Lindner Center of HOPE | UC Health

Understanding Mental Health Levels of Care

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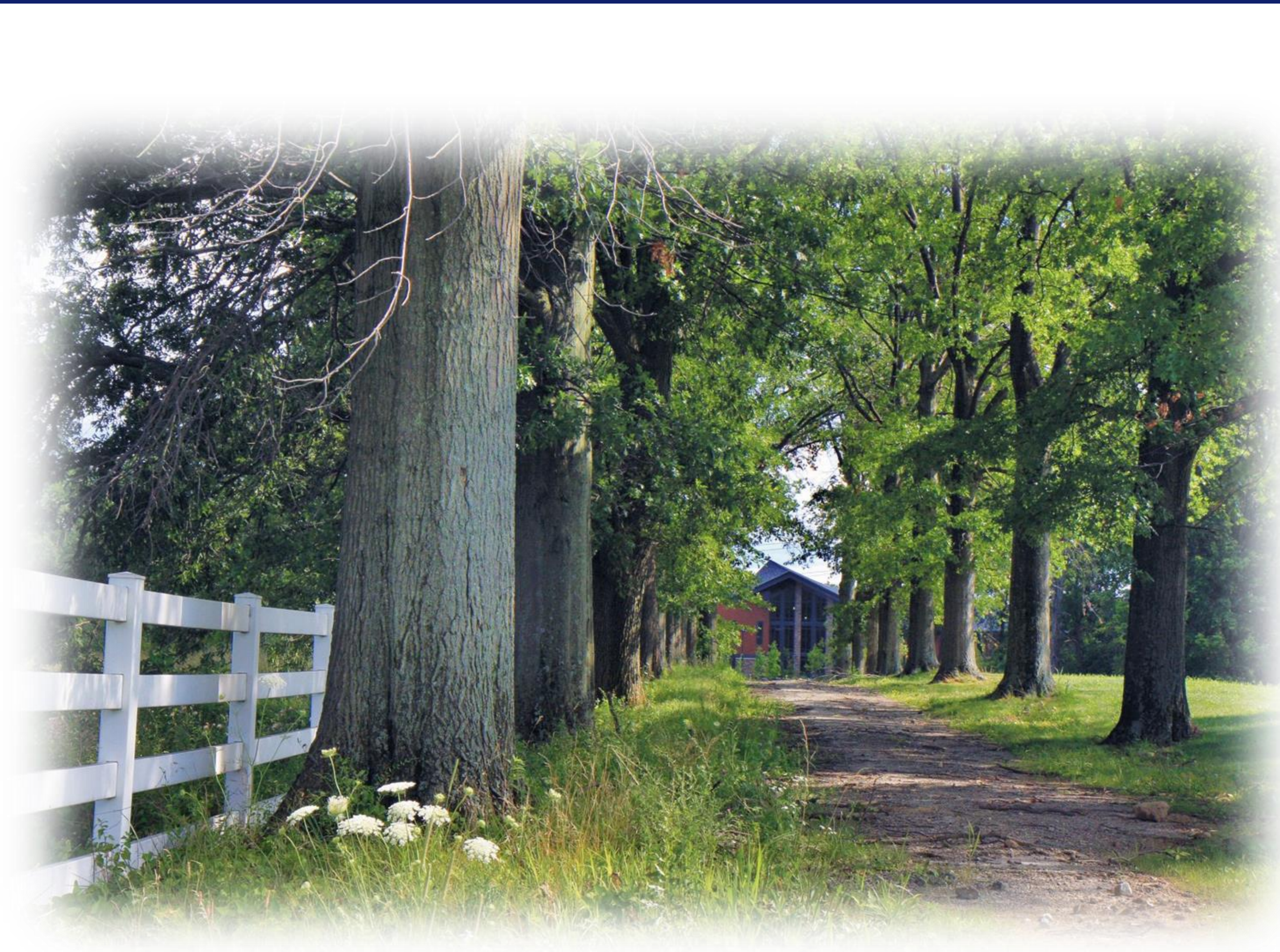
Mental Health Care

- Thoughts, feelings, actions
- Genetics, physiology, and environment
- Primarily involving the brain, our most complex organ



When Should I Consult with a Professional?

