs, but also expand options for community-based treatment, strengthen competency restoration programs in various settings, expand jail diversion initiatives, increase access to behavioral health services within jails, enhance efforts to proactively support at-risk individuals, and more.

By working to implement these strategies, we will alleviate the pressure on our hospitals, provide better support for those involved in the criminal justice system, and, ultimately, ensure that all Ohioans in need of mental health care are able to receive timely and effective treatment in the setting that best suits their needs.

Very respectfully yours,

Mike DeWine

Mike DeWine
Governor

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Governor's Work Group on Competency Restoration and Diversion Members

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LETTER FROM OHIOMHAS DIRECTOR

Dear Ohioans,

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) provides statewide leadership of a high-quality mental health and addiction prevention, treatment, and recovery system. OhioMHAS strives to end suffering from mental illness, substance use disorders, and problem gambling for Ohioans of all ages, their families, and communities.

OhioMHAS operates six Regional Psychiatric Hospitals (RPHs). Our specialized facilities provide short-term, intensive treatment to patients in both inpatient and community-supported environments. We also deliver comprehensive care to patients committed by criminal courts. We serve more than 3,000 Ohioans each year within our RPHs, and an increasing number of these patients are committed by criminal courts. While community members receiving treatment in our RPHs are with us for roughly two weeks on average, individuals mandated to an RPH for care and treatment by a criminal court stay much longer — for months or even years.

For this reason, OhioMHAS has seen a dramatic reduction in the number of Ohioans we are able to admit annually. Further, our waitlist to receive care has increased greatly post-pandemic. I am grateful to Governor DeWine for convening the Governor's Work Group on Competency Restoration and Diversion. As he said during the first Work Group meeting, we want to ensure that committing a crime isn't the only way to access care in a state facility.

Through the recommendations included below, we believe we can safely and thoughtfully reduce the forensic population within our RPHs, increase access to more Ohioans, and improve health outcomes for our state. I am deeply grateful to the committee members for their time and their talents, and I look forward to continuing to collaborate with them on the implementation of these recommendations.

Best,

LeeAnne Cornyn

Director
Ohio Department of Mental Health and Addiction Services

EXECUTIVE SUMMARY

In April 2024, Governor Mike DeWine convened the Governor's Work Group on Competency Restoration and Diversion to address the chronic lack of beds for community members in our six state-operated regional psychiatric hospitals (RPH). Today our hospitals operate at over 96% capacity, and nine out of every 10 of these beds are occupied by forensic patients, including individuals transferred from jails, those ordered for restoration to competency, and for treatment after a Not Guilty by Reason of Insanity acquittal. This challenges OhioMHAS' ability to keep pace with court referrals for forensic admissions and limits our state psychiatric hospitals' ability to serve citizens with serious mental illness who are not criminal justice involved. Committing a crime shouldn't be the only means of access to a state hospital. The group was charged with developing solutions that improve the diversion of individuals to community-based behavioral health; delivery of behavioral healthcare in jails, including competency restoration services; efficacy of Ohio's outpatient competency restoration system; and other innovative ideas to address the intersection of mental illness and criminal justice. With this mission in mind, the group convened eight times from April to July 2024.

The Governor's Work Group on Competency Restoration and Diversion was made up of stakeholders from the psychology field, criminal justice field, government agencies, local partners, and community organizations, including representation from persons with lived experience. Regional listening sessions were held across the state in each of our six regional hospital catchment areas to gain local insights from community leaders and members about their individual challenges and best practices. Additionally, a large convening of current and former forensic patients took place to capture the voice of individuals with lived experience. Group members spoke with subject matter experts, analyzed themes from the regional listening sessions and lived experience panel, and accepted public comments and participation both online and in person.

Over the course of 17 weeks, the Work Group met eight times to discuss the current competency restoration and diversion landscape, identify challenges and opportunities, hear from experts on best practices and innovation, and, ultimately, share strategies and input on recommendations to inform the final report.

WORK GROUP MEETINGS

Summary of Meetings

April 3,2024

- Kick-off of first meeting, goals, and expectations provided by Governor Mike DeWine
- Overview of Ohio's forensic evaluation and regional hospital systems, including historical trends and current challenges
- Discussion on scope of the Work Group, expectations, and logistics

April 17,2024

- Review key highlights from first Work Group meeting
- Presentation on OhioMHAS' criminal justice-related initiatives to include diversion, specialized dockets, prison/jail-based services, and reentry programming
- Overview of the Stepping Up Initiative provided by Retired Justice Evelyn Stratton
- Introduction to the Sequential Intercept Model by the Criminal Justice Coordinating Center of Excellence at NEOMED

2024 April

May 8, 2024

- Continued discussion of the Sequential Intercept Model and how the model will be utilized in future group discussions
- Presentation from Hamilton County Sheriff Charmaine McGuffey on how the county jail is addressing the needs of individuals with mental health and substance use disorders in the county jail (i.e. jail step-down unit, programming, and medication)
- Panel discussion with the Hamilton County Jail-Based Diversion and Restoration Services team

May 23, 2024

- OhioMHAS report out on learnings from first three stakeholder listening sessions held in the Heartland Behavioral Healthcare, Northcoast Behavioral Healthcare, and Central Ohio Behavioral Healthcare catchment areas
- Outcomes of recent OhioMHAS visit with the Council for State Governments Criminal Justice Mental Health Challenge
- Presentation from Eleventh Judicial Circuit Court of Florida Administrative Judge Steve Leifman on Miami-Dade's mental health diversion system and lessons learned

May

June 6, 2024

- Presentation from Tennessee on Tennessee's competency restoration and diversion efforts to include the Outpatient Competency Restoration program, Criminal Justice Liaison program, Competency and Wellness Docket, and Intensive Long-Term Support residential program
- Presentation from the Treatment Advocacy Center on how Assisted Outpatient Treatment (AOT) supports diversion
- Discussion with Marion County Court of Common Pleas Judge Larry Heiser on learnings from Marion County's AOT program

June 28, 2024

- Presentation on several strategies related to jail-based services, competency dockets, residential treatment facilities, mental health diversion, and forensic navigators
- Small group activity to provide input on, determine resources needed, and identify impact of shared strategies and report out to larger group
- Introductory presentation from Clear Pathways and Peg's Foundation

2024 June

July 10, 2024

- Presentation from Clear Pathways, Peg's Foundation, and Mathematica on developing, funding, implementing, and evaluating systems of change
- Review of draft Work Group report recommendations
- Individual rankings on draft recommendations
- Work Group member selection of their top draft recommendations through "dot democracy" activity to further refine and prioritize recommendations

July 24, 2024

- OhioMHAS share out of learnings from Lived Experience Panel
- Discussion on outcomes of previous meeting's "dot democracy" activity
- Large group discussion to finalize draft recommendations, ranking of priority recommendations, and recommendations that need explored further

July

WORK GROUP RECOMMENDATIONS

The Work Group developed 15 recommendations across six domains. At the core of these recommendations is the desire to get the right individual in the right environment to receive the right care.

Broader System Needs

1. Scale universal, indicated, and targeted prevention services statewide, to support at risk families and children as early as possible.

2. Establish new and support existing statewide crisis services, including 988, to ensure that all Ohioans have someone to call, someone to respond, and somewhere to go when experiencing a behavioral health crisis.

3. Continue to build Ohio's continuum of housing supports for individuals with mental illness and criminal justice involvement, as these individuals are more often than others to encounter barriers to securing housing.

4. Expand strategies to recruit and retain behavioral health and criminal justice workforce.

5. Increase inpatient psychiatric treatment capacity.

Pre-Trial Diversion

6. Create local processes to assess behavioral health needs and risk concerns early in the criminal justice process and communicate these findings to inform decision making at different intercepts.

7. Develop local programming to proactively respond to and plan for individuals who interact repeatedly with criminal justice and behavioral health systems, through multisystem stakeholder meetings and data sharing.

8. Pilot pre-trial, behavioral health diversion facilities as a place to receive treatment while charges are held in abeyance.

Judicial System

9. Explore streamlining motions for a competency evaluation through screening tools to ensure the right individuals are evaluated and access care.

10. Expand Assisted Outpatient Treatment to more counties in Ohio as an alternative pathway to competency restoration.

Systems Navigation

11. Expand training opportunities for professionals at the intersection of behavioral health and criminal justice on topics including voluntary and involuntary treatment, competency restoration, medications to treat mental illness, medication assisted treatment, and others.

