

State Hospital Catchment Areas

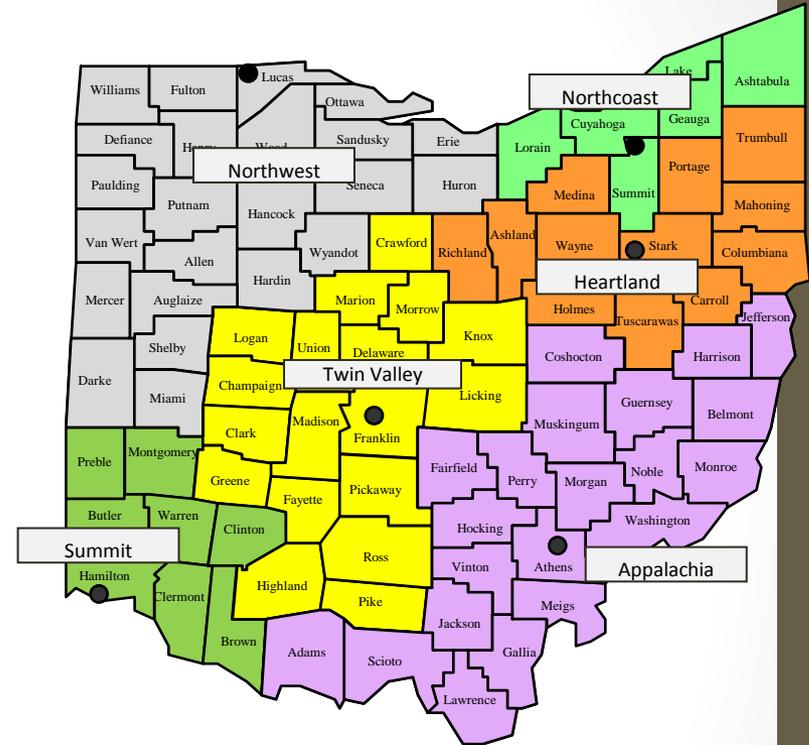


**Northcoast Behavioral
Healthcare (NBH)**
1756 Sagamore Rd.,
Northfield

Capacity: 260
Public beds per 100,000: 9.0

FY '12 admissions: 1,692
FY '12 average daily population: 244
(70% state forensic)

CEO David Colletti, Lead CCO
Muhammad Momen, M.D.



State Hospital Profile

- 6 hospitals across the state with 1,077 beds *
- Major shift to acute and forensic care
- Very busy – occupancy rate of 90%
- Admissions were up 18% in FY 12
- Median LOS of 12 days for civil patients
- 32% of our civil patients have (or were recently enrolled) in Medicaid
- 30 day readmission rate steady at 7.9% for last 12 months
- Less than 45 civil patients with a LOS of 180 days or more

* Bed total does not include the 52 beds at the maximum security Timothy B. Moritz forensic unit

State Hospital Discharges Acute Care Focus

Regional Psychiatric Hospital	FY 12 Civil Discharges	FY 12 Forensic Discharges	Civil Median LOS
Athens (ABH)	740	117	7
Cincinnati (SBH)	614	254	33
Columbus (TVBH)*	1450	148	11
Massillon (HBH)	1052	115	12
Northfield (NBH)	1376	276	12
Toledo (NOPH)	425	136	23
Summary	5657	1046	12

