

| Lucas County,
Ohio

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Competency to Stand Trial Initiative

Findings & Recommendations

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Executive Summary

The Lucas County Competency to Stand Trial (CST) initiative, funded by the Lucas County Criminal Justice Coordinating Council (CJCC), was designed as an interactive community strategy highlighting cross-system collaboration among state and municipal executive offices and departments, community leaders, front line staff, and people with lived experience to improve not only the competency to stand trial process but also deflection and diversion opportunities for individuals with serious mental illness.

Critical Gaps.

CST Referral, Evaluation, and Restoration: Logistical challenges in reaching and scheduling individuals cause delays in evaluations, preventing compliance with the 30-day statutory requirement. Additionally, the Lucas County Court of Common Pleas lacks a centralized system to track CST referrals and progress for those found incompetent to stand trial.

Deflection & Diversion: Formal police diversion programs are lacking, and there are minimal opportunities for diversion at Intercept 2.

Community-Based Treatment: Providers are banning individuals with serious mental illness from their services and contacting police to have individuals arrested. The full range of residential and housing levels of care are not available. Cross system communication and relationships are critical to success.

Jail-Based Treatment: During the interviews, participants note a lack of timely access to psychiatric medications, the use of isolation for individuals with serious mental illness, and the lack of medication continuity from NOPH to jail.

Opportunities.

CST Referral, Evaluation, and Restoration: The primary forensic evaluation provider, CDTC, is working to modernize their referral and communication process. The quality of the CST reports was a highlight as well as the central coordination of the CST process at the Toledo Municipal Court.

Deflection & Diversion: The Zepf Center offers police friendly crisis drop-off and often has bed availability. The existing Jail Population Review Meeting could be leveraged for additional diversion opportunities.

Community-Based Treatment: Lucas County has over 100 group homes many without a waiting list. ACT teams are available to serve individuals with serious mental illness in Lucas County.

Jail-Based Treatment: Unison has assumed oversight for all mental health treatment at the jail, streamlining access to care and continuity of medications when an individual returns to jail from NOPH.

Priorities for Change. Based on the gaps and opportunities identified, participants nominated and then began Action Planning the following four Priorities for Change:

- Create co-responder or other services/program to help police deflection and diversion for individuals with serious mental illness
- Increase communication and information sharing across collaborators
- Develop an AOT program
- Examination of private hospitals, community mental health agencies, etc. policies around banning and charging people

Recommendations. In addition to Priorities for Change generated by participants during the Summit, this report will highlight additional areas Lucas County partners may wish to address as they move forward with systems change. A summary of selected recommendations include:

CST Evaluation, Referral, and Restoration Process	Maintain and standardize continuous quality improvement (CQI) process including reviewing reports, tracking evaluator outputs and opinions, and providing ongoing feedback to evaluators
	Continue to improve common logistical issues (e.g., collateral information gathering, scheduling, sharing contact information)
	Buildup in-state evaluator capacity
	Consider integrating outpatient restoration capacity within existing community-based services
Deflection and Diversion	<p>Create diversion opportunities at Intercept 2 for people with misdemeanors who have serious mental illness as an alternative to competency evaluation referral:</p> <ul style="list-style-type: none"> • Develop screening and/or assessment options earlier in Intercept 2 • Consider Forensic Navigator or Boundary Spanner Models • Consider various legal pathways (e.g., pre- vs. post-plea diversion program) • Utilize Lucas County Jail Population Review Team to decide eligibility • Consider stepwise criteria to start with proof of concept and build program out (e.g., start with nonviolent misdemeanors and expand from there)
Community-Based Treatment	Increase resources for diversion from the competency system as well as jail and hospital discharges
	Increase quality community-based group home or other step-down/step-up options (e.g., residential treatment facilities for adults) from NOPH, community hospitals, Adam-Amanda Centers (Danny's Place)
	Create access to community hospitals for individuals in jail who require inpatient hospitalization
	Fill procedural gaps between municipal and probate courts including communication/information sharing and refine process for navigating SB2 requirements to remove gaps
	Enhance transparency, communication, and relationships among cross-system partners
Jail-Based Treatment	Review isolation procedures for individuals with serious mental illness
	Create jail-based competency restoration
	Continue to enhance mental health treatment options in jail (e.g., injectables, trauma-informed care, self-help, CIT training for corrections officers, etc.)

