



# Members Brief

An informational brief prepared by the LSC staff for members and staff of the Ohio General Assembly

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## Involuntary Treatment for Mental Illness

Ohio law establishes two processes under which involuntary treatment for mental illness may be initiated: (1) emergency hospitalization, sometimes called “pink-slipping,” which may be used only by certain health professionals or law enforcement officers when an emergency exists and (2) judicial hospitalization, which may be used at any time by any person – including court personnel or a concerned family member or friend. The individual’s mental illness must be severe enough that he or she falls within at least one of five categories to be a “mentally ill person subject to court order” as defined in statute. Under certain circumstances, an individual with a mental illness who was initially subject to emergency hospitalization may later become subject to judicial hospitalization.

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## Overview

Some individuals with severe mental illness refuse treatment, often because they lack awareness of their illness and do not think that they are sick.<sup>1</sup> If an individual with a mental illness does not voluntarily seek treatment, and the mental illness is severe enough that it makes the individual come within one or more of five statutory categories to be considered a “mentally ill person subject to court order,” treatment on an involuntary basis may be appropriate. Under Ohio law, a “mental illness” is a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life.<sup>2</sup> Treatment on an involuntary basis is also referred to as “involuntary commitment,” “civil commitment,” or “court-ordered treatment.” In Ohio, there are two processes by which involuntary treatment for mental illness may occur, as described in the table below.<sup>3</sup>

Involuntary Treatment for Mental Illness			
Process	Initiator	When	How
Emergency hospitalization (“pink-slipping”) (R.C. 5122.10)	A psychiatrist, licensed physician, licensed clinical psychologist, clinical nurse specialist who is certified as a psychiatric-mental health clinical nurse specialist by the American Nurses Credentialing Center, certified nurse practitioner who is certified as a psychiatric-mental health nurse practitioner by the American Nurses Credentialing Center, health officer, parole officer, police officer, or sheriff.	During an emergency when an expedited process is needed.	Complete and file with the probate court the “Application for Emergency Admission” (form DMH-0025), available from the website of the Ohio Department of Mental Health and Addiction Services (OhioMHAS).  Initiator must specify (1) the reasons for the belief that the individual is a “mentally ill person subject to court order” and represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination and (2) the circumstances under which the individual was taken into custody.

<sup>1</sup> Treatment Advocacy Center, *What Can You Do If Someone with a Serious Mental Illness Refuses Treatment?*, available at [https://www.treatmentadvocacycenter.org/storage/documents/what\\_can\\_you\\_do\\_if\\_someone\\_refuses\\_medication--eft\\_update\\_mar\\_2011.pdf](https://www.treatmentadvocacycenter.org/storage/documents/what_can_you_do_if_someone_refuses_medication--eft_update_mar_2011.pdf).

<sup>2</sup> R.C. 5122.01(A).

<sup>3</sup> Mahoning County (Ohio) Probate Court, Video, *Ohio Pink Slips for Law Enforcement Officers*, available at <https://www.mahoningcountyoh.gov/888/Mental-Illness>; see also Supreme Court of Ohio, *Civil Commitment of the Mentally Ill*, available at <https://www.supremecourt.ohio.gov/JCS/CFC/resources/probateBenchCards/mentallyill.pdf>.

Involuntary Treatment for Mental Illness			
Process	Initiator	When	How
Judicial hospitalization (R.C. 5122.11)	Any person.	At any time.  An individual who was subject to emergency hospitalization becomes subject to judicial hospitalization if that individual declines to be admitted as a voluntary patient and the chief clinical officer of the facility believes that the individual is a mentally ill person subject to court order.	Complete and file with the probate court the “Affidavit of Mental Illness” prescribed in R.C. 5122.111. The affidavit requires an allegation that the individual meets one or more categories to be a “mentally ill person subject to court order” and a statement of alleged facts sufficient to indicate probable cause to believe that the individual is a mentally ill person subject to court order.  The Affidavit of Mental Illness may be accompanied, or the court may require that it be accompanied, by a certificate of a psychiatrist, or a certificate signed by a licensed clinical psychologist and a certificate signed by a licensed physician, stating that the person has examined the individual and is of the opinion that the individual is a mentally ill person subject to court order or a statement that the individual has refused examination.