- Distress
  - Usual ways of coping are overwhelmed
  - Feeling of dis-ease
- Impairment
  - Symptoms are interfering with living life
    - Family, friends, work, school
- Mental Illness interferes with a person's ability to be fully themselves

Levels of Care

- Outpatient
- Community Mental Health
  - Medicaid or Medicare (SSDI)
  - Case management, ACT team, wrap around
- Intensive Outpatient (IOP)
- Partial Hospital (PHP) - Day Treatment
- Residential
  - 3 Levels
- Detox
- Inpatient/Acute
- State Hospital (Summit)

Providers

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Independently Licensed

- Prescribers
  - Psychiatrists – MD, DO
  - Advanced Practitioners – APNs, PAs
- Therapists
  - Psychologists – PsyD, PhD
  - Social Workers - LISW
  - Counsellors – LPCC, LCDC, others

Other professionals

- Nurses
- Social workers
- Mental Health Technicians and Specialists
- Occupational Therapists
- Recreational Therapists
- Dieticians
- Speech Therapists
- Pastoral Care

Inpatient/Acute – Safety First

Ohio Department of Mental Health and Addiction Services
Application for Emergency Admission
DMHAS-0025

In Accordance with Sections 5122.01 and 5122.10 ORC

TO: The Chief Clinical Officer of: ________________ (Regional Psychiatric Hospital - RPH/Facility Name) ________________ (Date/Time)

The undersigned has reason to believe that: ________________ (Name of Person to be Admitted)

1. Is a mentally ill person subject to hospitalization by court order under division B Section 5122.01 of the Revised Code, i.e., this person

- ☐ (1) Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm;
- ☐ (2) Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness;
- ☐ (3) Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing for the person's basic physical needs because of the person's mental illness and that appropriate provision for those needs cannot be made immediately available in the community; or
- ☐ (4) Would benefit from treatment in a hospital for his mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or himself.

2. Represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination.

Therefore, it is requested that said person be admitted to the above named facility.

STATEMENT OF BELIEF

Must be filled out by one of the following: a psychiatrist, licensed physician, licensed clinical psychologist, clinical nurse specialist who is certified as a psychiatric mental health CNS by the American Nurses Credentialing Center, certified nurse practitioner who is certified as a psychiatric mental health NP by the American Nurses Credentialing Center, health officer, parole officer, police officer, or sheriff.

(Statement shall include the circumstances under which the individual was taken into custody and the reason for the person's belief that hospitalization is necessary. The statement shall also include a reference to efforts made to secure the individual's property at his residence if he was taken into custody there. Every reasonable and appropriate effort should be made to take this person into custody in the least conspicuous manner possible.)

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State Hospital System

- Long-term, highest severity
- Legal involvement
  - Commitment
  - Restoration to competence
- Ohio has six state hospitals
  - 12,000 beds
  - Summit Behavioral is in Cincinnati

Inpatient/Acute

- Sleep at the program
- Safe and secure setting
- Involuntary Treatment is Possible
- Legal involvement is Possible
- Safety focused, multidisciplinary
  - medical and psychiatric evaluation and treatment
  - Individual and group psychotherapy
  - RT, OT, Nutritional assessment and counseling, art therapy, movement
- Length of Stay 1 week
- Detox services are common

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Residential

- Sleep at the program
- Secure setting
- Less safety focused but still quite safe
- No involuntary treatment
- Very wide-ranging types of treatment
- Length of Stay varies widely, often several months
- Intensive treatment that can accelerate improvement and recovery

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Outpatient

- Partial Hospital (PHP) - Day Treatment
  - M-F, +/- 6h per day
  - 2-3 wk
  - Group therapies
  - Psychiatric assessment and medication management
- Intensive Outpatient (IOP)
  - 3d per week, 3h per day
  - Group therapies