Overview

With funding obtained by the Lucas County Criminal Justice Coordinating Council (CJCC), the Lucas County Competency to Stand Trial (CST) initiative began in January 2024 and culminated in a community cross-systems CST Summit in May 2024. The initiative was locally championed and evolved naturally from the Sequential Intercept Model (SIM) mapping conducted via the MacArthur Safety and Justice Challenge Network in July 2023. With shifts in Ohio laws pertaining to CST and an increase in demand for CST evaluations, the current project aimed to thoroughly examine the CST process in Lucas County for gaps, opportunities, and areas of growth. Throughout this endeavor, the goal was to adopt a systemic approach, reviewing not only the CST referral, evaluation, and restoration procedures but also addressing broader concerns inclusive of diversion and deflection strategies surrounding individuals with severe mental illness entering the criminal justice system with unmet needs.

The Lucas County CST Initiative draws upon the expertise and research supporting the evidence-informed practice of the SIM (Munetz & Griffin, 2006) mapping workshops. Over two decades ago, Dr. Patty Griffin, in collaboration with the national Substance Abuse and Mental Health Services Administration's GAINS Center for Behavioral Health and Justice Transformation, operated by Policy Research Associates, Inc., pioneered these workshops as an interactive intervention at the systems level.

During the current initiative, several steps were taken to ensure a comprehensive review for navigating and creating opportunities for system change including:



The following narrative reflects the information gathered during data collection, interviews, and the Summit. It is important to note that Lucas County has already started proactively addressing some of the issues raised in this process.

Acknowledgements

We wish to thank the Lucas County Criminal Justice Coordinating Council (CJCC) for their support and leadership. Specifically, we would like to acknowledge Holly Matthews, Annie Mintun, and Thomas Luettker for their many contributions. We would also like to thank Dr. Lisa Gordish, OhioMHAS. The Lucas County CST initiative significantly benefitted from her state-level leadership and data. We also want to extend appreciation to Marla Conkin, CJCC, for her help. Finally, we wish to express sincere gratitude to all the participants (listed in Appendix A) for volunteering their time for interviews and participating in the Summit.

This report was prepared by facilitators: Kathleen Kemp, PhD and Christy Giallella, PhD. We are also grateful for the assistance of Jenna Schopen, research assistant.

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Introduction

It is unconstitutional to prosecute someone who cannot participate in the legal process. In *Dusky v. United States* (1960), the Supreme Court held the test of competency is “whether [the defendant] has sufficient present ability to consult with his lawyer with a reasonable degree of rational understanding – and whether he has a rational as well as factual understanding of the proceedings against him.”

Competency to Stand Trial (CST)¹ is the most raised psychological issue in the criminal justice system, and there has been a significant increase in referrals for CST evaluations and restoration across the country. Recent estimates suggest there are 130,000 CST evaluations conducted annually (Kois et al., 2023). Further, there was a 72% increase in the number of individuals found IST between 1999-2014. Recently, 82% of states have seen an increase in CST evaluation referrals and 78% of states have seen an increase in restoration referrals (Warburton et al., 2020). The number of individuals found IST is increasing in every state that tracks the data.

Not only are referrals for CST evaluation and restoration increasing, so are waitlists and wait times for these services. At least 20 states reported a waitlist for evaluations with wait times ranging from 7 to 252 days (Wik et al., 2020). There have been multiple class action lawsuits across the United States with defendants asserting violation of due process rights - in states including Arkansas, California, Colorado, Georgia, Florida, Louisiana, Nevada, Oregon, Pennsylvania, Texas, Utah, and Washington (Locklair, 2016). Outcomes from these class action lawsuits require states to admit individuals for evaluation or restoration within a specific period ranging from 7 to 35 days (Locklair, 2016).

The significant increase in referrals for CST evaluation and restoration and resulting litigation in several states have led to concern about a “competency crisis.” Relevant issues have been identified that contribute to the crisis, including (Heilbrun et al., 2019; Substance Abuse and Mental Health Services Administration, 2023; Murrie et al., 2022):

- The significant increase in number of CST referrals.
- There is low availability of state hospital beds for restoration. Beds may be occupied by low risk or low acuity patients.
- The back door of the state hospital affects the front door. The number and rate of discharges from the hospital directly affects the number and rate of admissions.
- The disproportionate and reoccurring arrest for misdemeanors among individuals with SMI. People charged with misdemeanors are more likely to: be found IST, take longer to restore, more likely to be found nonrestorable, more likely to have psychotic symptoms.
- Challenges with access to community-based services.

