

**ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES BOARD OF  
CUYAHOGA COUNTY POLICY STATEMENT**

**SUBJECT: CONTINUED COMMITMENT AS OUTPATIENT POLICY**

**EFFECTIVE DATE: February 6, 2019**

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**PURPOSE**

The Mental Health Act of 1988 permits the commitment to the Board, of persons deemed mentally ill and subject to court ordered hospitalization. Under the direction of the Chief Clinical Officer of the Board, a determination is made as to the least restrictive treatment setting consistent with that person's need. For select individuals, commitment to the Board shall continue upon hospital discharge subject to adherence to ORC Section 5122 and the Mental Health Act.

The use of continued civil commitment on an outpatient basis is reserved for patients being discharged from a licensed psychiatric unit who require a probate court mandate for treatment in order to comply with that treatment necessary to allow them to live and function safely in a community setting. Historically, without court-ordered treatment, these individuals have demonstrated that they repeatedly suffer relapses of their mental illnesses resulting in the need for involuntary hospitalization.

**POLICY**

Continued civil commitment on an outpatient basis will be used as a less restrictive alternative to continued involuntary hospitalization for individuals who meet the clinical criteria. Consideration for continued civil commitment to the ADAMHS Board will be given as part of the continuing assessment after involuntary civil commitment to a licensed psychiatric unit

**PROCEDURE**

1. **Defining Eligibility Criteria for the Continued Commitment Procedure:** In order to be eligible for the Continued Commitment process in Cuyahoga County, the following criteria must be established:

- a. Adult persons with mental illness who meet civil commitment criteria as defined in Ohio Revised Code Section 5122.01:
  - i. Mental illness means 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.
  - ii. Mentally ill person subject to hospitalization by court order means a mentally ill person who, because of his illness:

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- Represents a substantial risk of physical harm to himself as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm; OR,
- 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; OR,
- Represents a substantial and immediate risk of serious physical impairment or injury to himself as manifested by evidence that he is unable to provide for and is not providing for his basic physical needs because of his mental illness and that appropriate provision for such needs cannot be made immediately available in the community; OR,
- Would benefit from treatment in 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 the substantial rights of others or himself.

b. Adult persons who have been committed to the ADAMHS Board through a Full Civil Commitment Hearing process and who have either:

- i.) A history of repeated non-compliance with outpatient medication and follow-up leading to a return to a licensed psychiatric unit; OR
- ii.) A history of having been re-admitted to a licensed psychiatric unit three or more times within one calendar year; OR
- iii.) A history of having been re-committed to the Board with placement at a licensed psychiatric unit in less than 30 days of a previous discharge from the state hospital.

c. Clinical guidelines for the use of Continued Civil Commitment on an outpatient basis include:

- i.) The patient must express an interest in living in the community.
- ii.) The patient must have previously failed in attempts to live in the community.
- iii.) The patient must have that degree of competency necessary to understand the stipulations of his/her continued commitment in the community.
- iv.) The patient must have the capacity to comply with the continued commitment treatment plan.
- v.) The treatment or treatments being ordered must have demonstrated efficacy.

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- vi.) The ordered treatment or treatments must be such that they can be delivered by the outpatient system, are sufficient for the patient's needs, and are necessary to sustain community tenure.
  - vii.) The ordered treatment must be such that it can be monitored by the outpatient treatment provider.
  - viii.) The outpatient treatment provider must be willing to deliver the ordered treatment to the patient and must be willing to participate in enforcing compliance with treatment.
  - ix.) The inpatient system must support the outpatient system's participation in the provision of continued commitment in the community.
  - x.) The patient has been determined to not represent a substantial risk of physical harm to self or others while being treated in a community setting.

Procedure:

1. Persons meeting the eligibility criteria may be identified by the state hospital or licensed psychiatric units and shall be presented to the Chief Clinical Officer (CCO) of the ADAMHS Board for approval to be eligible for continued civil commitment on an outpatient basis.
2. The CCO of the ADAMHS Board shall review eligible persons and render final approval to proceed with notification to the Cuyahoga County Probate Court of the ADAMHS Board's intention to continue civil commitment on an outpatient basis.
3. Evidence of the need for continued civil commitment on an outpatient basis and testimony shall be presented to the Court at a full civil commitment hearing at which time the duration of the person's commitment to the ADAMHS Board will be determined by the Court in accordance with state law.
4. Following the full civil commitment hearing, he/she will remain committed to the ADAMHS Board. Expectations of the patient shall be provided to him/her in writing. (See Appendix 1). The terms of continued civil commitment to the ADAMHS Board basis shall include:
  - a.) Mental health service provision using an Intensive Case Management (ICM) or Assertive Community Treatment (ACT) Team model;
  - b.) Close medication compliance monitoring;
  - c.) Possible placement in a supervised residential facility or home.
5. The ADAMHS Board CEO and CCO shall select the service provider(s) who will provide treatment. The outpatient treatment team will provide monthly and timely status reports to the CCO of the ADAMHS Board on all persons who remain on continued civil commitment. (See Appendix 2).