## Emergency hospitalization

### Custody and transport

Any of the following who has reason to believe that an individual (1) meets one or more of the five statutory categories to be a “mentally ill person subject to court order” (see “**Categories**,” below) and (2) represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination, may take the individual into custody and immediately transport him or her to a hospital licensed by OhioMHAS<sup>4</sup> or a general hospital not licensed by OhioMHAS:<sup>5</sup>

- A psychiatrist;

<sup>4</sup> As discussed below, there are six OhioMHAS-operated regional psychiatric hospitals in Ohio. In addition to those facilities, there are other hospitals in the state that are licensed by OhioMHAS to care for patients with mental illness.

<sup>5</sup> R.C. 5122.10.

- A physician;
- A clinical psychologist;
- A clinical nurse specialist (CNS) who is certified as a psychiatric-mental health CNS by the American Nurses Credentialing Center;
- A certified nurse practitioner (NP) who is certified as a psychiatric-mental health NP by the American Nurses Credentialing Center;
- A health officer (any public health physician, public health nurse, or other person authorized or designated by a city or general health district or a board of alcohol, drug addiction, and mental health services (ADAMHS) to perform the duties of a health officer under R.C. Chapter 5122<sup>6</sup>);
- A parole officer;
- A police officer; or
- A sheriff.

Each ADAMHS board must establish emergency and crisis care for the residents of its jurisdiction.<sup>7</sup> For this purpose, an ADAMHS board will contract with one or more organizations that provide these services. These organizations employ health officers who may initiate emergency hospitalization 24 hours a day, seven days a week. In Franklin County, for example, this service is provided by Netcare Access for adults and Nationwide Children’s Hospital for minors.<sup>8</sup> Accordingly, a concerned person who believes an individual needs emergency hospitalization may call the crisis care organization’s crisis line.<sup>9</sup>

### **Application for emergency admission (form DMH-0025)**

When the individual believed to be a mentally ill person subject to court order (the “respondent”) is taken into custody by one of the persons listed above and transported to a hospital, every reasonable and appropriate effort must be made to do this in the least conspicuous manner possible.<sup>10</sup> The person initiating the emergency hospitalization must then do all of the following:<sup>11</sup>

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<sup>6</sup> R.C. 5122.01(J).

<sup>7</sup> R.C. 340.032(A)(6).

<sup>8</sup> Netcare Access, *Who We Are*, available at <http://www.netcareaccess.org/about/>; Nationwide Children’s Hospital, *Crisis Services*, available at <https://www.nationwidechildrens.org/specialties/behavioral-health/crisis-services>.

<sup>9</sup> See, e.g., Netcare Access, *Crisis Center*, available at <http://www.netcareaccess.org/services/crisis-services/crisis-center/>.

<sup>10</sup> R.C. 5122.10.

<sup>11</sup> R.C. 5122.05(C) and 5122.10(B) and (C); see also Supreme Court of Ohio, note 3, above.

1. Submit to the hospital an “Application for Emergency Admission” or “form DMH-0025” (available from OhioMHAS’s website<sup>12</sup>), indicating:
  - a. The category or categories that the initiator believes are met to make the respondent a mentally ill person subject to court order;
  - b. The circumstances under which the respondent was taken into custody and the reason for the initiator’s belief that hospitalization is necessary.(The form is colloquially referred to as a “pink slip” because it is sometimes printed on pink paper.)
2. Explain to the respondent who the initiator is and his or her professional designation and affiliation, that the custody-taking is not a criminal arrest, and that the respondent will be examined at a specified hospital.
3. Inform the respondent, and provide a written statement to him or her, that he or she may take any of the actions discussed in “**Notice of rights**,” below.