Although it has been termed the “competency crisis,” CST is a narrow psycho-legal question, and there are wider systemic issues that provide a more complete picture. The large number of justice-involved individuals with serious mental illness (SMI) is a well-recognized public health crisis (Haneberg et al., 2024). Individuals with SMI are disproportionately represented in jails across the country, with 17% of jail populations and 6% of the general population having an SMI. Among individuals with SMI, approximately 76% also experience a co-occurring SUD (Steadman et al., 2009). Additionally, individuals with SMI tend to stay longer in jail and re-enter the criminal justice system more quickly than do their counterparts

¹ The term *Competency to Stand Trial (CST)* will be used throughout the report. CST has also been referred to as *Adjudicative Competence* or *Competence to Proceed*.

without SMI and co-occurring SUD (Haneberg, 2024).

The Lucas County CST Initiative aimed to understand local challenges with the CST process within a broader systemic framework. Using a systemic lens, we reviewed relevant background, analyzed local and state data, interviewed cross-systems collaborators, mapped the current CST system, and convened a Summit. We identified gaps and opportunities within the current system and provided recommendations for system enhancement. Local stakeholders determined priorities for change and developed initial action plans to improve policies and programs for justice-

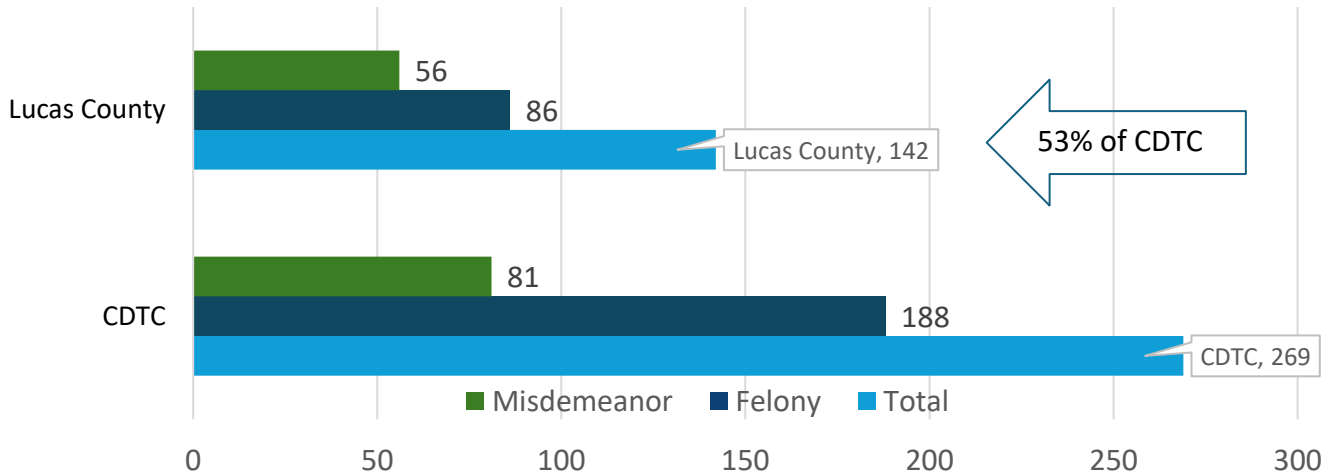
involved individuals with behavioral health challenges. The Lucas County CST Initiative is detailed within this report.



Background

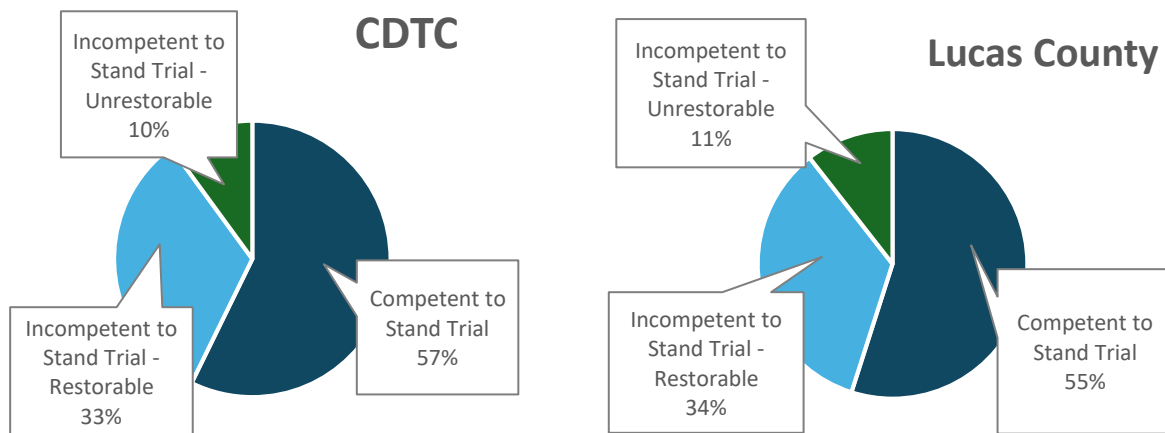
Several Lucas County and OhioMHAS partners provided data throughout the Lucas County CST initiative. The figures and discussions below represent a summary of the most important data points that arose from those conversations and data shared.