Outpatient

- Community Mental Health
  - Medicaid or Medicare (SSDI)
  - Case management, ACT team, wrap around
  - Individual and group psychotherapy
  - Medication management
- Outpatient
  - Individual and group psychotherapy
  - Medication management
  - In person and telehealth

Miscellaneous

- Neuromodulation
  - Electroconvulsive Therapy (ECT)
    - Contrary to existing stigma this treatment is:
      - Safe
      - Effective
      - “Boring”
  - Transcranial Magnetic Stimulation (TMS)
  - Esketamine
- Research
- Wellness

Summary

- There are many levels of care, thus many ways to utilize the mental health care system and individualize your experience
- Treatment should occur in the "least restrictive" setting possible
- Treatment works and is safe/tolerable
- Treatment goal is always to feel fully "yourself" again
  - Empathy = Meeting someone else wherever they are.

Questions?

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PERSEVERANCE
HAPPINESS
HOPE
Play
Cheerful
Faith
THANKFUL
HOPE
Trust
SPIRITUAL
POSITIVITY
Adventure
JOY
STRONG
Love
KINDNESS
Heart
COURAGE
Nature
OPTIMISTIC
CLARITY
Life
HELP
Healthy
HOPE
FOCUS
HOPE
Possible
Believe
LIVE
CARE
REST
True
HELP

Local Landscape

- Lindner Center of HOPE opened in August 2008
- Like most of the country, mental health care in the community was fractured
- Institute of Medicine's report (2006) was a blueprint for delivering the best possible mental health care
- The Center led the way in its time for environment of care

Comprehensive Care

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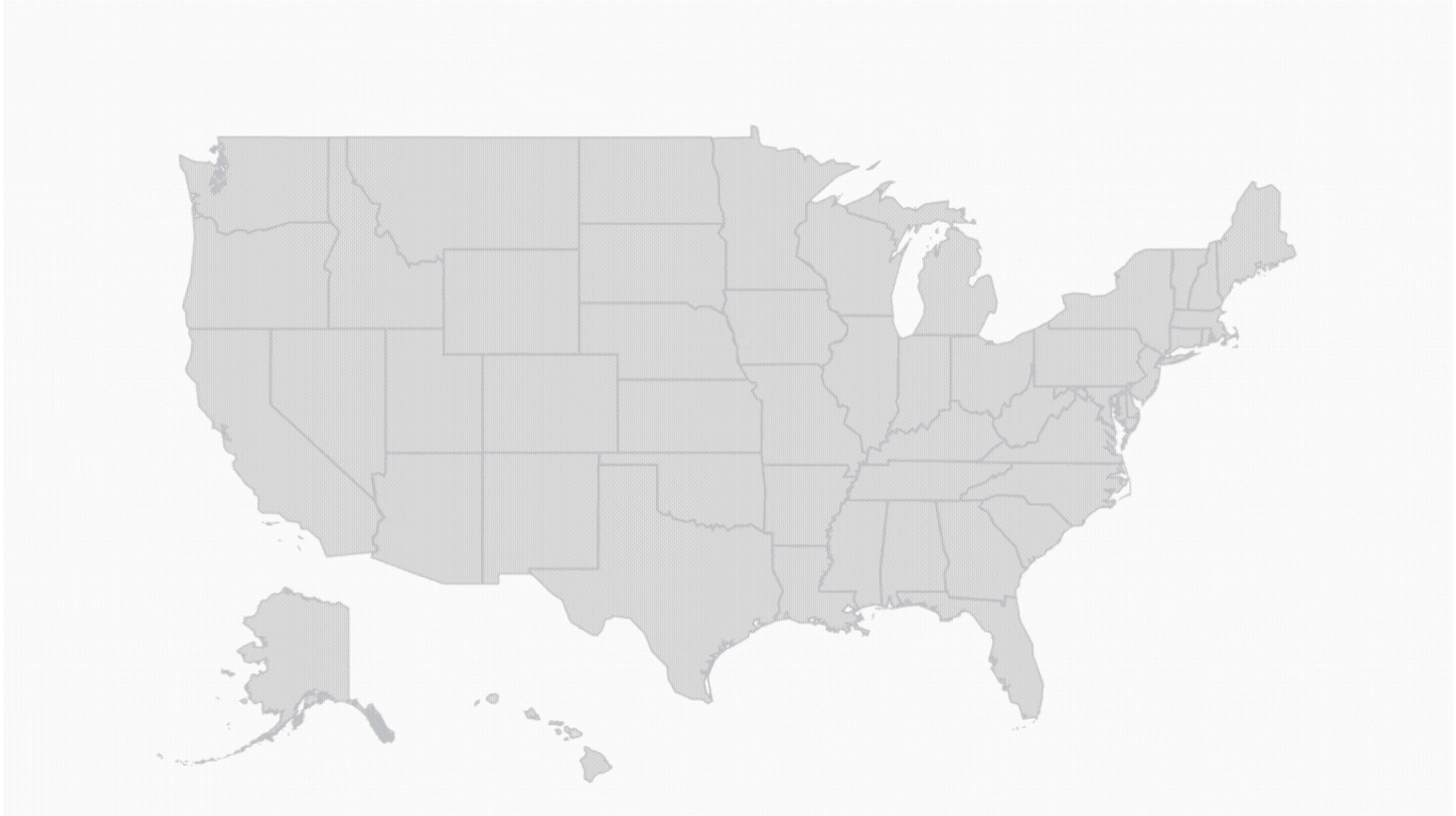
- 48 inpatient beds; all private rooms; patients 12yrs +
- Adolescent inpatient managed by Cincinnati Children's Hospital Medical Center
- Two 16-room diagnostic and intensive treatment stay units: Sibcy House and Williams House
- Clinical staff of greater than 50; Campus wide staff of nearly 400