12. Develop multi-disciplinary navigation teams to engage individuals with mental health and/or substance use disorders throughout the criminal justice system through assessments and linkages to care.

Jail-Based Services

13. Expand jail-based competency restoration pilots in higher-volume jails with access to needed behavioral health resources.

14. Expand access to jail-based behavioral healthcare, including increased access to medications for mental illness and opioid and alcohol use disorders; uniform formularies for these medications in jails and prisons, where possible; and the availability of prescribers and providers to administer medications.

Access to Residential Treatment

15. Continue to expand the availability of community residential treatment facilities as avenues to step individuals out of inpatient care, continue needed treatment, sustain recovery, and safely maintain individuals in the community.

A detailed explanation of each of the Work Group recommendations begins on Page 16

BACKGROUND

When an individual is charged with a criminal offense, they must be competent to stand trial — meaning that they are able to understand the legal proceedings and participate in their defense. This includes proposed charges, potential penalties if convicted, the meaning of available pleas, and the roles and responsibilities of various people in the courtroom. The individual must also be able to assist their attorney in the preparation of a defense. When an individual has a mental illness or intellectual disability that prevents them from meeting the above criteria, the individual is said to be incompetent to stand trial (IST) and is referred to competency evaluation and restoration services.

Ohio Revised Code, ORC 5119.14(C) authorizes the Ohio Department of Mental Health and Addiction Services to ensure "the custody, care, and special treatment of. . . persons who are charged with a crime and who are found incompetent to stand trial or not guilty by reason of insanity." To fulfill this commitment and also provide Ohio's indigent residents with access to high-quality, inpatient psychiatric care, OhioMHAS operates a system of six Regional Psychiatric Hospitals (RPHs).

Ohio's RPHs provide more than 1,000 Ohioans daily with comprehensive inpatient care — treating individuals to wellness, not just stabilization. Inpatient services are provided 24/7 by nearly 2,000 staff consisting of physicians, nurses, and direct care workers. More than 3,000 patients are admitted annually, with various diagnoses and legal status. However, the vast majority of patients — more than 90% — are criminal justice involved, also known as forensic patients.

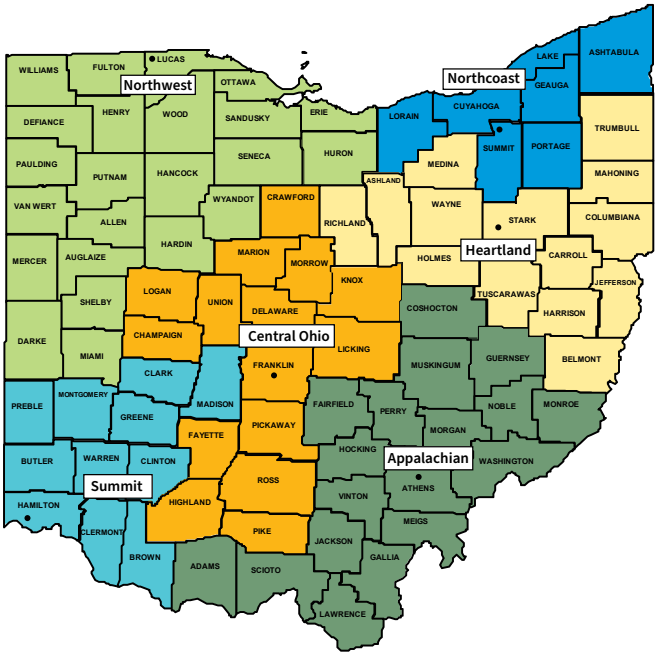


Figure 1: The six Regional Psychiatric Hospital (RPH) catchment areas by county.

BACKGROUND/CURRENT STATE OF OHIO EFFORTS

Forensic patients include jail transfers, restoration to competency, and patients who are not guilty by reason of insanity. These patients often require longer lengths of stay, which challenges the ability of the RPHs to keep pace with court referrals for forensic admissions and limits the ability for the RPHs to serve citizens with serious mental illness who are not criminal justice involved, otherwise known as civil patients.

Historically, Ohio's RPHs had capacity to meet community need, with relatively even distribution of civil and forensic patients. Over the past two decades, however, Ohio has experienced a dramatic increase in the number of forensic patients requiring care in our hospitals, all but eliminating access for civil patients.

Percent of Forensic vs. Civil Patients

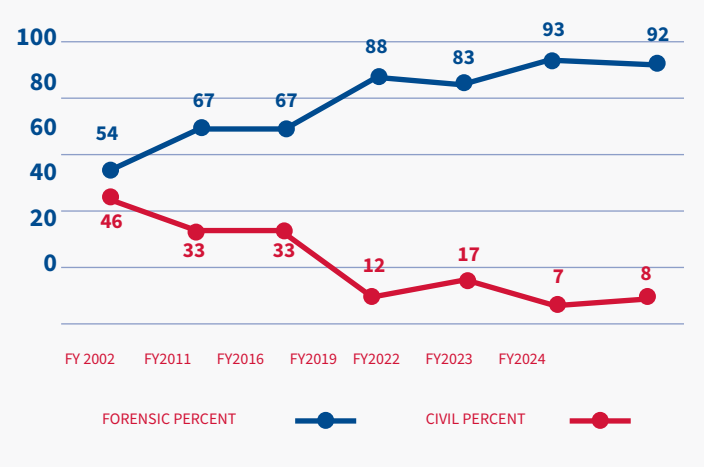


Table 1: Percentage of Forensic Vs. Civil Patients shows the point in time percentage of on-rolls for forensic and civil patients from 2002 to 2024. The number of forensic patients has increased while the number of civil patients at the RPHs has decreased.

Current State of Ohio Efforts

Ohio's RPHs treat to wellness, providing patients with the wraparound support they need to thrive back in their community. That looks like longer patient stays, person-centered discharge plans, linking patients to community-based care and scheduling appointments for them, and even providing clothing and personal care items when needed. To ensure that more Ohioans can access this quality care, OhioMHAS has implemented several efforts to better manage hospital capacity and support local partners who feed into our hospital system.

State Psychiatric Hospital Efforts

- **Internal Bed Management Process:** a system-wide management and monitoring of admissions, maximizing availability of open beds across the system, assessing patient lengths of stay, collaborating with community partners to address barriers to treatment and discharge, and supplementing workforce through contracts with forensic psychiatrists and psychologists to produce timely court evaluations and reports.

- **The Hospital Access Funds Program:** developed during the COVID-19 pandemic, the program allows community mental health and addiction recovery boards to utilize state funds to pay for civil patient stays in private mental health hospitals when an RPH bed is not available. Since implementing this program, over 5,000 patients have been served, thanks to ongoing funding through the state General Revenue Fund (GRF).

- **Central Ohio Behavioral Healthcare (COBH):** in Spring of 2024, Twin Valley Behavioral Health was replaced with a new, state-of-the-art RPH named Central Ohio Behavioral Healthcare. This new state psychiatric hospital includes eight patient units with over 200 beds, intensive care suites, a social learning center, secured courtyard, and courtroom area, adding 30 additional beds to Ohio's RPH system.

- **Psychiatric hospital in the greater-Dayton region:** under Governor DeWine's leadership, $10 million was appropriated in the capital budget which is appropriated in the SFY25-26 capital budget to begin the construction process on a new RPH in the Miami Valley. This new hospital will ultimately bring more than 200 beds to our statewide system of care.

BACKGROUND/CURRENT STATE OF OHIO EFFORTS

Criminal Justice Efforts

OhioMHAS provides essential support for individuals with mental illness who are involved in the criminal justice system through several court and jail programs. These programs are designed to support the complex needs of individuals with mental illness who encounter the criminal justice system, aiming to offer treatment and recovery supports. OhioMHAS also provides treatment services to over 11,000 incarcerated men and women annually.

- **The Mental Health Court Program and Specialized Docket Subsidy Program:** supports specialized dockets, focusing on treatment and recovery supports for individuals with severe mental illnesses. These courts work to integrate behavioral health treatment with the justice process, promoting recovery and reducing recidivism.

- **The Behavioral Health and Criminal Justice Linkage Programs:** provides treatment and supports for incarcerated people leaving jails through screening, behavioral health treatment, and linkage to community treatment and supports. Nearly 15,000 individuals were served last fiscal year.

