

## **OVERVIEW OF OHIO SYSTEM OF PUBLIC BEHAVIORAL HEALTHCARE**

### **THE MENTAL HEALTH ACT OF 1988**

On March 28, 1988, Ohio Governor Richard F. Celeste signed into law Amended Substitute Senate Bill 156, now known as the Mental Health Act of 1988. As Ohio's most significant piece of mental health legislation in 29 years, the law firmly established the state's commitment to addressing the mental health needs of Ohioans through a unified system of community-based services. The law more fully defined the roles and responsibilities of the community mental health boards and the Ohio Department of Mental Health & Addiction Services (OhioMHAS) and updated and revised many areas of mental health law.

OhioMHAS committed substantial amounts of time and resources to support effective implementation of the law beginning July 1, 1989. Training and technical assistance focused on commitment procedures, financing provisions, local system development and preparation for consumers and family members for mental health board membership.

The following gives an overview of some of the more prominent features of the legislation. It does not cover all features of the law and should not be taken as a legal interpretation of its provisions.

### **Responsibilities of OhioMHAS**

The law allows the department to be organized by the director, based on the various functions and responsibilities of its components, by removing requirements for various divisions and bureaus. It also requires the department to have a medical director.

Department functions and responsibilities identified in the law include:

- Developing clinical evaluation and monitoring services
- Establishing minimum standards for services
- Maintaining substantial compliance with standards at department hospitals
- Establishing essential elements of the community support program
- Providing culturally sensitive training, consultation and technical assistance to all those involved in the mental health system

Where OhioMHAS is responsible for developing guidelines, standards and rules, it must consult with relevant constituencies, which must include primary and secondary consumers and may include public and private providers, labor and other organizations, when appropriate. OhioMHAS is required to develop rules to specify how it will notify and consult with these groups.

The law set forth the policy that OhioMHAS will provide a full range of services, not only by operating state hospitals, but also by operating other community-based services and may deploy its staff in community settings and locations. OhioMHAS also has a clear role in providing funding for services through the community mental health boards.

OhioMHAS is responsible for developing residency and training programs with hospitals, colleges and universities to meet the public mental health system's need to professionals, including women, minorities and handicapped people.

## **Responsibilities of the community mental health boards**

The law firmly establishes the boards as the single authority for the mental health system in each community, especially for children, adolescents and adults who are severely mentally disabled. Each board must submit a Community Mental Health Plan to OhioMHAS for approval. This plan must include a list of the services the board intends to purchase, a projection of inpatient and community-based services the board proposes that OhioMHAS operate, an assessment of the number and types of residential facilities needed, proposed use of funds and budgets and other information requested by OhioMHAS.

Each board is to establish, to the extent resources are available, the essential elements of a community support system that would locate people in need and inform them about available mental health services; assist clients with meeting basic human needs; provide mental health services; provide emergency services and crisis intervention; assist clients with vocational services and opportunities; develop clients' social, community and personal living skills; provide access to housing and residential treatment and support; assist families, friends and consumers; recognize and encourage natural support systems; provide grievance procedures and protect client rights and provide case management.

Pursuant to the law, as of July 1, 1989, people who are civilly committed to the public mental health system are committed to a board or its designated agency, rather than to a state hospital. (The only exceptions are people found incompetent to stand trial but likely to be restored, people found not guilty by reason of insanity and commitments from the adult correctional system or Department of Youth Services.) The board must provide services in the least restrictive and most appropriate setting, including both public and private hospital and non-hospital settings.

Additional responsibilities of the boards include establishing assessment methods for people who are involuntarily committed; ensuring that apartment residences for people who are mentally ill meet fire safety standards and that residents are receiving mental health services; establishing involvement of consumers and families; investigating cases of alleged abuse or neglect and taking appropriate action; assessing and evaluating services per OhioMHAS standards and through the community mental health plan and reviewing residential facilities' applications for licensure.

## **Funding**

The law provides a means to integrate funding for the operation of state hospitals with the planning process of the community mental health boards. A proportionate amount of state hospital appropriations is made available to boards to plan for state hospital care, state-operated community-based services or board-contracted services. The board must include the proposed utilization of these funds in its community plan submitted to OhioMHAS. OhioMHAS establishes a formula for these allocations, and boards may elect, on an annual basis, whether or not to accept the funds. Boards that elect not to accept the funds must still include plans for utilization of state-operated community or hospital services through the community plan process. Funds will be distributed on a regular basis, rather than by reimbursement for services previously provided.

## **Licensure**

OhioMHAS is authorized to license and prescribe minimum standards for private psychiatric hospitals and may inspect and seek an injunction against any hospital operating without a

license. The law specifies types of residential facilities and permits OhioMHAS to license, review the operation of, establish minimum standards for and inspect such facilities. OhioMHAS may seek an injunction against any facility operating without a license and may revoke the license of a facility that does not comply with established standards. Applications for licensure are to be reviewed by the appropriate community mental health board. OhioMHAS may also seek receivership of a facility if its residents are at risk, and there is no other means to ensure their safety.

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## **OhioMHAS**

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) was formally established on July 1, 2013, after more than a year's worth of work to consolidate the former Ohio Departments of Alcohol and Drug Addiction Services (ODADAS) and Mental Health (ODMH). Many stakeholders, staff and members of the public served by both agencies participated in the transition process.

The creation of a single cabinet Department provides the opportunity to focus on integrating addiction and mental health services into overall health care, improve access to quality services and to build stronger partnerships among local boards, providers and myriad human services and health care systems that serve Ohioans. Another benefit of consolidation is the cost savings that will be realized by taxpayers. Administrative savings through shared technology and the alignment of job functions will allow OhioMHAS to save \$1.5 million per year, which can now be dedicated to innovative services for people living in Ohio communities.

The new department will also revise certification and other regulatory processes to reflect a greater degree of customer service and efficiency. If a county's Alcohol, Drug Addiction and Mental Health Services board is responsible for both addiction and mental health administration, or a community agency is dually certified to provide both types of treatment, it will be easier reporting to one state agency instead of two.

## **Mission, Vision and Values**

### Mission:

The mission of the Ohio Department of Mental Health and Addiction Services (OhioMHAS) is to provide statewide leadership of a high-quality mental health and addiction prevention, treatment and recovery system that is effective and valued by all Ohioans.

### Vision:

OhioMHAS will be a national leader in implementing a comprehensive, accessible, and quality-focused system of addiction and mental health care and wellness for all Ohio citizens.

Values:

- *Access* – Identified gaps in services should be filled and cultural or attitudinal barriers should be removed to assure that diverse individuals and families in all counties have access to a full continuum of care.
- *Accountability* – Good stewardship of public dollars is critical to achieving positive returns on all investments and to earning the trust of taxpayers.
- *Collaboration* – OhioMHAS will leverage knowledge and resources by working as partners with all federal, state and local systems to gain the best results for Ohioans in need of services.
- *Communication* – Open dialogue and administrative transparency are key components of all relationships as OhioMHAS fulfills its statutory requirements to fund, regulate, monitor and manage the publicly funded system of behavioral health care.
- *Service* – OhioMHAS will provide a benefit to all communities by helping the millions of Ohioans who experience problems related to alcohol, drugs, gambling or mental illness to access treatment that will enhance their lives by increasing productivity, also benefiting our state.