Comprehensive Care

- Outpatient services (Featuring a Rapid Access Service)
- Partial Hospitalization
- Research Institute
- Intensive Outpatient Program
- Transcranial Magnetic Stimulation (TMS)
- Electroconvulsive Therapy (ECT)
- Esketamine Clinic
- Support groups

Empathy and Excellence

Lindner Center of HOPE has touched more than **50,000 lives**



What Makes LCOH Special

- People - Deep and broad expertise in the treatment of mental illness
- Best-in-class facilities, beautiful surroundings creating a healing environment
- Research Institute: Bring cutting-edge treatments into clinical practice
- Committed community financial support helping to bridge the gap between low reimbursement and the actual cost of providing the highest quality care

A Vital Mental Health Center of Excellence

The surgeon general has called out the mental health crisis as the leading public health issue
The mental health crisis calls for an efficient and effective mental health care system
Lindner Center of HOPE is innovating the mental health care delivery model by addressing Critical Gaps in the Mental Health Care System

Gaps in Mental Health System:

- Ten years from symptom onset to treatment
- Inaccurate and incomplete diagnosis
- Fractured system
- Ten years from discovery of new treatments to widespread clinical use
- Variable quality and treatment effectiveness
- Shortage of Mental Health Professionals
- Lack of widespread prevention efforts

LCOH Response:

- Hiring clinicians, prioritizing availability for assessments
- Nationally Renowned Comprehensive Diagnostic Assessment
  - Patients from all 50 states, several foreign countries
- Complete campus of care, diverse concentration of expertise under one roof
- Research Institute at Lindner Center of HOPE is a recipient of National Institute of Mental Health grants and other clinical trials innovating new treatments
- High standards for quality via providers spending more time per visit. Measurement of outcomes. Ongoing provider training. Educating and training outside providers.
- Ongoing hiring, participating in education and training across many disciplines.
- Increasing wellness, prevention, community outreach services, including partnering with the business community to create mentally healthy workplaces

EARLY DAYS

Historically, the state played a large role in the care and treatment of the mentally ill.