- **The Access to Wellness Program:** in partnership with county ADAMHS boards and behavioral health providers, Ohioans with severe and persistent mental illness in Outpatient Competency Restoration programs, currently incarcerated in jail, hospitalized in an inpatient psychiatric facility, and/or in a crisis stabilization unit are connected with services and supports to be stabilized in their communities. More than 1,500 Ohioans have been served through this program.

- **The Behavioral Health Drug Reimbursement Program:** provides reimbursement to counties for the cost of psychotropic and opioid/alcohol treatment medications dispensed to inmates of county jails and Community Based Correctional Facilities. More than 90% of Ohio's jails and CBCFs participate in this program.

Additional Statewide Efforts

In April 2021, Governor Mike DeWine signed Senate Bill 2 (134th G.A.)[1], which changed Ohio law to provide two alternative pathways of competency restoration for individuals with non-violent, misdemeanor charges found to be Incompetent to Stand Trial.[2] These individuals no longer must be sent to the state hospital for competency restoration. Rather, they can engage in an Outpatient Competency Restoration program, or they can have their charges dismissed and referred to probate court for hospital treatment of their mental illness. Since the passage of S.B. 2, OhioMHAS has developed 10 Outpatient Competency Restoration programs, serving more than 400 individuals in this least restrictive setting.

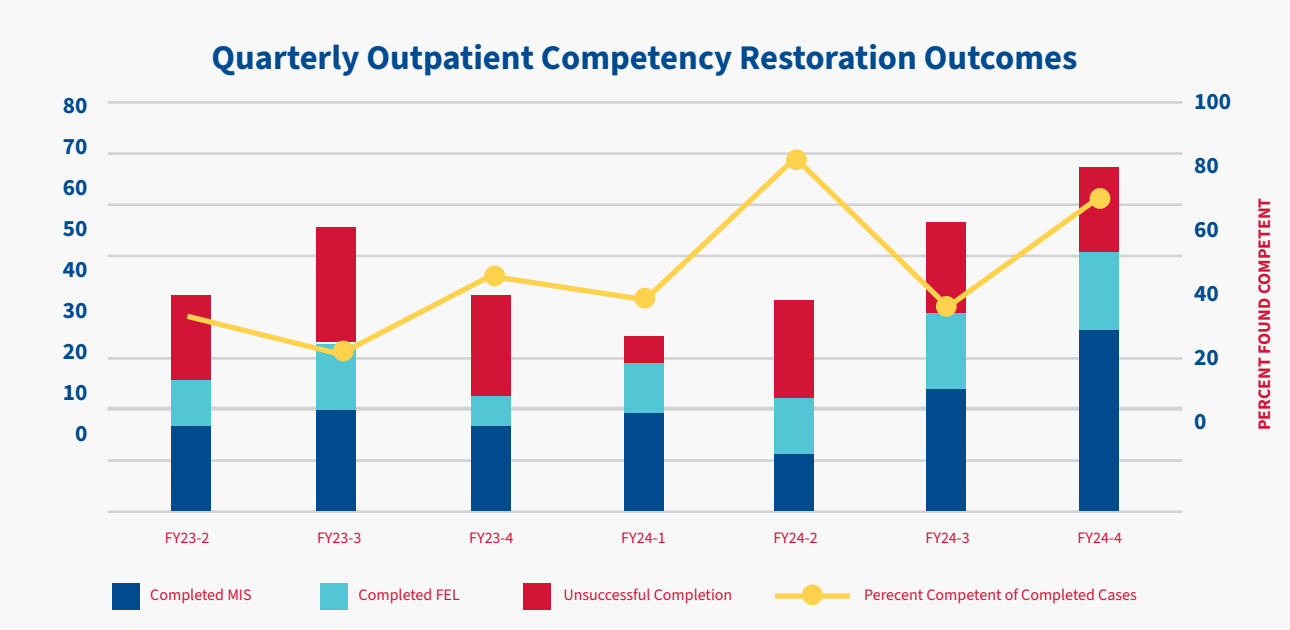


Table 2: Quarterly Outpatient Competency Restoration Outcomes per fiscal year quarter by completed misdemeanor outpatient competency restoration (Completed MIS), completed felony outpatient restoration (Completed FEL), unsuccessful completion, and a trend line detailing the percent found competent in completed cases of outpatient competency restoration.

1 **https://search-prod.lis.state.oh.us/api/v2/general_assembly_134/legislation/sb2/05_EN/pdf/**

2 **https://www.neomed.edu/cjccoe/sequential-intercept-mapping/**

3 **https://www.naco.org/sites/default/files/documents/Miami-Dade%20County%20-%20Mental%20Health%20and%20Jails%20Case%20Study.pdf**

ADDITIONAL STAKEHOLDER FEEDBACK OPPORTUNITIES

In addition to the Work Group meetings, OhioMHAS convened a series of seven additional stakeholder roundtables to solicit feedback, identify local best practices, integrate the voice of those with lived experiences into the recommendations. Accordingly, OhioMHAS convened six roundtable discussions — one in each RPH catchment area — with local officials representing behavioral health, healthcare and hospital systems, law enforcement, the judiciary, and more. OhioMHAS also convened a panel discussion with current and former forensic patients from Ohio RPHs to understand their experiences with the behavioral health and criminal justice systems. Summaries of each were provided to Work Group members for consideration during the recommendation setting process.

Lived Experience Panel Discussion

To ensure that the Work Group's recommendations captured the voice of individuals with lived experience, OhioMHAS hosted a large convening of current and former forensic patients within our RPHs including dozens of patients and peer support/client rights personnel. These individuals included Rights and Recovery Administrators, Peer Supporters, and Advisory Council members. The Advisory Council members are current forensic patients who meet regularly to provide feedback to hospital leadership.

This session provided additional perspective into system challenges and opportunities for improvement. A summary of this meeting and recommendations were provided to all Work Group members. During this event, common themes emerged. The following needs were identified by participants:

- **Education for court personnel/judges/ law enforcement on behavioral health issues/competency.**
- **Increased access to jail-based services, better access to residential treatment facilities.**
- **Criminal justice/mental health liaisons (forensic navigators) and broader system advancements such as greater access to crisis services and workforce.**

ADDITIONAL STAKEHOLDER FEEDBACK OPPORTUNITIES

Local Regional RPH Catchment Listening Sessions

To supplement the Work Group's efforts, OhioMHAS hosted six regional listening sessions across Ohio from April to June 2024. With a total of 246 multidisciplinary, local stakeholder participants, each regional listening session resulted in a series of locally developed strategies to increase civil patient access to RPH beds and improve the health outcomes for those with mental illness, substance use disorders, and criminal justice involvement. A summary of each meeting and recommendations were provided to all Work Group members. The major themes that emerged include: the need for forensic navigators, enhancement of jail-based behavioral health programs, court competency practices, pre-trial diversion, and transitional residential treatment facilities.

Breakdown of Participants

68
Participants from Alcohol, Drug and Mental Health (ADAMH) board staff;

23
Sheriffs, probation officers, and jail administrators;

26
Common pleas, misdemeanor, probate, and municipal court judges, magistrates, and court administrators;

18
Defense attorneys, public defenders, and prosecutors;

31
Behavioral health providers, forensic center staff; county commissioners;

80
Regional Psychiatric Hospital (RPH) leaders and OhioMHAS staff.

Sequential Intercept Model

Developed in the early 2000s in Summit County, Ohio, the Sequential Intercept Model (SIM) model helps to inform an understanding of the current system, inherent problems, and potential solutions.[4] The SIM is supported by Ohio's Criminal Justice Coordinating Center of Excellence, OhioMHAS, and SAMHSA's National GAINS Center. The Work Group was provided with a detailed presentation on the SIM mapping process and considered how the SIM helps to inform gaps in state and local systems of care.[1] While the competency to stand trial process begins at SIM Intercept 3, the Work Group explored opportunities to intervene earlier.

