Twin Valley Behavioral Healthcare’s (TVBH) civil forensic and acute care units provide inpatient psychiatric services to adults in 15 Central Ohio counties.

Units K2, K3 and K4 have 74 beds with 160 admissions per year and an average length of stay between two months and two years.

Units K6 - 9 have 104 beds with 2,000 admissions per year and a median length of stay of 12 days.
In the community, acute care patients are pre-screened and referred when, due to a mental illness, they are:

- Considered a danger to themselves or others
- Unable to care for themselves
- In need of, and would benefit from, hospitalization

Referrals are made from county mental health providers/crisis centers, common pleas and municipal courts, hospital emergency departments, inpatient psychiatric settings, jails, etc.
Admission

• Populations served:
  • Severely mentally disabled adults (18+) with or without substance use disorders
  • Forensic patients court-ordered for Competency Restoration and those found Not Guilty by Reason of Insanity (NGRI)
  • Patients admitted must have a valid order of detention (probate court) or emergency certificate (pink slip)
  • Patients must have medical clearance prior to admission
Primary Services Provided

• Each patient has an interdisciplinary treatment team led by a practitioner (psychiatrist or advanced practice nurse)

• Each team is responsible for assessment, treatment planning, patient care and discharge planning

• Social Work, Psychology, Psychiatry, Nursing, Adjunctive Therapy (music, art and recreation) and Substance Abuse/Mental Illness (SAMI)

• Coordination of care with Community Mental Health Centers (CMHC), families, guardians, housing agencies, NetCare Access, ADAMH Boards, AOD Services and other hospitals to obtain information and provide continuity of service
Primary Services Provided (cont.)

- Best practices: IDDT (Integrated Dual Disorder Treatment), Recovery based Services, SAMI (Substance Abuse Mental Illness), trauma informed care. Within the departments best practices are utilized as appropriate.

- For Forensic patients:
  - Competency & Sanity Evaluations
  - Competency Restoration & Maintenance
  - Community Re-Integration for long-term cases
Resources Available

- Medical, dental, podiatry, dietary, pharmacy, education and optometry on site
- Peer support to assist patients in their recovery
- Supervised vocational opportunities
- Educational services (G.E.D., high school diploma, college degree)
- Spiritual life services
Expected Outcomes

- Stabilization of patient symptoms with linkage and timely discharge to community providers
- Restoration of legal competency
- Attain least restrictive environment for long-term Forensic patients
- Meet goals for discharge planning
- Successful community reintegration
Discharge

- Discharge occurs once optimum clinical stability is achieved, or as determined by the presiding court order.

- Coordination of care with community mental health agency, county mental health board, jail clinicians, family/guardian, physician, etc.

- Forensic patients are linked with forensic monitors.

- Transfers may occur based on changes in legal status, clinical need for treatment and geographical location.

- Patients are discharged to stable housing whenever possible.
Visiting Hours

- **Monday – Friday:** 6:00 P.M. to 8:30 P.M.
- **Saturday, Sunday and Holidays:**
  1:00 P.M. to 2:30 P.M. &
  6:00 P.M. to 8:30 P.M.
Twin Valley Behavioral Healthcare

Timothy B. Moritz Forensic Unit

Lynne Dickerson, LISW
Program Director

2200 West Broad St.
Columbus, Ohio 43223

Phone: (614) 752-0333
Fax: (614) 752-0213
Twin Valley Behavioral Healthcare’s (TVBH) Timothy B. Moritz Forensic Unit provides maximum security forensic services to adults in all 88 counties in the state of Ohio.

Units A, B, C and D have 52 beds with an average of 50 to 100 admissions and discharges per year.