### **Examination**

If the respondent is transported to a general hospital, the general hospital may admit the respondent, provide care and treatment for him or her, or both. However, by the end of 24 hours after arrival, the respondent must be transferred to a hospital or inpatient unit licensed by OhioMHAS or an institution, hospital, or other place established, controlled, or supervised by OhioMHAS (i.e., a state psychiatric hospital).<sup>13</sup>

The respondent must then be examined within 24 hours after arrival at the OhioMHAS-licensed or state psychiatric hospital. If the hospital’s chief clinical officer decides after examination that the respondent is not a mentally ill person subject to court order, the chief clinical officer must discharge the respondent unless a court has issued a temporary detention order as part of the process of judicial hospitalization of the person or the person has been sentenced to the Department of Rehabilitation and Correction. If the chief clinical officer believes after examination that the respondent is a mentally ill person subject to court order, the officer may detain the person for no more than three court days following the day of examination.<sup>14</sup>

### **Three-day hold**

During the three-day hold period, the chief clinical officer may admit the respondent as a voluntary patient (if the respondent voluntarily consents to treatment), discharge the respondent, or file an Affidavit of Mental Illness commencing proceedings for judicial hospitalization (see “**Judicial hospitalization**,” below).<sup>15</sup>

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<sup>12</sup> The most recent version of the form is available at this link: <https://mha.ohio.gov/Portals/0/assets/HealthProfessionals/StatePsychiatricHospitals/DMHAS-0025.pdf>.

<sup>13</sup> R.C. 5122.10(D).

<sup>14</sup> R.C. 5122.10(E).

<sup>15</sup> Supreme Court of Ohio, note 3, above.

If the respondent has been admitted as a voluntary patient, the hospital must inform him or her of the right to ask to be released.<sup>16</sup> If the respondent chooses to pursue this course, he or she may request to be released by writing a “three-day letter.” After the hospital receives the letter, it has three working days to tell the respondent whether he or she should leave. If the hospital wants the respondent to stay, it must file an Affidavit of Mental Illness to initiate judicial hospitalization. But if the hospital does not file the affidavit within three days, the respondent must be released.<sup>17</sup>

Before the respondent is released, the chief clinical officer must, when possible, notify the ADAMHS board that serves the respondent’s county of residence of the respondent’s pending release. The officer must inform the respondent that the board will be notified.<sup>18</sup>

Once the respondent is in voluntary hospitalization status, the probate court no longer has involvement. The chief clinical officer must discharge the patient if he or she has recovered or if the officer determines that hospitalization is no longer advisable. The officer may discharge the patient even if he or she refuses to accept treatment that is consistent with the written treatment plan that must be established for the patient.<sup>19</sup>

A respondent who is in involuntary hospitalization status loses the right to possess firearms and other dangerous ordnances. This is not the case with a patient in voluntary hospitalization status.<sup>20</sup>

## Judicial hospitalization

### Affidavit of Mental Illness

Any individual, including the chief clinical officer of a hospital as mentioned above, may initiate judicial hospitalization by filing with the probate court an Affidavit of Mental Illness.<sup>21</sup> The individual filing the affidavit, the “affiant,” must specify (1) one or more categories within the definition of “mentally ill person subject to court order” that justify court-ordered treatment (see “**Categories**,” below) and (2) the facts that give probable cause to believe that the person to be admitted (the “respondent”) is a mentally ill person subject to court order. “Probable cause” means a reasonable amount of suspicion, supported by circumstances sufficiently strong to justify a prudent and cautious person’s belief that certain facts are probably true.<sup>22</sup>

The Affidavit of Mental Illness may be accompanied by, or the court may require, a certificate of a psychiatrist, or of a licensed clinical psychologist and licensed physician, stating

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<sup>16</sup> R.C. 5122.03.

<sup>17</sup> R.C. 5122.10(E); see also Disability Rights Ohio, *I am an Involuntary Patient at a Psychiatric Hospital. What are My Rights?*, available at <https://www.disabilityrightsohio.org/involuntary-psych-patient-what-are-my-rights>.

<sup>18</sup> R.C. 5122.03.

<sup>19</sup> R.C. 5122.02(C).

<sup>20</sup> R.C. 2923.13(A)(5); see also Mahoning County (Ohio) Probate Court, note 3.

<sup>21</sup> R.C. 5122.111.