* Excludes Moritz discharges

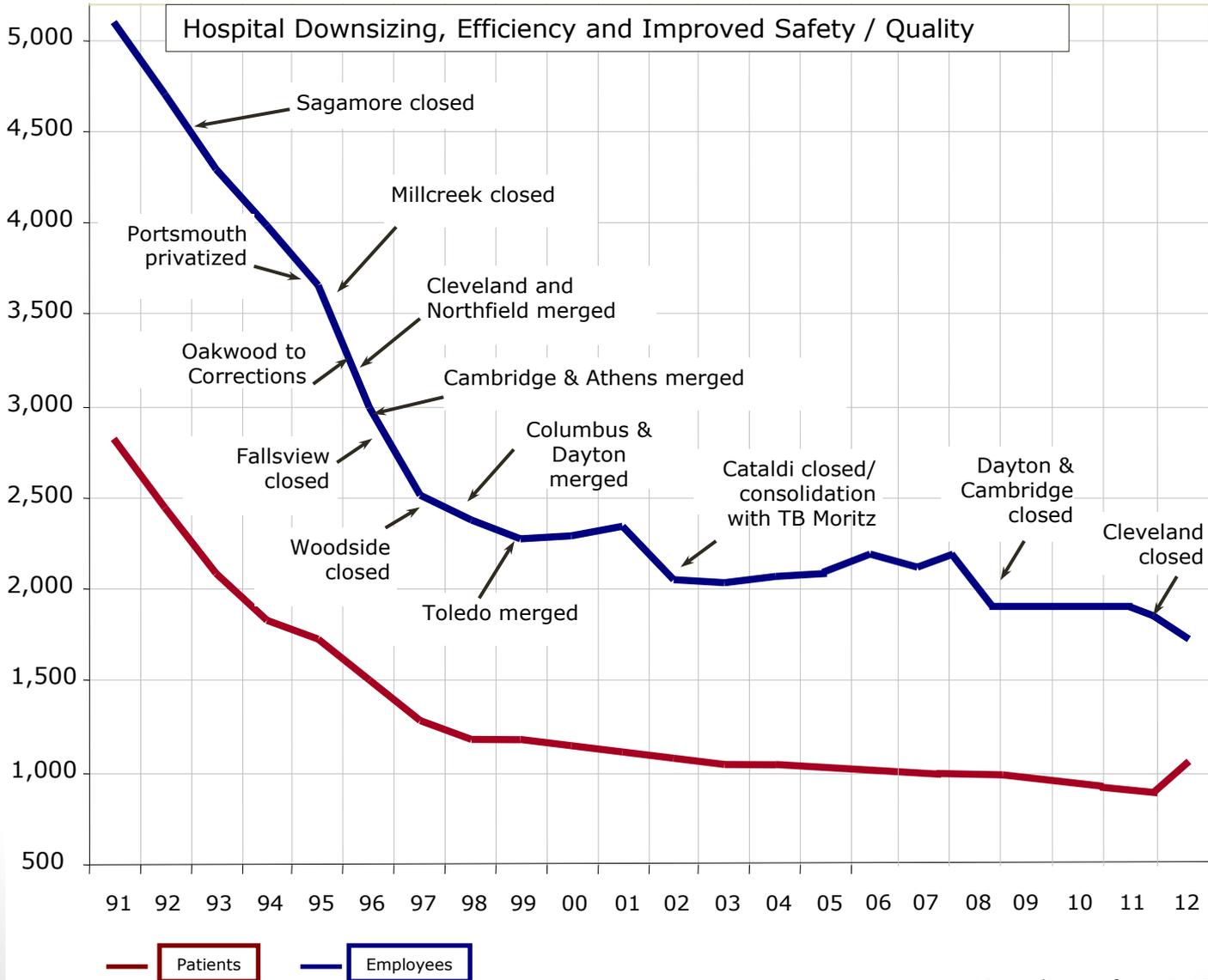
Note: Data from July 1, 2011 through June 30, 2012

State Hospital On-rolls Patients Forensic – Risk Management Focus

Regional Psychiatric Hospital	On-rolls Civil Population	On-rolls Forensic Population	Civil Pts Over 180 Days
Athens (ABH)	53%	47%	6
Cincinnati (SBH)	29%	71%	12
Columbus (TVBH)*	48%	52%	0
Massillon (HBH)	40%	60%	8
Northfield (NBH)	27%	73%	6
Toledo (NOPH)	43%	57%	8
Summary	36%	64%	40

* On-rolls information as of June 30, 2012

Ohio Department of Mental Health FY 1991 through FY 2012



Jan '91 – Jan '95

Period of downsizing related to the MH Act of 1988. Community MH development led to a reformed state hospital system and the transfer of funds to other community care providers.

Jan '95 – Jan '97

Period of closures / consolidations. State system pursues administrative efficiencies, reengineering activities. Continued shift of funds to local community care.