Length of stay varies based on legal status, from approximately one month to more extended periods of time.
Admission criteria is outlined by the Ohio Revised Code and OhioMHAS forensic manual. Generally forensic patients are referred when:

- Facing more serious felony charges (Murder, Rape, Kidnapping, Felonious Assault)
- High risk of violent behavior
- High risk of escape

Referrals are made from the Ohio criminal justice system and regional psychiatric hospitals (RPHs) within the OhioMHAS system.
Admission

- Populations served:
  - Referrals from the state of Ohio criminal justice system with legal statuses as outlined by the Ohio Revised Code and as the census allows;
  - Limited referrals of challenging patients from the civil regional psychiatric hospitals in the OhioMHAS system
  - Patients must have medical clearance prior to admission
Primary Services Provided

• Each patient has an interdisciplinary treatment team led by a practitioner (psychiatrist or advanced practice nurse)

• Each team is responsible for assessment, treatment planning, patient care and planning for transfer and/or discharge

• Social Work, Psychology, Psychiatry, Nursing, Dietary, Adjunctive Therapy (music, art and recreation) and Substance Abuse/Mental Illness (SAMI)

• Coordination of care with Community Mental Health Centers (CMHC), families, guardians, court systems, other RPHs, jails, ADAMH Boards, AOD Services to obtain information and provide continuity of service
Primary Services Provided (cont.)

- Best practices: IDDT (Integrated Dual Disorder Treatment), Recovery based Services, SAMI (Substance Abuse Mental Illness), trauma informed care. Within the departments best practices are utilized as appropriate.

- Competency & Sanity Evaluations, Risk assessments

- Competency Restoration & Maintenance
Resources Available

- Medical, dental, podiatry, pharmacy, education and optometry provided on site
- Supervised vocational opportunities
- Educational services (G.E.D., high school diploma, college degree)
- Spiritual life services
Expected Outcomes

- Stabilization of patient symptoms
- Restoration of legal competency
- Attain least restrictive environment for long-term Forensic patients
- Meet goals for discharge planning
- Successful transfer
Discharge

- Discharge occurs once optimum clinical stability is achieved, or as determined by the presiding court order
Visiting Hours

- **Monday – Friday**: 5:30 P.M. to 8:00 P.M.

- **Saturday, Sunday and Holidays**: 1:30 P.M. to 4:30 P.M. & 5:30 P.M. to 8:00 P.M.
Twin Valley Behavioral Healthcare

Community Support Network

Ed Desmond, MA
Executive Director

1810 Sullivant Avenue
Columbus, Ohio 43222

Phone: (614) 752-0333
Fax: (614) 995-3268
• Community Support Network (CSN) provides outpatient behavioral health services to severely mentally disabled adults (18+) living within Franklin County, Ohio.

• CSN serves approximately 200 civil and forensic clients with an average length of stay of eight (8) years, seeing 20 – 25 admissions and discharges per year.

Office Hours: Monday – Friday 8:00 A.M. to 4:30 P.M.
Referral & Admission

- Client must be a severely mentally disabled adult
- Client must live in Franklin County, Ohio
- For ACT treatment, the client must have spent 27 days in a state psychiatric hospital within a two-year period
- For Forensic treatment, the client must have a legal status of Not Guilty by Reason of Insanity (NGRI) or Incompetent to Stand Trial (IST)
- Referrals come from the Franklin County ADAMH Board, Twin Valley Behavioral Healthcare and NetCare
Primary Services Provided

- Crisis support & comprehensive case management
- Coordination of care with housing, benefits, employment, etc.
- Recovery, trauma informed care, ACT/IDDT, Dialectical Behavioral Therapy (DBT), Cognitive Behavioral Therapy (CBT) and medication management
- Individual and group psychotherapy
- Forensic Monitoring
Resources Available

- Psychiatric community treatment teams
- Home-based services
- Special ADAMH-funded grants and programs for client emergencies
- Services linked with and supported by Twin Valley Behavioral Healthcare
Expected Outcomes

- Psychiatric stabilization
- Safe community environment
- Optimum legal status
- Minimization of psychiatric hospital admissions
- Minimization of jail and prison time
- Minimization of homelessness
- Support successful community re-integration and functioning
- Provide opportunities for recovery
The majority of discharges are made based on clinical criteria, however court-ordered treatment may supersede clinical discharges.

Transfers are coordinated through the Franklin County ADAMH Board.

Community linkage and coordination of care with primary care providers, housing programs (CHN, CMHA), payees, benefits coordinators, food pantries, COTA public transportation and other psychiatric facilities and hospitals.