Figure 1. Competency Evaluations in the Calendar Year 2023



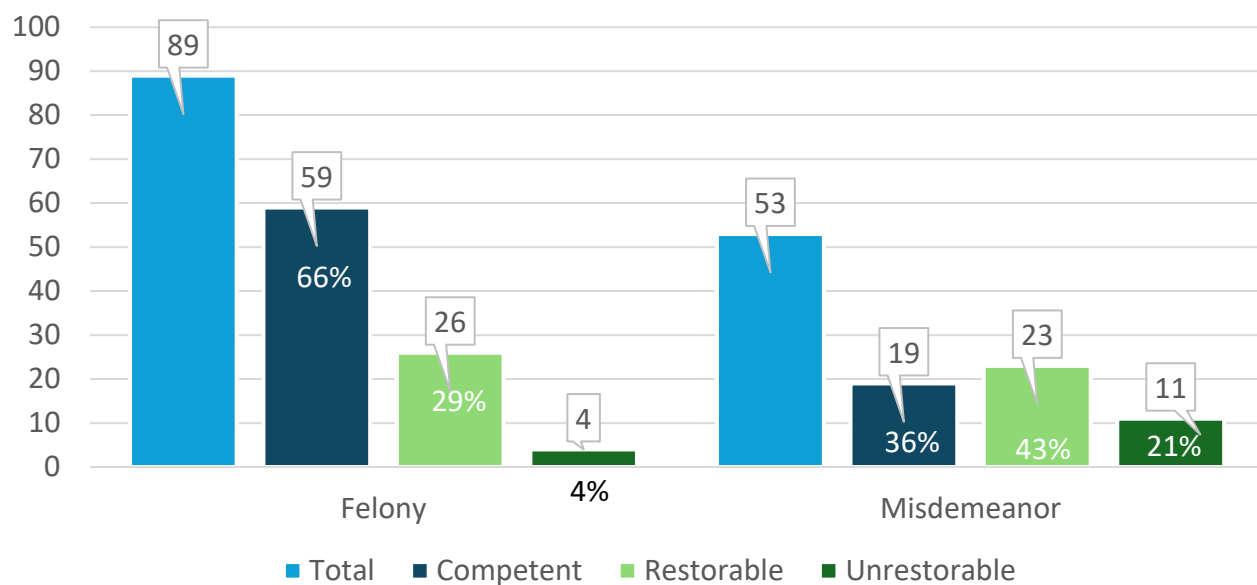
In 2023, CDTC conducted a total of 142 CST evaluations for Lucas County, representing 53% of all CST evaluations completed by CDTC (269), which serves a total of 23 Ohio counties. Of those Lucas County CST evaluations, 86 (61%) related to felony cases.

Figure 2. Competency Evaluation Examiner Opinion in the Calendar Year 2023



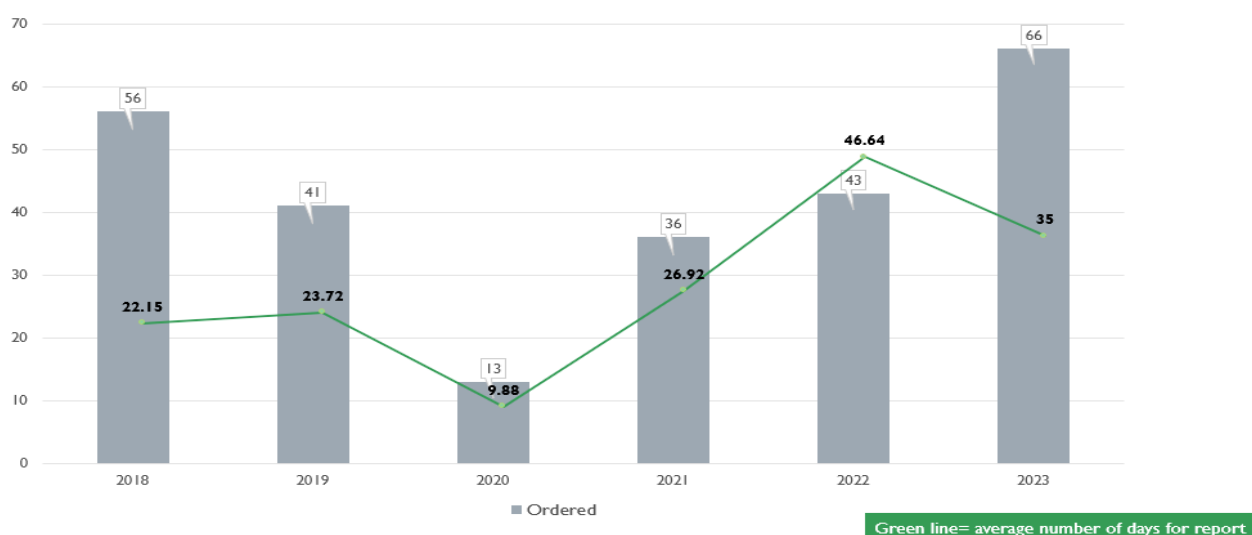
In 2023, Lucas County CST evaluations completed by CDTC resulted in 55% of individuals being opined competent, 34% incompetent and restorable, and 11% incompetent and unrestorable. These percentages were consistent with CDTC evaluations across the 23 counties they serve.