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6. The continued civil commitment to the ADAMHS Board on an outpatient basis shall be for the duration of the commitment order issued by the court and may be renewed if clinically appropriate and necessary by filing a motion for a continued commitment hearing in Cuyahoga County Probate Court. (See Appendix 3). All procedural and due process requirements as specified in Ohio Law shall be followed. The Court shall also be notified of those persons for whom continued civil commitment to the Board expires.
7. If the person is under continued civil commitment to the ADAMHS Board on an outpatient basis and requires a return to an inpatient setting for more intensive treatment than that available in the community, the ADAMHS Board shall comply with the following:
  - a.) File a "Motion to Place Respondent in a More Restrictive Setting Pursuant to ORC 5122.15(L)" (Motion) (See Appendix 4-a);
    - i. Persons under continued civil commitment to the ADAMHS Board on an outpatient basis shall not be returned to the inpatient setting without cause. A clinical deterioration as well as substantial non-compliance with material terms of outpatient treatment will be considered as cause for a return to the inpatient setting and shall be included in an Affidavit which supports the Motion.
  - b.) Walk the Motion to a Probate Court Magistrate or the Probate Court Judge OR fax the Motion to Probate Court;
  - c.) The Court will act on the Motion immediately and may grant the Interim Judgment Entry based upon the facts set forth in the attached Affidavit (See Appendix 4-b);
  - d.) At the time the Interim Judgment Entry (See Appendix 4-c) is granted, a full hearing will be set within 5 days of placement as provided by statute. The date and time for the hearing will be listed in the Interim Judgment Entry;
  - e.) The Interim Judgment Entry will direct law enforcement to take the person (Respondent) into custody for transportation to the hospital;
  - f.) The Probate Court has requested that the person (Respondent) be presented with a mechanism to demand a hearing at the time that he/she is picked up and served with the Motion/Interim Judgment Entry (Appendix 4-d);
  - g.) If the person (Respondent) waives the hearing, the Board will notify the Court and a final Judgment Entry will be processed.
8. The ADAMHS Board CCO, in consultation with the outpatient treatment team, shall make the final decision as to the discontinuation of civil commitment. (Appendix 5)

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References: ORC Chapter 5122.

Supersedes and replaces: "Continued Commitment as Outpatient Policy," adopted November 21, 2013

Approved:

*/s/ Rev. Benjamin F. Gohlstin, Sr.*

*/s/ Scott S. Osiecki*

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Rev. Benjamin F. Gohlstin, Sr.  
ADAMHS Board Chairperson

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Scott S. Osiecki  
ADAMHS Chief Executive Officer

February 6, 2019

02/2022

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Approval Date

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Review Date

**Alcohol, Drug Addiction and Mental Health Services Board  
of Cuyahoga County**

**Expectations of You as a Patient Committed to  
Continued Treatment in the Community**

**Name:** \_\_\_\_\_ **Court Case #:** \_\_\_\_\_

1. On your doctor's recommendation, the Court has decided that after you leave the hospital, you will continue to be on civil commitment to the ADAMHS Board as an outpatient. Your treatment team believes this is necessary in order for you to live safely in the community.

2. Your treatment plan includes:

- a. Taking medications as prescribed by your doctor.
- b. Keeping all appointments with your psychiatrist/nurse.
- c. Keeping all appointments with your CPST worker.
- d. Attending or participating in:

Service	Location	Contact Person	Phone #

3. If you do not follow your treatment plan, or if your treatment team believes you are becoming ill and are at risk of becoming dangerous to yourself or others, your treatment team may recommend that you be re-hospitalized. They will ask you to agree to be hospitalized but they can return you to the hospital involuntarily if they believe it is necessary.

4. If your treatment team hospitalizes you against your will, you have the right to ask for a court hearing.

5. As part of your continued civil commitment in the community, you will have regular Probate Court hearings which you must attend unless you have completed a form waiving your attendance. Probate Court will notify you of your next court hearing.