<sup>22</sup> *Ash v. Marlow*, 20 Ohio 119 (1851).

that the person who issued the certificate has examined the respondent and is of the opinion that he or she is a mentally ill person subject to court order or a written statement under oath that the respondent has refused to submit to an examination.<sup>23</sup>

The affidavit must be based on reliable information or personal knowledge and establish probable cause that the respondent needs court-ordered mental health treatment.<sup>24</sup>

### **Review of affidavit; temporary detention orders**

The probate court judge or magistrate must review the Affidavit of Mental Illness. The court looks at the facts and information in the affidavit, any documents or evidence submitted, and any physician opinions. Then, the court decides if the legal requirements have been met and there is probable cause that the respondent needs court-ordered treatment.<sup>25</sup>

The judge or magistrate may then decide to issue a temporary order of detention. This orders police to take the respondent into custody and transport him or her to a hospital or other mental health facility until the interim or full hearing occurs. When the respondent is taken into custody, he or she must be informed and provided with a written statement that the respondent may take any of the actions discussed in “**Notice of rights**,” below.<sup>26</sup>

### **Prescreening investigation**

Within two business days after receipt of the Affidavit of Mental Illness, the probate court must refer the affidavit to the ADAMHS board, or community mental health services provider the ADAMHS board designates, to assist the court in determining whether the respondent is subject to court-ordered treatment and whether alternatives to hospitalization are available, unless the board or provider has already performed that screening. The board or provider must review the allegations of the affidavit and other information relating to whether the respondent is a mentally ill person subject to court order, and the availability of appropriate treatment alternatives.<sup>27</sup>

The person who conducts the investigation must promptly report to the court in writing. The report is not admissible as evidence for the purpose of establishing whether the respondent is a mentally ill person subject to court order, but must be considered by the court in its determination of an appropriate placement for the respondent after he or she is found to be a mentally ill person subject to court order.<sup>28</sup>

The court, before a hearing is held, must release a copy of the investigative report to the respondent’s counsel.<sup>29</sup>

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<sup>23</sup> R.C. 5122.11.

<sup>24</sup> R.C. 5122.11.

<sup>25</sup> R.C. 5122.11.

<sup>26</sup> R.C. 5122.11.

<sup>27</sup> R.C. 5122.13.

<sup>28</sup> R.C. 5122.13.

<sup>29</sup> R.C. 5122.13.

## Hearing

### Time frame

At this point, the respondent might be in a health care facility or still at home. Within five court days of either the Affidavit of Mental Illness being filed or when the respondent arrives at the health care facility (whichever occurs first), the court must hold a hearing. For good cause, the court may delay the hearing for no more than ten days from the day the respondent was detained or on which the affidavit was filed, whichever occurred first. Failure to conduct a hearing within this time requires the immediate discharge of the respondent. If the proceedings are not reinstated within 30 days, all records of the proceedings must be expunged.<sup>30</sup>

Some probate courts provide for two hearings, an initial hearing followed by a full one. Other courts only have one full hearing.<sup>31</sup>

### Notice of hearing

After receiving the Affidavit of Mental Illness, the probate court must issue written notice that the hearing is to occur. The notice must be sent to all of the following:<sup>32</sup>

- The respondent;
- The respondent's legal guardian or spouse or, if the respondent is a minor, the respondent's parents (but only if those persons' addresses are known or can be obtained through exercise of reasonable diligence);
- The affiant;
- Any person designated by the respondent or, if the respondent does not make a designation, an adult who is next of kin;
- The respondent's legal counsel (who also must receive a copy of the affidavit and temporary order of detention);
- The director, chief clinical officer, or designee of the hospital, ADAMHS board, community mental health services provider, or facility to which the respondent has been committed; and
- The ADAMHS board serving the respondent's county of residence or a services provider designated by the board.

Any person entitled to notice (except the respondent) may waive notice.<sup>33</sup>

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<sup>30</sup> R.C. 5122.141.

<sup>31</sup> Disability Rights Ohio, *Civil Commitment: Understanding Your Rights*, available at <https://www.disabilityrightsohio.org/civil-commitment-understanding-your-rights>.

<sup>32</sup> R.C. 5122.12.