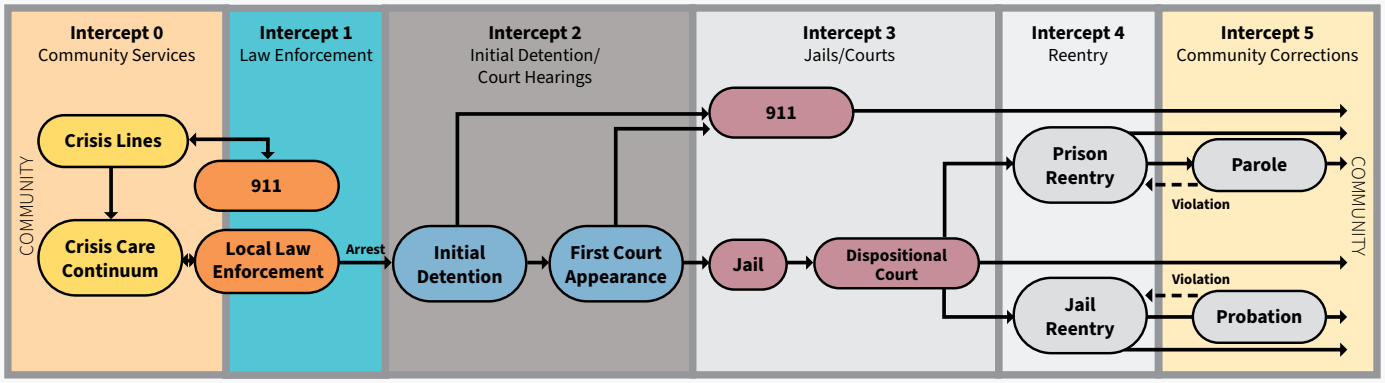


Figure 2: Sequential Intercept Model, featuring the intercepts (Intercept 0-Intercept 5) at which individuals become involved with the behavioral health system and/or the criminal justice system.[1]

4 https://www.neomed.edu/cjccoe/sequential-intercept-mapping/

RECOMMENDATIONS: BROADER SYSTEM NEEDS

Overview: Broader System Needs

A robust, community-based behavioral health continuum of care ensures Ohioans have access to the mental health and substance use treatment they need to be well, get well, and stay well right in their own communities. Accordingly, the Work Group recommends building out additional capacity within the behavioral healthcare system, including additional prevention, early intervention, treatment, and recovery supports, such as housing, as well as the workforce to deliver these essential services. These broader system needs help to divert individuals from criminal justice settings and regional psychiatric hospitals (RPHs).

"Access to a full continuum of levels of care with community mental health resources, similar to substance use disorder resources, is critical for reducing further penetration into the criminal justice system".

– Community Mental Health Stakeholder

1. Scale universal, indicated, and targeted prevention services statewide to support at-risk families and children as early as possible.

Half of all lifetime cases of mental illness begin by age 14, and 75% begin by age 24.[5] Further, one-in-five adults will experience a mental illness in their lifetime, but less than half receive care.[6] Prevention means averting behavioral health problems before they start, mitigating risks, building resiliency, and helping people stay well. Ideally, prevention begins at the earliest intercept possible — Intercept 0 — and continues across the lifespan.[7]

Through evidence-based prevention and early intervention programming, it is possible to help prevent or delay the onset of mental illness and improve outcomes through rapid access to treatment at the first signs of issues. The Work Group underscored the importance of universal access to prevention and early intervention programming in communities to ensure that we can improve outcomes for more Ohioans. OhioMHAS, with the Ohio Department of Children and Youth and the Ohio Department of Medicaid, will work to mitigate the need for higher levels of care for individuals with mental illness and reduce the prevalence of mental illness within the criminal justice system.

Program Spotlight: Sources of Strength

Sources of Strength Is a program that prevents suicide by promoting help-seeking behaviors and relational connections between students, their peers, and caring adults. Since 2022, Sources of Strength has been implemented in 58 counties, 159 elementary schools, and 181 secondary schools. In total, the program has reached more than 146,000 students across the state.

At a high school in Canton, a senior student said she was surrounded by drug abuse her entire life. She thought it was normal. In high school she said she was struggling with her mental health and started going down the wrong path. That's when teachers and counselors at her school encouraged her to become a Peer Leader with Sources of Strength. This student said the program helped her realize she wasn't alone. Not only did she start making healthy choices, but she was able to help other students to make healthier life choices. In short – she said it transformed how she saw the world.

5 https://www.nami.org/NAMI/media/NAMI-Media/Infographics/Children-MH-Facts-NAMI.pdf

6 https://www.nimh.nih.gov/health/statistics/mental-illness

7 https://www.neomed.edu/cjccoe/sequential-intercept-mapping/

2. Establish and support existing statewide crisis services, including 988, to ensure that all Ohioans have someone to call, someone to respond, and somewhere to go when experiencing a behavioral health crisis.

When individuals experience physical healthcare emergencies, they often know who to call — 911 — or where to go to seek care — an emergency department. However, many struggle to locate the right care when they or a loved one experience a behavioral health emergency. By establishing a statewide crisis system, Ohioans will have someone to call, someone to respond, and somewhere to go when a behavioral health emergency arises.

In July 2022, Ohio launched the 988 Suicide and Crisis Lifeline in all Ohio counties, connecting individuals and families experiencing crisis with trained specialists offering compassionate, accessible care and linkages to additional behavioral health services in their community. Reasons to call can include suicidal ideation, substance use issues, or any other kind of emotional distress — a crisis is defined by the person experiencing distress. The Ohio 988 Suicide and Crisis Lifeline received 340,000 contacts in its first two years of existence alone, averaging more than 14,000 contacts per month and a speed-to-answer rate of only about 25 seconds (11 seconds faster than the national average).

A survey conducted in October 2023 found that only 36% of Ohioans were aware of 988. While this was double the national average at the time, we want all Ohioans to be as familiar with 988 as they are with 911, which would require sustained funding for an awareness campaign, which is currently underway.

While the services provided through 988 help many Ohioans to address their crises and connect to community resources, some Ohioans need additional supports to stabilize – whether that's someone to respond or somewhere to go. Through a $90 million investment from Ohio's General Assembly, OhioMHAS has helped to grow Ohio's crisis system in partnership with local Alcohol, Drug, and Mental Health (ADAMH) boards. These funds are adding more than 225 new crisis residential beds across the state, as well as five new behavioral health urgent care clinics, two new crisis intervention and observation units, and six new mobile crisis teams.

Under Governor DeWine's leadership, OhioMHAS, in partnership with tthe Ohio Department of Children and Youth and the Ohio Department of Medicaid, is working to expand Mobile Response and Stabilization Services (MRSS) for youth across all Ohio communities. Currently located in 45 counties, MRSS is available to help young people under 21 who are experiencing significant behavioral or emotional distress. This invaluable service aids our young people and their families who are grappling with suicidal thoughts and ideas, intense conflict, stress, and depression. Trained behavioral health professionals can deliver services to families 24/7, in person, at the young person's home, school, local emergency room, or another location in the community. This program not only offers immediate de-escalation, but also creates comprehensive wraparound care by providing up to 42 days of intensive in-home services. It connects families with peer support, skill-building opportunities, and prevention resources.

Through a safety net of crisis services, Ohioans can rapidly access behavioral health care services, helping to divert more individuals from emergency departments and the criminal justice system.

Figure 2: Ohio's Ideal Crisis Continuum to support individuals and families experiencing crisis, featuring a way to connect in crisis, someone to respond in crisis, access services for stabilization, and thrive in wellness as a productive member of the community.

RECOMMENDATIONS: BROADER SYSTEM NEEDS

3. Continue to build Ohio's continuum of housing supports for individuals with mental illness and criminal justice involvement, as these individuals are more often than others to encounter barriers to securing housing.

According to the Substance Abuse and Mental Health Services Administration, there are four key domains to recovery — health, home, purpose, and community. A safe and stable place to live can help individuals achieve and sustain their recovery and thrive in their community. However, those with criminal backgrounds often struggle to locate safe and appropriate housing.

Through collaborative partnerships with ADAMH boards and the Ohio Department of Rehabilitation and Correction, OhioMHAS supports landlords leasing to individuals with behavioral health and criminal justice backgrounds by providing incentive funding and covering the costs of repairs for eligible renters. While these investments are helping to support individuals in independent living settings, many need additional housing supports.

Ohio's housing continuum includes shelters; supervised group homes with treatment; supervised individual apartments; traditional group homes; individual apartments without supervision, including both permanent and transitional housing; and independent living.

Under the leadership of Governor DeWine, OhioMHAS has continued to invest in Ohio's housing continuum, including more than $35 million dedicated to housing through the current state capital budget (H.B. 2, 135th G.A.). In addition to numerous housing projects through local ADAMH boards, OhioMHAS will also construct a series of residential, step-down facilities to support RPH patients' transition back into the community. Through on-site and community-based treatment, peer support, life skills training, and medication management, civil and forensic patients can access additional supports to advance their recovery and stabilization.