**First Doctor's Appointment**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

At: \_\_\_\_\_

My rights and responsibilities as a patient on continued civil commitment in the community have been discussed with me. I have had an opportunity to have my questions answered and agree to follow the recommended treatment plan listed above.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CPST Worker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Original to Agency, Copy to Client, Copy to Hospital*

### ADAMHS Board CONTINUED CIVIL COMMITMENT REPORT/TREATMENT PLAN UPDATE

Reporting Period: \_\_\_\_\_

Client Name: \_\_\_\_\_ Court Case #: \_\_\_\_\_

Date of Commitment: \_\_\_\_\_ Date Expires: \_\_\_\_\_ Date of community entry: \_\_\_\_\_

Current Address: \_\_\_\_\_

CPST Worker: \_\_\_\_\_ Psychiatrist: \_\_\_\_\_

Axis-I Diagnoses: \_\_\_\_\_

Treatment Compliance:

1. CSP Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_ No. Contacts \_\_\_\_\_ No. Attempts \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Psychiatric Care

Clinic Appointments: Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_ No. Contacts \_\_\_\_\_ No Shows \_\_\_\_\_  
Medications: Yes \_\_\_\_\_ No \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Method of Verification: Client \_\_\_\_\_ Significant Other \_\_\_\_\_ Treatment Team \_\_\_\_\_  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Other terms (list)

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_ No. Contacts \_\_\_\_\_  
\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_ No. Contacts \_\_\_\_\_

4. Has it been necessary to transport to SVCH PED for evaluation? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Has it been necessary to transport to SVCH PED for medication administration? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Has this patient been re-hospitalized in the last 30 days? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, where: \_\_\_\_\_

Was the re-hospitalization voluntary? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Significant changes: (Change in client's circumstances over the last 30 days, i.e., job loss, relationship problems, change of residence, drug screening, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



8. Is there reason to consider returning this client to inpatient status? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, why?

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9. Considering the range of circumstances that influence this client's ability to respond to treatment has he/she sufficiently complied with treatment recommendations to be discharged from continuing outpatient commitment? No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, explain:

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10. Are there changes in service recommendations that would enhance the client's ability to effectuate discharge from involuntary treatment? No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, please explain:

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11. Document any other changes in the treatment plan:

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12. If commitment is in the final month, do you intend to ask Probate Court for a hearing to continue commitment? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

CSP Worker: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Psychiatrist \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Comments from Clinical Director:

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Clinical Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

Appendix 3

**IN THE COURT OF COMMON PLEAS  
PROBATE COURT DIVISION  
CUYAHOGA COUNTY, OHIO**

In the Matter of:

\_\_\_\_\_

Alleged to be Mentally Ill

} CASE NO.: \_\_\_\_\_

}

}

}

}

} **APPLICATION FOR CONTINUED**  
} **COMMITMENT UNDER O.R.C. 5122.15(H)**

Now comes the undersigned attorney for the Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County, and hereby applies to the Court for an order of continued commitment of the Respondent pursuant to O.R.C. §5122.15(H). Attached hereto is a written report substantiating \_\_\_\_\_'s need for further continued commitment to the Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County consistent with his treatment needs.

This matter is scheduled for a continued commitment hearing on \_\_\_\_\_  
at \_\_\_\_\_, and will be held at  
\_\_\_\_\_.

Respectfully submitted,

\_\_\_\_\_  
Attorney for Alcohol, Drug Addiction and Mental  
Health Services Board of Cuyahoga County

Appendix 4-a

IN THE PROBATE COURT  
DIVISION OF THE COURT OF COMMON PLEAS  
CUYAHOGA COUNTY, OHIO

In the Matter of:

Case No.: \_\_\_\_\_

\_\_\_\_\_

Respondent

**MOTION TO PLACE RESPONDENT IN A  
MORE RESTRICTIVE SETTING  
PURSUANT TO ORC 5122.15 (L)**

DATE: \_\_\_\_\_

Now comes the Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County (ADAMHS Board), by and through undersigned counsel, and moves this Honorable Court to transfer the above-captioned Respondent, committed to the Board pursuant to the Continued Commitment Order in the Judgment Entry dated \_\_\_\_\_, from an outpatient to a more restrictive setting pursuant to Section 5122.15(L) of the Ohio Revised Code. Movant is requesting that Respondent be transferred to a hospital so designated by the ADAMHS Board for reason that the Respondent is in immediate need of treatment in an inpatient setting because he represents a substantial risk of physical harm to self or others if allowed to remain in a less restrictive setting.

Respectfully submitted,

\_\_\_\_\_

Attorney for ADAMHS Board

Copy: Attorney for Respondent

Appendix 4-b

**AFFIDAVIT OF MENTAL ILLNESS**

The State of Ohio Cuyahoga County, ss.  
Cuyahoga County Probate Court

\_\_\_\_\_, the undersigned, residing at \_\_\_\_\_

\_\_\_\_\_, says that he/she has information to believe or has actual knowledge that \_\_\_\_\_

(Please specify specific category(ies) below with an X.)

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;

Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior or evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm or other evidence of present dangerousness;

Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence of being unable to provide for and of not providing for basic physical needs because of mental illness and that appropriate provision for such needs cannot be made immediately available in the community;

Would benefit from treatment for 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 the person; or

Would benefit from treatment as manifested by evidence of behavior that indicates all of the following:

(a) The person is unlikely to survive safely in the community without supervision, based on a clinical determination.