<sup>33</sup> R.C. 5122.12.



## **Respondent's rights**

The respondent has all of the following rights at the hearing:<sup>34</sup>

- To attend or not to attend. (No one else can make this decision for the respondent, like an attorney or guardian.)
- To have an attorney, and for the court to pay for an appointed one if the respondent cannot afford one.
- To access all relevant documents, information, and evidence in the case.
- To an independent expert evaluation, and for the court to pay for it if the respondent cannot afford one.
- To have the hearing closed to the public, unless the respondent asks that it be open to the public.
- To subpoena witnesses and documents.
- To cross-examine witnesses.
- To testify in court.
- To request a transcript of the hearing.
- To apply at any time for voluntary admission. (As mentioned above, the court dismisses the case if voluntary admission is completed.)

## **Presentation of evidence; decision**

At the hearing, the ADAMHS board's attorney and the respondent's attorney will present evidence. The court must decide if there is clear and convincing evidence that the respondent falls within one or more categories to be a mentally ill person subject to court order. If the court finds by clear and convincing evidence that the respondent is a mentally ill person subject to court order, the court must order the person for a period not to exceed 90 days to any of the following:<sup>35</sup>

- A state mental health hospital;
- A nonpublic hospital;
- The U.S. Veterans' Administration or other agency of the U.S. government;
- An ADAMHS board or agency the board designates;
- Private psychiatric or psychological care and treatment; or
- Any other suitable facility or person consistent with the diagnosis, prognosis, and treatment needs of the respondent.

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<sup>34</sup> R.C. 5122.15; see also Disability Rights Ohio, note 31, above.

<sup>35</sup> R.C. 5122.15(C).

The court must consider the diagnosis, prognosis, and preferences of the respondent, as well as the respondent's projected treatment plan. Then, the court must order implementation of the least restrictive alternative available consistent with treatment goals. If this is inpatient hospitalization, the court's order must state that fact.<sup>36</sup> If the respondent only falls within the fifth category of the definition of mentally ill person subject to court order, the respondent cannot be ordered to a hospital.<sup>37</sup>

If the court finds that the respondent does not fall within one or more categories to be a mentally ill person subject to court order, the respondent must be immediately discharged.<sup>38</sup>

### **Treatment plan**

The treatment plan is a written statement of reasonable objectives and goals for the respondent established by the treatment team, with specific criteria to evaluate progress towards achieving those objectives.<sup>39</sup> The court's initial treatment plan may require the respondent to receive treatment for up to 90 days.<sup>40</sup>

The treatment plan must be based on the respondent's needs and include services to be provided while under hospitalization, after the patient is discharged, or in an outpatient setting. In establishing the treatment plan, consideration should be given to the availability of services, which may include all of the following:<sup>41</sup>

- Community psychiatric supportive treatment;
- Assertive community treatment;
- Medications;
- Individual or group therapy;
- Peer support services;
- Financial services;
- Housing or supervised living services;
- Alcohol or substance abuse treatment; and
- Any other services prescribed to treat the respondent's mental illness and to either assist the respondent in living and functioning in the community or to help prevent a relapse or a deterioration of the respondent's current condition.

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<sup>36</sup> R.C. 5122.15(E).

<sup>37</sup> R.C. 5122.01(B)(5)(a).

<sup>38</sup> R.C. 5122.15(B).

<sup>39</sup> R.C. 5122.01(V)(1).

<sup>40</sup> R.C. 5122.15

<sup>41</sup> R.C. 5122.01(V)(2).

In addition, if the respondent has executed an advance directive for mental health treatment, the treatment team must consider any directions included in the advance directive in developing the treatment plan.<sup>42</sup>

### **Continued commitment**

As mentioned above, an initial order of court-ordered treatment may not exceed 90 days. However, when the expiration date of the court order draws near, an application for continued treatment may be filed if there is reason to believe that the respondent still meets at least one of the categories to be a mentally ill person subject to court order.<sup>43</sup>

If the court, after a hearing for continued court-ordered treatment, finds by clear and convincing evidence that the respondent is a mentally ill person subject to court order, the court may order continued commitment. If continued commitment is ordered, a full hearing must be held at least every two years beginning after the expiration of the first 90-day period.<sup>44</sup>