Ohio Lunatic Asylum of 1838

- Ohio's first treatment center for mental illness
- The first state-supported hospital ever

20+ state-operated hospitals in Ohio

- Athens
- Apple Creek
- Cincinnati
- Cleveland
- Columbus
- Dayton
- Lima
- Massillon
- Northfield
- Orient
- Tiffin
- Toledo
- Youngstown

ADMINISTRATION BUILDING—CLEVELAND STATE HOSPITAL.

DEINSTITUTIONALIZATION

The 1950's-60's began a trend away from institutions and towards community care.

Community Mental Health Act of 1963

- Beginning of deinstitutionalization
- Provided federal funding to establish local mental health centers
- Federal funding was insufficient
    - *Only half of proposed centers were built*
    - *No long-term operating funding authorized*

Medicare and Medicaid Act of 1965

- Accelerated deinstitutionalization even further
- Included the "IMD Exclusion," acting as disincentive to expand inpatient psych bed capacity

Together led to a 90% reduction in state hospital beds nationwide

CURRENT DAY

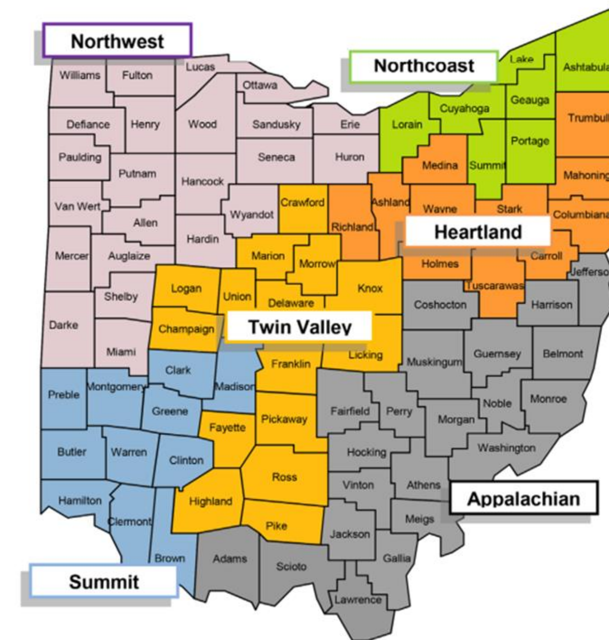
Blend of public and private providers of mental health and substance use disorders.

Hospitals

- 6 state psychiatric hospitals with ~1,200 adult beds
- 80 OMHAS-licensed private hospitals with 3,376 beds
  - 2,877 adult
  - 156 children
  - 343 adolescent beds

Ohio Medicaid Providers

- 214 MH+SUD providers (type 84+95)
- 374 MH-only providers (type 84)
- 355 SUD-only providers (type 95)
- 38,415 credentialed workers



CURRENT DAY

Ohio Department of Mental Health and Addiction Services

- State agency charged with the behavioral health system

Local ADAMH (Alcohol, Drug Addiction, and Mental Health) or MHR (Mental Health & Recovery) Boards

- 50 County-level Boards
- Governed by ORC 340.03
- Statutorily charged with, “Serv[ing] as the community addiction and mental health planning agency for the county or counties under its jurisdiction.”
    - Evaluate needs and set priorities for the community
    - Develop and submit an annual community addiction and mental health plan
    - Implement the plan, as approved by OMHAS
    - Seek local levy funding
    - Pay contracted providers for services
    - Perform other planning and provision of services

RECENT LEGISLATIVE HISTORY

Medicaid Expansion of 2013

- Expanded coverage primarily under MCPs

Behavioral Health Carve-In of 2016

- Carved behavioral health services into the Medicaid Managed Care benefits package

IMD Policy of 2017

- Allowed for Medicaid MCPs to receive a full capitation payment for enrollees aged 21-64 who received services in an IMD

Behavioral Redesign of 2018

- Updated Medicaid billing codes, rates, and claims requirements

OhioRISE of 2022

- Specialized Medicaid managed care plan for children with behavioral health needs