Transitional residential treatment facilities, designed to provide 24/7 access to on-site and community-based supports like peer support, life skills training, medication, and more would assist patients moving out of RPHs and into an environment that better supports their transition back into the community. Such a facility could be used as a step-down from the state hospital (conditional release), provide outpatient competency restoration in a structured setting, as well as wraparound behavioral health services (utilization of assertive community treatment teams, substance use resources, etc.), serve as a rapid re-housing resource, provide stabilization for those on probation or those experiencing a crisis, and secure permanent supportive housing for some individuals.

Individual Experience

Upon her release from prison, Anna moved into a sober living home in a northern Ohio county to support her recovery and sobriety.

Within six months of release, Anna was able to successfully complete intensive outpatient treatment and transitioned into independent housing. Utilizing community supports, Anna was able to reinstate her driver's license and purchase her own vehicle. In hopes to become a peer support mentor to others struggling with addiction, Anna furthered her education and eventually obtained her certificates as a Chemical Dependency Counselor Assistant (CDCA) and CDCA II. Anna then became a part-time employee in the sober living home where she previously lived. Since then, Anna has shared her story in the community about how she turned her life around and became a mentor for others who may be going down a similar path to the one she was once on. To this day, Anna has avoided recidivism and continues to maintain her sobriety and mental health stability.

4. Expand strategies to recruit and retain behavioral health and criminal justice workforce.

In Ohio and nationwide, the demand for behavioral health services has dramatically outpaced the supply of new professionals entering the field. From 2013 to 2019, Ohio increased the number of behavioral healthcare professionals by nearly 175%, yet demand for behavioral healthcare services increased by more than 350%,[8] leaving the majority of Ohio counties in mental health provider shortage areas.[9]

To retain the current and future behavioral health workforce, OhioMHAS continues to explore and invest in strategies that increase career awareness, develop educational pipelines starting in high school, support recruitment, incentivize retention, and promote contemporary practices. However, those struggling with mental illness and substance use disorders are not exclusively served by the behavioral health field. Additionally, the Ohio Department of Public Safety and the Ohio Department of Rehabilitation and Correction support recruitment and training opportunities to ensure that law enforcement and criminal justice professionals have the knowledge and skills to support individuals with behavioral health conditions.

"All the funding in the world won't help if you can't find qualified staff or enough housing in your community."

- Community Behavioral Health Provider

5. Increase inpatient psychiatric treatment capacity.

As previously stated, Ohio's RPHs are operating at nearly 100% capacity, and more than nine out of 10 beds are occupied by forensic patients. The median length of stay for civil patients is 12 days, while forensic patients remain in Ohio's RPHs for more than six months (194 days), meaning that for every bed occupied by a forensic patient, an additional 16 civil patients could have been served.

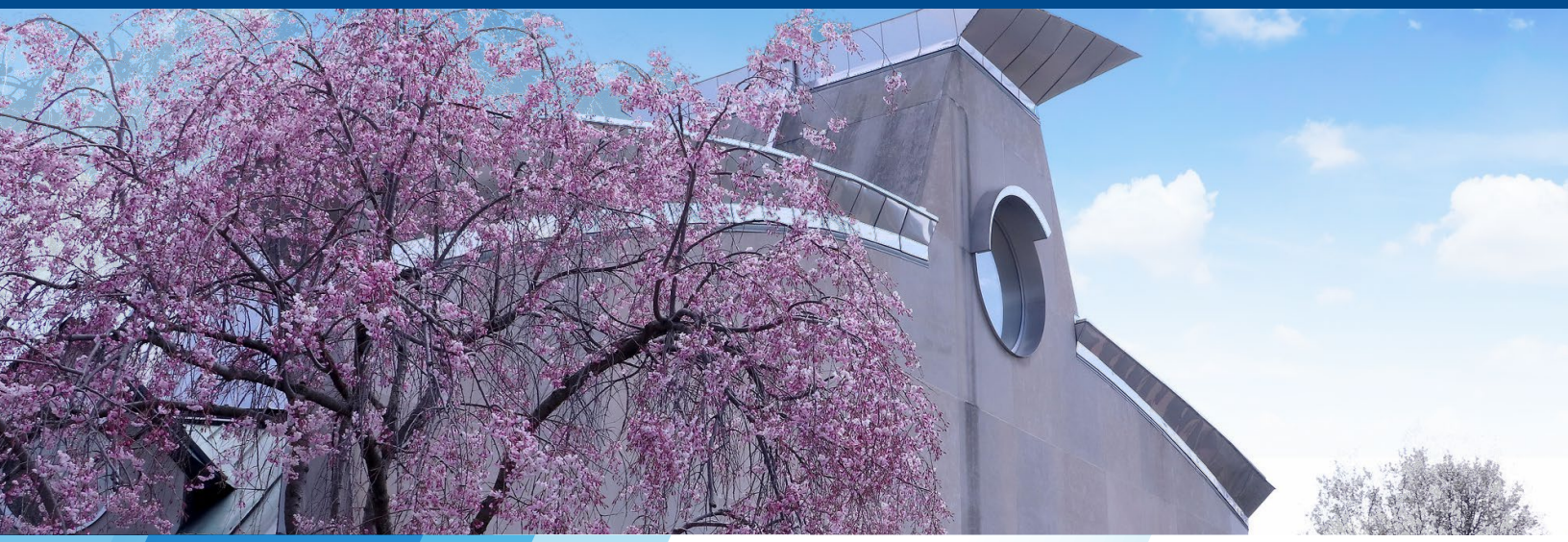
An increase in the quantity and length of stay for forensic patients has contributed to a decrease in the number of total patients served. In fiscal year 2014, RPHs served 7,165 unique patients for a total of 8,767 patient stays, compared to fiscal year 2023 where RPHs served 3,491 unique patients for a total of 3,834 patient stays. This is over a 50% decrease in the number of patients served.

Under Governor DeWine's leadership, we have expanded Ohio's Regional Psychiatric Hospital (RPH) system. In Spring 2024, we opened Central Ohio Behavioral Healthcare, a state-of-the-art facility that replaced Twin Valley Behavioral Health, adding adding modern amenities and dozens of additional hospital beds in central Ohio. Additionally, the General Assembly invested $10 million in the 2025-2026 State Capital Budget to begin the planning phases for a project to build a new hospital in the Miami Valley, which will add another 200 beds to the RPH system.

8 10/26/2023 | OhioMHAS Announces Comprehensive Plan to Address Ohio's Behavioral Health Workforce Challenges | Department of Mental Health and Addiction Services.

9 OPHE_Mental Health HPSA Map 2023_01042023 (ohio.gov).

RECOMMENDATIONS: PRE-TRIAL DIVERSION



Overview: Pre-Trial Diversion

Pre-trial diversion programs aim to redirect individuals with behavioral health issues away from traditional criminal justice involvement by creating alternative pathways through local systems to assess their specific needs and risks. These programs often employ cross-system collaboration to proactively engage and respond to individuals in crisis. Additionally, piloting pre-trial mental health diversion facilities provides targeted support and treatment, helping to address the underlying behavioral health issues and reduce the likelihood of hospitalization and recidivism.

6. Create a local process to assess behavioral health needs and risk concerns early on in the criminal justice process and communicate these findings to inform decision making at different intercepts.

Through processes such as the Sequential Intercept Model, (SIM) communities can detail how those with behavioral health needs enter and flow through the criminal justice system. The SIM can help communities identify resources and gaps at each intercept and develop localized action plans to strategically fill gaps most pressing for the community. By collaborating across systems, communities can share resources and best practices to help divert individuals with mental health and substance use disorders away from the criminal justice system and into community-based services. The Ohio Criminal Justice Coordinating Center of Excellence at NEOMED provides these services for free to communities, through funding from OhioMHAS and the Ohio Department of Public Safety.

7. Develop local programming to proactively respond to and plan for individuals who interact repeatedly with criminal justice and behavioral health systems, through multisystem stakeholder meetings and data sharing.

Throughout the Work Group, members frequently heard of individuals who regularly accrue non-violent misdemeanor charges, leading to dismissal or outpatient competency restoration, which may not be successful. As a result, these individuals can frequently interact with law enforcement, behavioral health, and the criminal justice system.

