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Chairman LaRe and Members of the Committee, as the Executive Director for the Wood County Alcohol, Drug Addiction and Mental Health Services Board (ADAMHS Board) for 7 years from July 2012 until my retirement in March 2019, I can state that access to the secure wards of the Northwest Ohio Psychiatric Hospital (NOPH) is a most critical need when dealing with actively violent and psychotic individuals. When access is not available due to NOPH being at capacity, the risk of harm for many become great and the trauma experienced by the patient and their family can be devastating and long-lasting. Having to maintain such an individual in the local jail often exacerbates the problems and increases the dangerous risk for all involved. Those who have been injured or assaulted include officers at the jail, law enforcement in the act of arresting and restraining the patient, family members and health personnel and bystanders in the community, and ambulance and hospital emergency departments.

In working to address this important problem, I hosted collaborative problem-solving meetings with the CEO and staff at NOPH, many representatives across the criminal justice system, local hospital CEO, Physicians, nurses, and appropriate directors and clinicians from the local crisis intervention agency. The Director of Ohio Mental Health and Addiction Services (OMAS) and the Director of Hospital Services for the Department were also involved.

While there are many collaborative components that have been implemented toward improving effective management and communication in these high risk crisis situations, they are stop-gap measures at best until a patient can be admitted to the necessary security and skills provided by NOPH. From our meetings we looked at the problem of state hospital capacity. The capital cost alone of renovating an unused wing to adequately address the capacity needs at NOPH was estimated to cost \$2.5 million. We studied the large "forensic" population at NOPH and learned from the detailed work from OMAS, that competency hearings took 20 days, with an average of an additional 50-plus days if restoration was needed.

Most of the patients at NOPH for such competency hearings, were appropriate to be placed in NOPH. However, a significant minority could be better assessed, in a less traumatic manner, in the community using local or regional mental health assessment and treatment resources. This is true in many, if not most, cases where the person needing competency assessment has committed a non-violent misdemeanor and is determined to be non-violent. It was estimated that by requiring that competency hearings for non-violent misdemeanor offenders take place in the community, and not at NOPH, would make perhaps 5-10 hospital beds available on a given day. This is not a great increase in capacity, but in my experience, that would be enough to greatly enhance access for the very high risk, violent and psychotic patient. This will greatly enhance community safety and local costs, while providing the needed level of care for the violent patient.

I strongly urge the committee to pass Senate Bill 2 given the cost-effective results that will enhance community safety, reduce costs and more quickly and humanely address the mental

illness needs of patients who are violently psychotic. Treatment can and does work, if it can be provided quickly and effectively, which requires the needed level of care.

Thank you,

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