



Senator Theresa Gavarone

2nd Ohio Senate District

Sponsor Testimony for Senate Bill 2

Senate Judiciary Committee

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Chairman Manning, Vice-Chair McColley, Ranking Member Thomas, and members of the Senate Judiciary Committee, I am elated to speak to you today on behalf of Senate Bill 2, legislation that will increase access to state psychiatric hospital beds and enter Ohio into the Psychology Interjurisdictional Compact, otherwise known as PSYPACT.

First, I would like to note that this is not a new legislative idea. In fact, every member on this committee has voted on the exact language included in the bill. Senate Bill 2 is a combination of Senate Bill 58 from last General Assembly, which passed the Senate a couple times both as standalone legislation and as an amendment to another bill that the House ran out of time to pass, and SB 258 from last General Assembly, which also passed the Senate and House as a standalone, but wasn't taken up in the Senate because of a different, controversial provision the House decided to add. So I am here today to ensure that both of these important provisions get across the finish line quickly.

As we have seen throughout this pandemic, more Ohioans than ever are struggling with mental health issues. It has been my mission since even before my time in the House and Senate to improve and enhance access to mental health care services for Ohioans, whether that is in-person or through the use of technology. This bill achieves that goal.

Ohio's six state psychiatric hospitals serve more than 1,100 individuals who suffer from serious mental illness. Hard-working state hospital personnel help these individuals through psychiatric crises to become stable and re-enter the community. However, state hospitals are not currently being utilized to serve the population that needs these services most.

Some individuals in our state hospitals are voluntarily admitted as a result of psychiatric crises, while others have entered involuntarily through a probate court order because they are a threat to themselves or others.

But a big reason there is a lack of hospital beds is because 2/3 of the current state hospital population have been admitted for forensic reasons due to a criminal court order for them to be restored to competency to stand trial. About half of those people are charged with a misdemeanor. Many of these individuals need a hospital-level of care however, a significant portion, particularly those charged with non-violent misdemeanors, can be restored to competency outside of a state hospital. We even have people who should start in a hospital, but could then be

stepped down in level of care as they improve through the competency restoration process. This again would free up beds for the critical needs of others.

In order to address the critical lack of state hospital beds, I have worked for over two years with stakeholders in the criminal justice and mental health communities to provide the authority for both criminal and civil courts to pursue an alternative to sending those charged with non-violent misdemeanors to state psychiatric hospitals for restoration. These are the only facilities in the state equipped to deal with people suffering from serious mental illness.

Nearly 50% of individuals who undergo restoration are restored within the statutory time limit of 60 days, but are often released by a judge for time served without any connection to mental health services. The other 50% are not restored, but because these are low-level misdemeanors, they are released and unfortunately not connected to mental health services.

That results in people going through a revolving door of courts, jails, and state hospitals without any progress.

A large part of the interested party conversations have revolved around the legal complexities, procedures, and resources required to restore individuals to competence outside of a state hospital, on an outpatient basis. Those discussions have been incredibly helpful and directly led to, after twenty two different versions of the bill, a piece of legislation before you today that will free up state hospital beds and connect people to the type of care that best serves their needs.

The other important component to this bill is PSYPACT. PSYPACT will expand the use of Telepsychology, a delivery approach shown to be effective in increasing access to mental health care with more versatility and affordability.

In addition to authorizing Telepsychology, by joining this compact Ohio would allow the interstate commerce of safe, quality psychological services across state lines. This means that Ohioans in traditionally underserved areas would have access to psychologists from across the country in compacting states and increase the ability of Ohioans in need of specialized treatment to connect with a specialist. Make no mistake, all of this would be done safely by maintaining Ohio's standards of care and providing a mechanism for the rare instances where discipline would need to be administered.

Especially important to many of my colleagues, is that this legislation would eliminate unnecessary regulatory burdens and allow psychologists who hold unrestricted licenses to practice across state lines. As you can see with the attached graphic, currently there are 15 states in the compact, with numerous others considering the same legislation.

It is important to note the past and present support of many, including the Ohio Judicial Conference, Ohio Department of Mental Health and Addiction Services, Ohio Association of County Behavioral Health Authorities, Ohio Psychological Association, Supreme Court Justice Evelyn Stratton and other local people and groups.

Chairman Manning, Ohio doesn't have enough state hospital beds and we are not effectively using our technological resources to help Ohioans suffering from mental health issues. This bill solves both problems and passing it would yet again make Ohio a national leader in a critical area.

Thank you for the chance to testify on behalf of Senate Bill 2 and I am ready to answer any questions members may have.