In at least one regional listening session, county officials shared a local process to track systems interactions for these individuals and the establishment of cross-systems meetings to develop plans of care for individuals, with a focus on outcomes that reduce recidivism and re-hospitalization. Further, through a shared tracking system, information was seamlessly shared across the multiple

systems. This process could be improved through the development of a shared electronic health record system to provide HIPAA-compliant information.

The National Association of Counties implemented the Familiar Faces Initiative in 2016 to help address the high volume of individuals with serious behavioral health needs and criminal justice involvement who are frequently seen by county and city workers, crisis services providers, and emergency department staff time and time again. These individuals cycle through jails, homeless shelters, emergency rooms, and other crisis services.[10] The initiative seeks to increase collaboration, share data, and ensure better outcomes for individuals involved with the criminal justice and behavioral systems. Local ADAMH Boards will identify community stakeholders to collaborate on developing data-sharing and planning pathways for individuals who frequently interact with multiple systems.

8. Pilot pre-trial, mental health diversion facilities as a place to receive treatment while charges are held in abeyance.

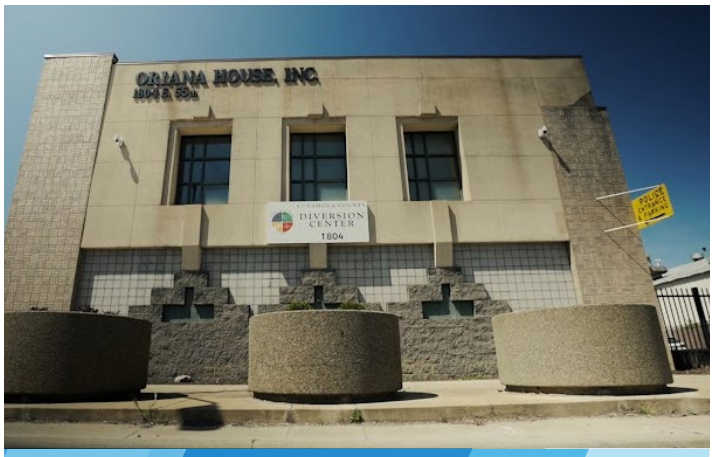
The Miami-Dade Forensic Alternative Center (MD-FAC) diverts individuals charged with second- and third-degree felonies from state facilities to a local inpatient hospital offering competency restoration, crisis stabilization, community skills development, reentry services, and ongoing treatment monitoring. This program provides care for approximately twice as long as a state hospital, at about half the cost.[11]

A 2015 study found that participants were discharged an average of 73 days (33%) sooner than those in traditional forensic treatment facilities. Most were enrolled in a post-arrest diversion program monitored by the court for at least one year, leading to charge dismissal upon successful completion.[12]

In the year following community reentry, participants in the program were 50% less likely to return to jail and spent an average of 41 fewer days incarcerated compared to those in state forensic facilities. The cost per admission to the program was also half that of a state facility.

Pre-trial diversion programming could be added to existing jails as a treatment unit, offering 30-day programs during which charges are held in abeyance, with the potential for dismissal upon completion and linkage to community resources. These units could operate regionally, utilizing peer and faith-based supports, along with non-traditional models for mental health and substance use treatment.

OhioMHAS will collaborate with criminal justice partners to establish a new pre-trial mental health diversion pathway in the Ohio Revised Code and develop a behavioral health treatment model to divert justice-involved individuals into treatment.



Ohio's first pre-arrest diversion center opened in Cuyahoga County in 2021. (pictured above) This model allows law enforcement to divert individuals from arrest and jail by directing them to treatment instead of filing charges.

10 **https://familiarfaces.naco.org/**

11 **https://dam.assets.ohio.gov/image/upload/v1715181681/mha.ohio.gov/KnowOurProgramsandServices/forensic-services/Governor%27sWorkGrouponCompetencyRestorationandDiversion/May8thMeetingDocuments/SOFES_Jail-Based_Comp_Rest_Fact_Sheet.pdf**

12 **https://csgjusticecenter.org/wp-content/uploads/2020/10/Just-and-Well27OCT2020.pdf**

RECOMMENDATIONS: JUDICIAL SYSTEM

Overview: Judicial System

It is crucial to build pathways upstream for competency evaluation by incorporating advanced screening tools to identify individuals who may need mental health assessments early in the process. Expanding Assisted Outpatient Treatment (AOT) offers an alternative pathway to traditional competency restoration by providing continuous, community-based support to individuals with severe mental health conditions, reducing the need for prolonged institutional interventions such as incarceration and hospitalization.

"Remember, if we can't figure out more options for our consumers, they are waiting in jail the entire time."

– Community Defense Attorney

9. Explore streamlining motions for a competency evaluation through screening tools to ensure the right individuals are evaluated and access care.

Currently in Summit County Jail, pre-competency education is provided to defendants ordered to a competency evaluation prior to the competency evaluation taking place. This has increased defendant attendance and compliance with the evaluations, decreasing the need to send these evaluations to the state hospital.

OhioMHAS will work with Ohio's forensic mental health professionals and criminal justice partners to develop competency-to-stand-trial toolkits, including competency bench cards and screening checklists to be used prior to orders for competency evaluation. Pre-competency education will also be utilized to improve the effectiveness and efficiency of the competency evaluation and restoration processes. Additionally, using risk assessments and behavioral health screening tools as soon as possible with a direct communication flow to the court and corresponding attorneys can help inform pathways that will yield the best outcomes — the right person, right place, and right intervention. Forensic navigators could be funded and developed to assist with this task.

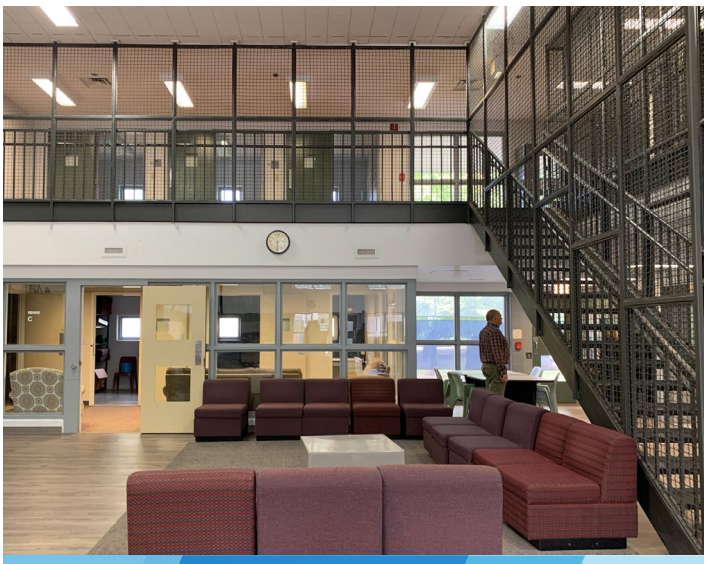
RECOMMENDATIONS: JUDICIAL SYSTEM

10. Expand Assisted Outpatient Treatment (AOT) to more counties in Ohio as an alternative pathway to Competency Restoration.

AOT is a court-ordered, individualized treatment plan that can provide individuals with mental health conditions the support they need to thrive while living in the community, and also potentially avoiding hospitalization and reincarceration. Once the participant demonstrates voluntary engagement in treatment, the court dismisses the AOT order or allows it to expire and care continues. By ensuring regular treatment and medication adherence, AOT helps maintain stability and reduce the onset of symptoms, which can improve an individual's ability to participate in legal proceedings or other aspects of their lives.

AOT reduces the likelihood of hospitalization and re-offending by providing ongoing care and support. It can help alleviate the burden on institutional settings and community resources by managing care in an outpatient setting. AOT aims to balance the need for supervision with the individual's right to make decisions about their treatment on their own.

Several Ohio counties utilize AOT, but there is room for continued growth of these services. Recently, the Supreme Court of Ohio has committed to providing support for existing programs by developing forms and supportive guidance for new programs. OhioMHAS will work with the Supreme Court of Ohio on expanding AOT programs.



RECOMMENDATIONS: SYSTEMS NAVIGATION

Overview: Judicial System

Navigating the criminal justice and behavioral health systems demands a coordinated approach, integrating expertise from the behavioral health and criminal justice fields. Expanding training opportunities helps ensure that all involved are equipped to address complex cases effectively. Developing a team of criminal justice/behavioral health navigators who collaborate with local systems can streamline the process, ensuring that individuals receive appropriate support and intervention, leading to better outcomes.