Jan '97 – Jan '08

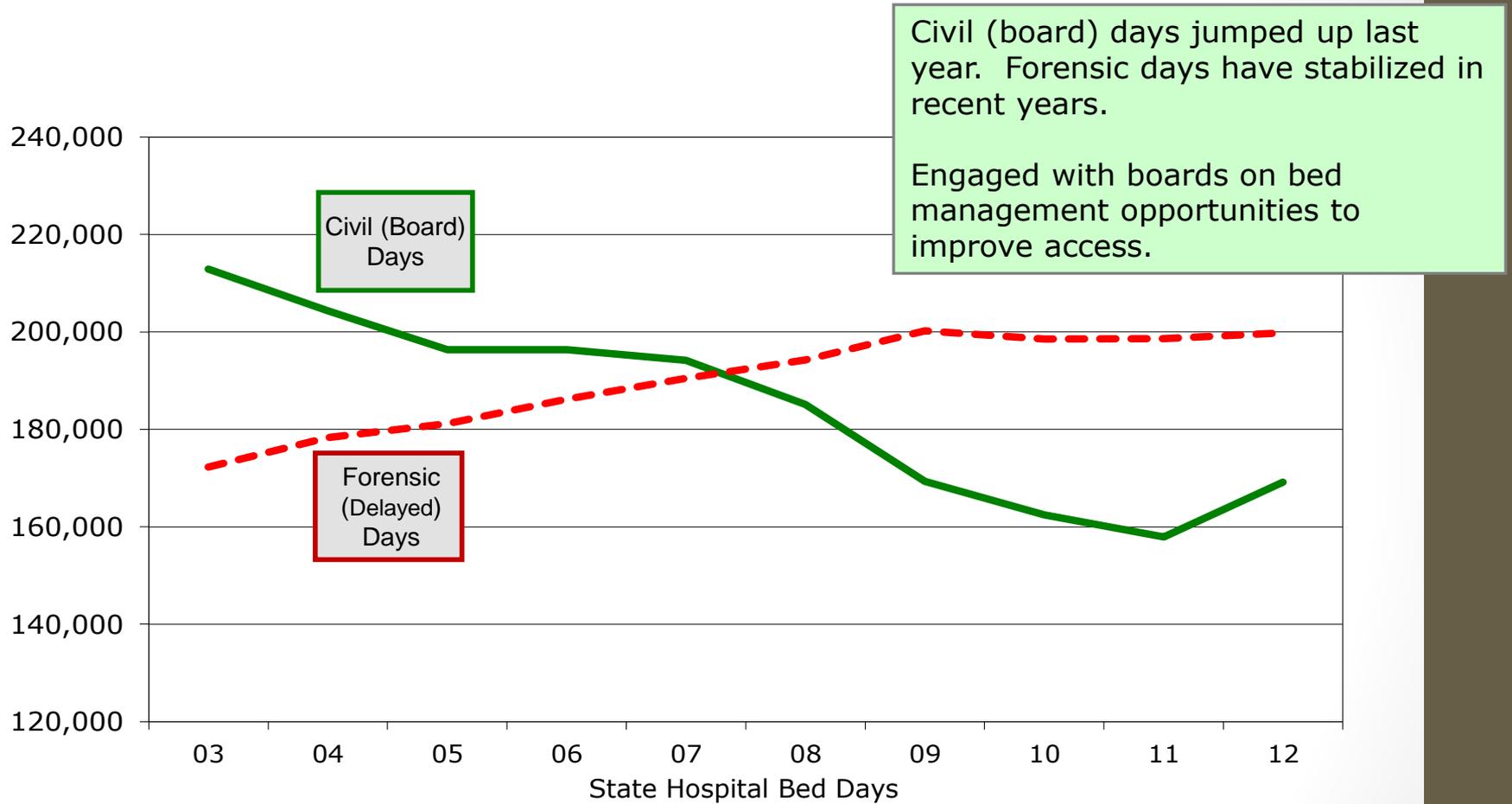
More acute patients with fewer hospital beds. Remarkable decrease in long term civil patients. Continued pursuit of efficiency and lower costs with the consolidation of maximum security facilities. Staffing adjustments for quality agenda and shared governance.

Jan '08 – Jan '12

Hospital system reconfigured to increase efficiency and achieve costs savings through 3 hospital closures. State bed capacity maintained. Focus on acute and forensic care. System of Care planning across all sites.

Hospital Bed Day Trends

From FY02 to FY 12



Note: Forensic (delayed) patients are ordered by courts for treatment. Includes restoration to competency and NGRI legal statuses.

Board days are predominantly civil days but include some forensic legal statuses, such as jail transfers, sanity evaluations, etc.

Data through FY 12

Strategic Priorities



- Safety (Risk Reduction)
- Access (Bed Management)
- Quality (Standards of Care)
- Integrated Healthcare - Patient Health/Wellness (Clinical Initiative)
- Recovery (Model of Care Environments)
- Cost Effective (Resource Management)
- Partnerships (Stakeholder Relationships)

ODMH Adopted Clinical Guidelines and Protocols

- Clinical protocols and guidelines are important in decreasing variability in care and promote improved safety and outcomes
- To advance clinical care and quality, RPH Medical Directors share internal guidelines, protocols and practices that have been particularly successful, for review and implementation across the system
- These include:
 - Evidence-Based Practices reported in the scientific literature and implemented in one or more RPHs
 - Practice guidelines or protocols implemented to improve care, safety or efficiency (Emerging Best Practices/Promising Practices)

ODMH Adopted Clinical Guidelines and Protocols

- Additional guidelines and protocols are developed and added and existing ones modified as scientific knowledge is advanced, or in response to events within the hospitals or elsewhere in the mental health system
- Implementation of such guidelines and protocols is rarely a single point in time, but requires a process of development, follow-up and “buy-in” to assure best results

Examples of Adopted Clinical Guidelines and Protocols

- Acute Adult Inpatient Stabilization Protocol
- Borderline Personality Disorder Guidelines
- Inpatient Integrated Dual Diagnosis Treatment
- Positive Patient Engagement
- Assessment and Management of the Suicidal Patient
- Firearms Guidelines
- Cultural Competence
- Forensic Risk Assessment

Examples of Adopted Clinical Guidelines and Protocols

- Integration of Physical and Mental Health
 - Medical Clearance Guidelines
 - Bowel Management Guidelines
 - Metabolic Syndrome Guidelines
 - Polydipsia/Hyponatremia Protocol
 - Clozapine Prescribing Guidelines
 - Bed Bug Protocol