(b) The person has history of lack of compliance with treatment for mental illness and at least one of the following applies:

(i) At least twice within the thirty six months prior to the filing of an affidavit seeking court-ordered treatment of the person under section 5122.111 of the Revised Code, the lack of compliance has been a significant factor in necessitating hospitalization in a hospital or receipt of services in a forensic or other mental health unit of a correctional facility, provided that the thirty-six month period shall be extended by the length of any hospitalization or incarceration of the person that occurred within the thirty-six month period.

(ii) Within the forty-eight months prior to the filing of an affidavit seeking court-ordered treatment of the person under section 5122.111 of the Revised Code, 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, provided that the forty-eight month period shall be extended by the length of any hospitalization or incarceration of the person that occurred within the forty-eight month period.

(c) The person, as a result of mental illness, is unlikely to voluntarily participate in necessary treatment.  
(d) In view of the person's treatment history and current behavior, the person is in need of treatment to prevent a relapse or deterioration that would be likely to result in substantial risk of serious harm to the person or others.

\_\_\_\_\_ further says that the facts supporting this belief are as follows:

\_\_\_\_\_  
\_\_\_\_\_

These facts being sufficient to indicate probable cause that the above said person is a mentally ill person subject to court order.

Name of Patient's Last Physician or Licensed Clinical Psychologist: \_\_\_\_\_

Address of Patient's Last Physician or Licensed Clinical Psychologist: \_\_\_\_\_

The name and address of respondent's legal guardian, spouse, and adult next of kin are:

Name	Kinship	Address
	Legal Guardian	
	Spouse	
	Adult Next of Kin	
	Adult next of Kin	

The following constitutes additional information that may be necessary for the purpose of determining residence: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.

\_\_\_\_\_  
Signature of the Party Filing the Affidavit

Sworn to before me and signed in my presence on the day and year above dated.

\_\_\_\_\_  
Probate Judge

\_\_\_\_\_  
Deputy Clerk

**WAIVER**

I, the undersigned party filing the affidavit, hereby waive the issuing and service of notice of the hearing on said affidavit and voluntarily enter my appearance herein.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.

\_\_\_\_\_  
Signature of Party Filing Affidavit

Appendix 4-c

IN THE PROBATE  
COURT  
DIVISION OF THE COURT OF COMMON  
PLEAS CUYAHOGA COUNTY, OHIO

In the Matter of:

Case No.: \_\_\_\_\_

\_\_\_\_\_  
Respondent

**INTERIM JUDGMENT**

**ENTRY DATE:** \_\_\_\_\_

This cause is before the Court upon a Motion to Place Respondent in a More Restrictive Setting Pursuant to ORC 5122.15(L) by the Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County (ADAMHS Board).

Upon the evidence presented, the Court finds that the Respondent is in immediate need of treatment in an inpatient setting because he represents a substantial risk of physical harm to self or others if allowed to remain in a less restrictive setting.

The Court further finds that a full hearing is hereby scheduled for the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_, which hearing will proceed unless waived in writing by the Respondent.

**It is therefore ORDERED, ADJUDGED AND DECREED** that the Motion to Place Respondent in a More Restrictive Setting Pursuant to ORC 5122.15(L) is **GRANTED**. The respondent shall be transferred to a more restrictive setting in a hospital so designated by the ADAMHS Board. Law enforcement shall immediately take Respondent into custody for transportation to the hospital so designated by the ADAMHS Board pursuant to Section 5122.15(L) of the Ohio Revised Code.

It is further **ORDERED** that a hearing is set on this Motion on the \_\_\_\_\_ day of \_\_\_\_\_ 2010 at \_\_\_\_\_. **IT IS SO ORDERED.**

\_\_\_\_\_  
MAGISTRATE

IN THE PROBATE  
COURT

DIVISION OF THE COURT OF COMMON  
PLEAS CUYAHOGA COUNTY, OHIO

In The Matter of:

Case No.: \_\_\_\_\_

\_\_\_\_\_  
Respondent

**REQUEST FOR HEARING**

**OR**

Date: \_\_\_\_\_

**WAIVER OF HEARING**

This cause is before the Court upon a Motion to Place Respondent in a More Restrictive Setting Pursuant to ORC 5122.15(L) by the Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County (ADAMHS Board).

\_\_\_\_\_ I, Respondent \_\_\_\_\_, want to have a hearing;

OR

\_\_\_\_\_ I, Respondent \_\_\_\_\_, do NOT want a hearing, and I waive a hearing.

Respectfully submitted,

\_\_\_\_\_  
Respondent