## **Immunity and liability**

### **Good faith commitment**

A person or agency acting in good faith, either on actual knowledge or information thought to be reliable, who assists in the hospitalization or discharge, determination of appropriate placement, or judicial proceedings of an individual relating to involuntary hospitalization of the mentally ill, is not subject to criminal prosecution or civil liability.<sup>45</sup>

### **Bad faith commitment**

A person who knowingly files a false affidavit (which would include the application for emergency hospitalization or Affidavit of Mental Illness) commits perjury, a felony of the third degree.<sup>46</sup> A health care professional who does so could also be sued for malpractice and subject to professional disciplinary action.<sup>47</sup>

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<sup>42</sup> R.C. 5122.01(V)(3) and 2135.02.

<sup>43</sup> R.C. 5122.15(H).

<sup>44</sup> R.C. 5122.15(H).

<sup>45</sup> R.C. 5122.34.

<sup>46</sup> R.C. 2921.11; see also National Alliance on Mental Illness (NAMI) Ohio, *Understanding Ohio's Court Ordered Outpatient Treatment Law*, available at <https://mha.ohio.gov/Portals/0/assets/HealthProfessionals/StatePsychiatricHospitals/2014-NAMI-Court-Ordered-Outpatient-Treatment.pdf?ver=2019-04-01-134854-687>.

<sup>47</sup> Christopher P. Maret, MD, MPH, et al., *What is Your Liability for Involuntary Commitment Based on Faulty Information?*, available at [https://mdedge-files-live.s3.us-east-2.amazonaws.com/files/s3fs-public/cp\\_01603021.pdf](https://mdedge-files-live.s3.us-east-2.amazonaws.com/files/s3fs-public/cp_01603021.pdf).

## Categories

Under Ohio law, an individual is a “mentally ill person subject to court order” if, because of the individual’s mental illness, the individual falls within one of the five categories specified below. A court cannot order hospitalization if the individual falls within the fifth category.<sup>48</sup>

1. The individual 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. The individual 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. The individual represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that the individual is unable to provide for the individual’s basic physical needs because of the individual’s mental illness and that appropriate provision for those needs cannot be made immediately available in the community.
4. The individual would benefit from treatment for the individual’s mental illness and is in need of treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or the individual.
5. The individual would benefit from treatment as manifested by evidence of behavior that indicates all of the following:
  - a. The individual is unlikely to survive safely in the community without supervision, based on a clinical determination.
  - b. The individual has a history of lack of compliance with treatment for mental illness and one of the following applies:
    - i. At least twice within the preceding 36 months, the lack of compliance has been a significant factor in necessitating hospitalization or receipt of services in a forensic or other mental health unit of a correctional facility (extended by the length of any hospitalization or incarceration during those months).
    - ii. Within the preceding 48 months, the lack of compliance resulted in one or more acts of serious violent behavior toward self or others, or threats of, or attempts at, serious physical harm to self or others (extended by the length of any hospitalization or incarceration during that period).
  - c. The individual, as a result of the individual’s mental illness, is unlikely to voluntarily participate in necessary treatment.

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<sup>48</sup> R.C. 5122.01(B); see also Supreme Court of Ohio, note 3, above.

- d. In view of the individual's treatment history and current behavior, the individual is in need of treatment in order to prevent a relapse or deterioration that would likely result in substantial risk of serious harm to the individual or others.

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When the affiant is seeking inpatient treatment for the respondent, the affiant will indicate that the respondent is in at least one of categories 1 – 4. When the affiant is seeking outpatient treatment for the respondent, the affiant will indicate that the respondent is in category 5.

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## Notice of rights

Any individual who is involuntarily detained must immediately be informed and provided with a written statement that the individual may do any of the following:<sup>49</sup>

- Immediately make a reasonable number of telephone calls or use other reasonable means to contact an attorney, a licensed physician, a licensed clinical psychologist, or any other person or persons to secure representation by counsel or obtain medical or psychological assistance, as well as be provided assistance in making calls if the assistance is needed and requested;
- Retain counsel and have independent expert evaluation of the individual's mental condition and, if the individual is unable to obtain an attorney or independent expert evaluation, be represented by court-appointed counsel or have independent expert evaluation of the individual's mental condition, or both, at public expense if the individual is indigent; and
- Have a hearing to determine whether or not the individual is a mentally ill person subject to court order.