11. Expand training opportunities for professionals at the intersection of behavioral health and criminal justice on topics including voluntary and involuntary treatment, competency restoration, medications to treat mental illness, medication assisted treatment, and others.

Behavioral health and criminal justice professionals need specific training regarding competency to stand trial (CST), Crisis Intervention Training (CIT), behavioral health, first episode psychosis, medication processes and alternatives, withdrawal from drugs and alcohol, and medication-assisted treatment (MAT). Professionals who understand the difference between the services to restore competency and those offered in a diversion program will be less likely to view CST as a gateway to treatment.[13]

The Preble County Mental Health & Recovery Board supports a "Boots on the Ground Training" every six months for those doing the work, covering various behavioral health system topics and providing opportunities for cross-system collaboration. OhioMHAS will collaborate with additional stakeholders to expand statewide and local training opportunities.

"By empowering local stakeholders to engage in discussions and collaborations, we can get the right person into the right environment for the right level of treatment for a more efficient system and better outcomes".

– Governor's Work Group Participant

13 **https://csgjusticecenter.org/wp-content/uploads/2020/10/Just-and-Well27OCT2020.pdf**

RECOMMENDATIONS: SYSTEMS NAVIGATION

12. Develop multi-disciplinary navigation teams to engage individuals with mental health and/or substance use disorders throughout the criminal justice system through assessments and linkages to care.

Those at the intersection of the behavioral health and criminal justice systems, as well as their families, often struggle to navigate two deeply complex systems with different rules, terminology, and legal implications. Deploying a team of Forensic Navigators who can interface with all stakeholders, provide support, make referrals, link to a wide range of services, and "translate" across systems can enhance patient outcomes and reduce duplication of effort and costs. OhioMHAS will develop a Forensic Navigator service model and explore funding options.

RECOMMENDATIONS: JAIL-BASED SERVICES

Overview: Judicial System

Jail-based services help prepare individuals for release by providing necessary psychiatric care and support within the jail system, as well as providing support for and direct linkages to outpatient and community-based care upon release. Access to behavioral health services during incarceration and upon release is crucial for stability, health, and overall wellness.

13. Expand jail-based competency restoration pilots in higher-volume jails with access to needed behavioral health resources.

Jail-based competency restoration pilots aim to provide necessary psychiatric care and support within the jail system. Consideration should be made to add jail-based competency restoration programs into large jails with more robust behavioral health resources and an environment conducive to these services. As shared during regional listening sessions, many smaller jails partner with larger jails to provide behavioral health treatment and other services. OhioMHAS will partner with local sheriff's offices to expand pilots into more jails, increasing access to regional competency restoration services.

Program Spotlight: Hamilton County Jail-Based Competency Restoration Pilot

Southern Ohio Forensic Evaluation Services introduced a Jail-Based Competency Restoration (JBCR) pilot program at the Hamilton County Justice Center to provide services to defendants who have been found incompetent to stand trial and are awaiting admission to the local RPH: Summit Behavioral Healthcare (SBH).

While part of the JBCR pilot, defendants are provided psychiatric treatment in the jail with the goal to provide competency restoration services to help divert individuals who can be restored to competency while awaiting admission to SBH or to initiate competency restoration programming to decrease their restoration time at SBH.[14] The outpatient competency restoration (OCR) providers continuously assess the defendant's process toward competency while in the JBCR pilot. If the defendant makes significant strides in competency-related areas before the defendant is admitted to SBH, the OCR providers will alert the initial examiner to reassess the defendant's current capability to understand the nature and objective of the proceedings and the defendant's capability of assisting in their defense. This opinion will be offered to the court.

13 https://dam.assets.ohio.gov/image/upload/v1715181681/mha.ohio.gov/KnowOurProgramsandServices/forensic-services/Governor%27sWorkGrouponCompetencyRestorationandDiversion/May8thMeetingDocuments/SOFES_Jail-Based_Comp_Rest_Fact_Sheet.pdf

RECOMMENDATIONS: JAIL-BASED SERVICES

14. Expand access to jail-based behavioral healthcare, including increased access to medications for mental illness and opioid and alcohol use disorders; uniform formularies for these medications in jails and prisons, where possible; and the availability of prescribers and providers to administer medications.

In the current state operating budget (H.B. 33, 135th G.A.), OhioMHAS was allocated $5 million annually to provide reimbursement to Ohio jails and community-based correctional facilities (CBCFs) for costs associated with purchasing pharmaceuticals for mental illness and opioid and alcohol use disorders. Due to higher utilization of medications to treat behavioral health and substance use disorders in Ohio's jails and CBCFs, these funds no longer fully cover the reimbursement needs.

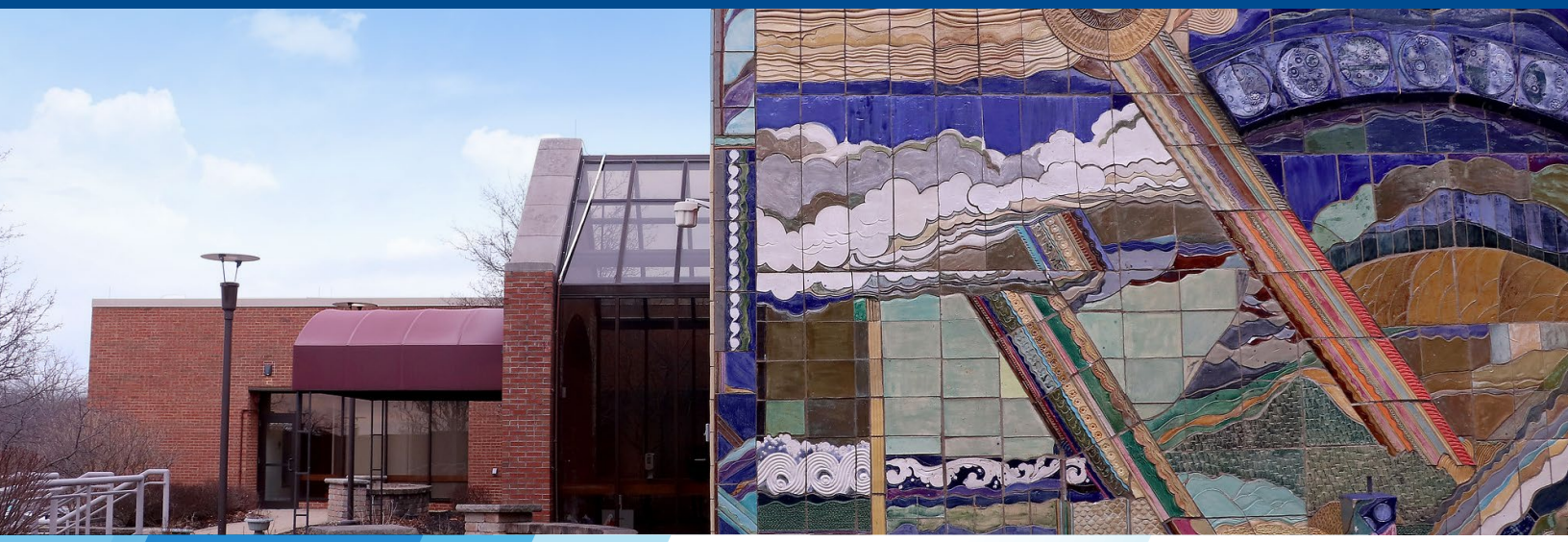
While the advent of long-acting injectable medications for both mental illness and substance use disorders will help stabilize more individuals upon release back into the community, the potential costs for these pharmaceuticals will increase. To ensure that all individuals, regardless of where they are from or incarcerated, have access to the same high-quality medications, the Work Group recommends increasing the funding for this program and working to develop a uniform formulary, when possible.

In addition to the cost of medications, Work Group members often commented on additional barriers to introduce individuals into medication assisted treatment for substance use disorders and medication for mental illness. OhioMHAS intends to explore opportunities to expand access to prescribers and providers through telehealth, mobile services, and more.

"The Jail Medication Reimbursement Program is lifesaving!"

