

**Position Summary**  
for  
**Dr. Amy L. Garbrecht**  
**Assistant Board Chief Clinical Officer**  
for  
**Mental Health and Recovery Services Board**  
of  
**Warren and Clinton Counties**

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The Mental Health and Recovery Services Board of Warren and Clinton Counties contracts with a clinical psychologist (me) for both inpatient and outpatient evaluations connected to Warren and Clinton County Probate Courts. Currently, we have two hospitals with psychiatric units in Warren County and one in Clinton County. In addition to seeing people in the hospital for involuntary hospitalization, I also follow those on outpatient commitment. This is what we have called it instead of AOT. After the initial hearing (in the hospital), the court sets another hearing in 90 days. I would only have to see the person if they are from one of our two counties. Anybody out of county, transfers back to their county of residence. I will schedule an evaluation with the client before their hearing in 90 days, usually about 3 days to a week before their hearing. I have to see them face-to-face and my court requires me to submit a written report before the hearing to the court, our Board attorney, and the respondent's attorney. At the point of that hearing, another one is usually set out 90 days. I do have some people that have been on outpatient commitment for years (and may never come off) that will have Review Hearings every 180 days. But, that is the longest amount of time we will go out for court hearings. I make the recommendation about the length of time but sometimes the respondent's attorney will argue for only 90 days instead of 180.

We have one main provider of community mental health treatment in Warren and Clinton Counties--Solutions Community Counseling and Recovery Center. Most, if not all, of my probate clients see a case manager/psychiatrist with Solutions. However, they do not have to and can see a private practice psychiatrist. I do have a monthly meeting with Solutions to discuss Probate clients. If the client is not an ACT client, then they are assigned to the same case manager which makes it easier for me to communicate with her throughout the month as she has all of my probate clients. Sometimes I will see clients in between court hearings but I do not see them all each month. I hear how they are doing at least each month if not every week or so. For a few clients, it seems I hear about them every day!! I can see them in between court hearings and sometimes do at their request or the request of their team, maybe just to remind them that they are under court order for treatment/medication. I am often contacted to consult with Solutions staff if a client is in need of a crisis evaluation for possible hospitalization. If a person on outpatient commitment is hospitalized, I would

have to see them for a Motion to Transfer hearing no matter where they are hospitalized.

In addition to doing both the inpatient and outpatient evaluations and hearings, I also participate in Utilization Review Meetings at Summit Behavioral Healthcare, our state hospital in Cincinnati every two weeks. We discuss all civil and forensic clients for Warren and Clinton Counties. Sometimes forensic patients become civil patients especially for those that are not found to be Competent in the time allowed for by law.

My position also involves monthly monitoring and providing statistics (e.g., number of filings, number of Review Hearings, number of reports, etc.) to the Board. I complete a Monthly Probate Report for each month at the beginning of the next month. I also get calls about clients that are hospitalized out of county and work with the various Probate Courts (or monitors) to get the case transferred for outpatient commitment. And, I keep an updated list of clients on outpatient commitment in both counties. Currently, I have 10 clients between two counties. I am waiting for two clients to be discharged from SBH and then they will transfer to their county of residence for outpatient commitment.

Finally, my position includes providing training on SB43 and outpatient commitment at quarterly CIT Training sessions in both counties. I have also completed 'pink slip' training for Solutions and our two community hospitals.

While we do not have a team approach to include the Magistrate or work together to develop a treatment plan for the client, I do feel like for some clients being on outpatient commitment for the past year has kept them from being re-hospitalized. For those clients that are affected by the "black robe affect" it makes it difficult to decide to remove them from outpatient commitment.

Do not hesitate to contact me further with any questions!

Thanks,

Amy