## State-operated psychiatric hospitals

OhioMHAS operates six regional psychiatric hospitals:<sup>50</sup>

1. Appalachian Behavioral Healthcare Hospital in Athens (Athens County);
2. Heartland Behavioral Healthcare Hospital in Massillon (Stark County);
3. Northcoast Behavioral Healthcare Hospital in Northfield (Summit County);
4. Northwest Ohio Psychiatric Hospital in Toledo (Lucas County);
5. Summit Behavioral Healthcare in Cincinnati (Hamilton County); and

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<sup>49</sup> R.C. 5122.05(C).

<sup>50</sup> Ohio Department of Mental Health and Addiction Services, *Hospital Services*, available at <https://mha.ohio.gov/Health-Professionals/State-Psychiatric-Hospitals>.

## 6. Twin Valley Behavioral Healthcare Hospital in Columbus (Franklin County).

The catchment areas for the six hospitals are available at [this link](#).

### Admissions data

The table below summarizes recent involuntary admissions data for the six OhioMHAS-operated regional psychiatric hospitals. OhioMHAS does not maintain data on the number of patients involuntarily admitted for mental health treatment to general hospitals or other hospitals or facilities not operated by OhioMHAS but licensed by the Department.<sup>51</sup>

Patients Involuntarily Admitted to State-Operated Psychiatric Hospitals					
	FY 2018	FY 2019	FY 2020	FY 2021*	3-Year Average**
Emergency Hospitalization	4,178	4,201	3,324	403	3,901.0
Judicial Hospitalization	416	373	208	21	332.3

\*Fiscal year is from July to June. However, fiscal year 2021 data is only for July and August.

\*\*Three-year average is fiscal years 2018, 2019, and 2020.

Source: Ohio Department of Mental Health and Addiction Services, October 14, 2020.

### Operating costs

The table below shows the most recent operating costs calculated by OhioMHAS staff for the six OhioMHAS-operated psychiatric hospitals. These figures assume that all of the hospitals are at 100% capacity; typically, they are at 98%-99% capacity.<sup>52</sup>

State Psychiatric Hospital	Operating Cost	Number of Beds	Approximate Daily Cost
Appalachian Behavioral Healthcare Hospital	\$27,898,435	92	\$830.81
Heartland Behavioral Healthcare Hospital	\$32,143,615	126	\$698.93
Northcoast Behavioral Healthcare Hospital	\$63,180,586	258	\$670.92
Northwest Ohio Psychiatric Hospital	\$27,587,879	116	\$651.58
Summit Behavioral Healthcare	\$55,730,916	291	\$524.70
Twin Valley Behavioral Healthcare Hospital	\$60,645,644	228	\$728.74

Source: Ohio Department of Mental Health and Addiction Services, October 6, 2020.

<sup>51</sup> Electronic correspondence from OhioMHAS staff, September 25, 2020.

<sup>52</sup> Electronic correspondence from OhioMHAS staff, October 6, 2020.

## Court costs

Franklin County Probate Court staff reported the following costs the court commonly incurs for emergency and judicial hospitalization cases. These costs vary from probate court to probate court, so this is only an example.<sup>53</sup>

Item	Cost
Docketing and indexing	\$15.00
Computerized legal research	\$3.00
Computer fee	\$10.00
Special projects fund	\$15.00
Court doctor	\$125.00
Counsel	\$95.00
Magistrate	\$80.00
Bailiff's service fee	\$8.50 to \$29.00
Independent expert	\$200.00
Sheriff's fee (if respondent is in the community)	Varies
Convey fee (if respondent wishes to attend the hearing)	Varies

Source: Franklin County Probate Court, October 6, 2020.

<sup>53</sup> Electronic correspondence from Franklin County Probate Court staff, October 6, 2020.