- Chief Stobart of the Franklin County Sheriff's Office

RECOMMENDATIONS: ACCESS TO RESIDENTIAL TREATMENT



Overview: Judicial System

Access to safe and appropriate housing can promote wellbeing, recovery, and outcomes, but not all patients are immediately ready to reintegrate into the community upon discharge from an RPH. Residential treatment facilities can provide patients with a gentle step down from inpatient care.

15. Continue to expand the availability of community residential treatment facilities as avenues to step individuals out of inpatient care, continue needed treatment and sustain recovery, and safely maintain individuals in the community.

Expanding access to residential treatment involves increasing the number of facilities where individuals can receive ongoing care and reintegrate into their communities. This level of care rests somewhere between the hospital, the jail, and the community — a bridge between hospitalization or incarceration and independence. Residential treatment often includes 24-hour supervision and monitoring ensuring individuals have the support they need to continue their recovery in a supportive, structured environment with broad access to care, often including personalized physical and emotional health programming. Expanding access, affordability, and quality of care can help make the transition from settings like RPHs or jails to residential treatment and community integration more accessible and efficient.

As previously noted, OhioMHAS will construct a series of residential, step-down facilities to support RPH patients' transition back into the community. Through on-site and community-based treatment, peer support, life skills training, and medication management, civil and forensic patients can access additional supports to further their recovery and stabilization.

"Persons with mental illness are already in our communities, providing a housing continuum of differing tracks would allow step-up and step-down opportunities with unique levels of independence and supervision, and the ability to practice life skills, and engage in work and meaningful activity."

– Community Behavioral Health Stakeholder

RECOMMENDATIONS FOR FURTHER EXPLORATION/ CONCLUSION

Work Group members discussed a number of potential recommendations that garnered great interest but ultimately needed further discussion and exploration. Those included:

1. Exploring the possibility of developing options for jails to initiate or continue involuntary/mandated medication when warranted.

2. Exploring viable options for Ohio courts to develop "Competency Teams" of defense, prosecution, and judicial workforce to allow for specific expertise amongst court personnel and treatment team supports for management of cases that have potential for mental health diversion or competency restoration pathways.

3. Exploring the expansion of certified docket criteria for specialty courts to allow rural communities opportunities to combine dockets.

4. Exploring options to expand utilization of intervention in lieu of conviction to allow for additional mental health treatment diversion opportunities.

5. Improving information information and data sharing across criminal justice and mental health stakeholders (courts, providers, jails, ADAMH boards, etc).

Conclusion

Governor DeWine has dedicated his career to improving the lives of Ohio's most vulnerable populations. As Governor, he has made unprecedented commitments to enhance access to and the quality of behavioral health care. Despite remarkable investments, our regional psychiatric hospitals are at capacity, and primarily serving individuals involved in the criminal justice system. The Governor's Work Group on Competency Restoration and Diversion has put forth recommendations aimed at ensuring more Ohioans can access the care they need, at the right time, and in the right setting. By implementing these recommendations, Ohio can support recovery and stop the cycle of incarceration, hospitalization, emergency room visits, and homelessness, while meaningfully reducing the forensic population in our RPHs and expanding access to quality care for more Ohioans. Together, we can make these transformative changes a reality and pave the way for a brighter, healthier future for all Ohioans.

APPENDICES

GLOSSARY

Civil Admission/Civil Patient: 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.

Competency to Stand Trial: A defendant is presumed to be competent to stand trial unless it is proved by a preponderance of the evidence that because of the defendant's present mental condition, the defendant is incapable of understanding the nature and objective of the proceedings against the defendant or of assisting in the defendant's defense (R.C. 2945.37).

Competency Restoration Services: Treatment services provided to an individual who has been found by the court to be incompetent to stand trial. The treatment is focused on restoring the individual's competency to stand trial through medication intervention as needed and education about the court system.

Conditional Release: A commitment status that has been ordered by the Criminal Court when the Court determines that the community is the least restrictive placement alternative that is appropriate for the individual. Persons who are committed as Not Guilty by Reason of Insanity or Incompetent to Stand Trial-Unrestorable-Criminal Court Jurisdiction are subject to placement on Conditional Release Commitment, pursuant to section 2945.402(A) of the Revised Code.

Forensic Admission/Forensic Patient: Patients admitted under the jurisdiction of the Criminal Court — their legal status is determined by criminal court statute such as IST-R, NGRI,

Forensic Evaluation Centers: Community forensic evaluation centers provide comprehensive forensic evaluation services for Ohio's criminal court system. There are ten centers across Ohio, and each center provides services to designated counties in its region. OhioMHAS provides funding for the centers to provide initial competency and sanity evaluations for Common Pleas Courts in Ohio.

Incompetent to Stand Trial — Restorable (IST-R): An individual committed pursuant to 2945.38(B) of the Revised Code to receive competency restoration services, either inpatient or outpatient.

Incompetent to Stand Trial — Unrestorable Probate Jurisdiction (IST-U-PJ): An individual found incompetent to stand trial, and not restorable to competency. In this case, the Court has dismissed the charges and has filed an affidavit in Probate Court.

Incompetent to Stand Trial – Unrestorable-Criminal Justice (IST-U-CJ): An individual who has been found incompetent to stand trial and not restorable by a Common Pleas Court and has a Felony 1 or Felony 2 charge of violence. The Criminal Court has decided to retain jurisdiction.

Jail Diversion: Alternatives specifically designed to identify and divert individuals with mental illness and addictions from the criminal justice system into appropriate treatment. There are a variety of models of jail diversion programs in existence across Ohio.

Jail Transfer: When an individual is incarcerated in a jail and meets criteria for civil commitment, the person may then transfer to psychiatric hospital for assessment and stabilization prior to returning to jail.

Not Guilty by Reason of Insanity (NGRI): An individual who has been acquitted of their charge(s) by Criminal Court because they do not know the wrongfulness of their actions, at the time of the instant offense due to a mental illness. These individuals remain on a criminal court commitment for the most amount of time they could have received if convicted on their most serious offense.

Outpatient Competency Restoration (OCR): Competency Restoration Services provided on an outpatient basis, either in-person or virtually.

Regional Psychiatric Hospital (RPH): A state hospital operated by Ohio Department of Mental Health and Addiction Services.

REFERENCES

Criminal Justice Coordinating Center of Excellence (CJCCoE) & SAMHSA's National GAINS Center. (2001). Sequential intercept model. **https://www.neomed.edu/cjccoe/sequential-intercept-mapping/**

Fader-Towe, H. and Kelly, E. (2020). Just and well: rethinking how states approach competency to stand: The Council of State Governments Justice Center. **https://csgjusticecenter.org/wp-content/uploads/2020/10/Just-and-Well27OCT2020.pdf**

Merikangas K.R., He J.P., Burstein M., Swanson S.A, Avenevoli S., Cui L., Benjet C., Georgiades K., Swendsen J. Lifetime prevalence of mental disorders in U.S. adolescents: results from the National Comorbidity Survey Replication--Adolescent Supplement (NCS-A). J Am Acad Child Adolescent Psychiatry. 2010 Oct;49(10):980-9. PMID: 20855043
NAMI.org. Mental health facts children & teens. **https://www.nami.org/NAMI/media/NAMI-Media/Infographics/Children-MH-Facts-NAMI.pdf**

NAMI.org. (2023). Mental illness statistics. **https://www.nimh.nih.gov/health/statistics/mental-illness**

Senate Bill Number 2, 134th Ohio General Assembly. (2021).
SB2: **https://www.legislature.ohio.gov/legislation/134/sb2**
Operating Budget HB33/135GA: **https://www.legislature.ohio.gov/legislation/135/hb33**
Capital Budget HB2/135GA: **https://www.legislature.ohio.gov/legislation/135/hb2/documents**

Schwartz, C. (2015). Mental Health and Criminal Justice, Case Study: Miami-Dade County, Fla. **https://www.naco.org/sites/default/files/documents/Miami-Dade%20County%20-%20Mental%20Health%20and%20Jails%20Case%20Study.pdf**

Southern Ohio Forensic Evaluation Services. (2024). Jail-Based Competency Restoration Pilot Program. **https://dam.assets.ohio.gov/image/upload/v1715181681/mha.ohio.gov/KnowOurProgramsandServices/forensic-services/Governor%27sWorkGrouponCompetencyRestorationandDiversion/May8thMeetingDocuments/SOFES_Jail-Based_Comp_Rest_Fact_Sheet.pdf**

Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from **https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report**

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