Figure 3. Lucas County Competent to Stand Trial Examiner Opinions by Level of Offense
Calendar Year 2023



When comparing examiner opinions of individuals with felony and misdemeanor charges separately, 36% of those with misdemeanor charges were opined competent versus 66% of those with felony charges. This aligns with both national literature and data from CDTC across all counties served indicating that individuals with misdemeanors are more likely to exhibit significant mental health issues and be opined incompetent to stand trial.

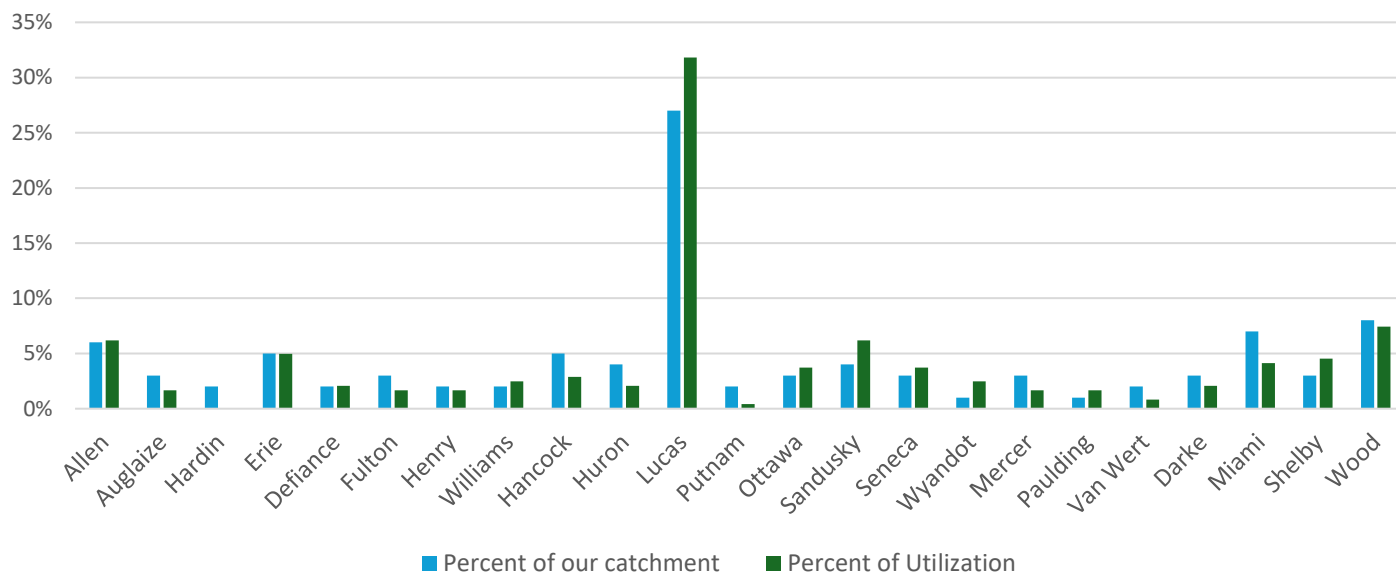
Figure 4. Toledo Municipal Court Competency Evaluation Referrals and Average Number of Days to Report Submission



Since 2018, there was initially a decrease in the number of referrals by Toledo Municipal Court for CST evaluations. However, from 2021-2023, these referrals increased, surpassing pre-pandemic levels in 2023. It will be crucial to track these trends over time. The average duration from court order to report submission was 35 days in 2023, showcasing an

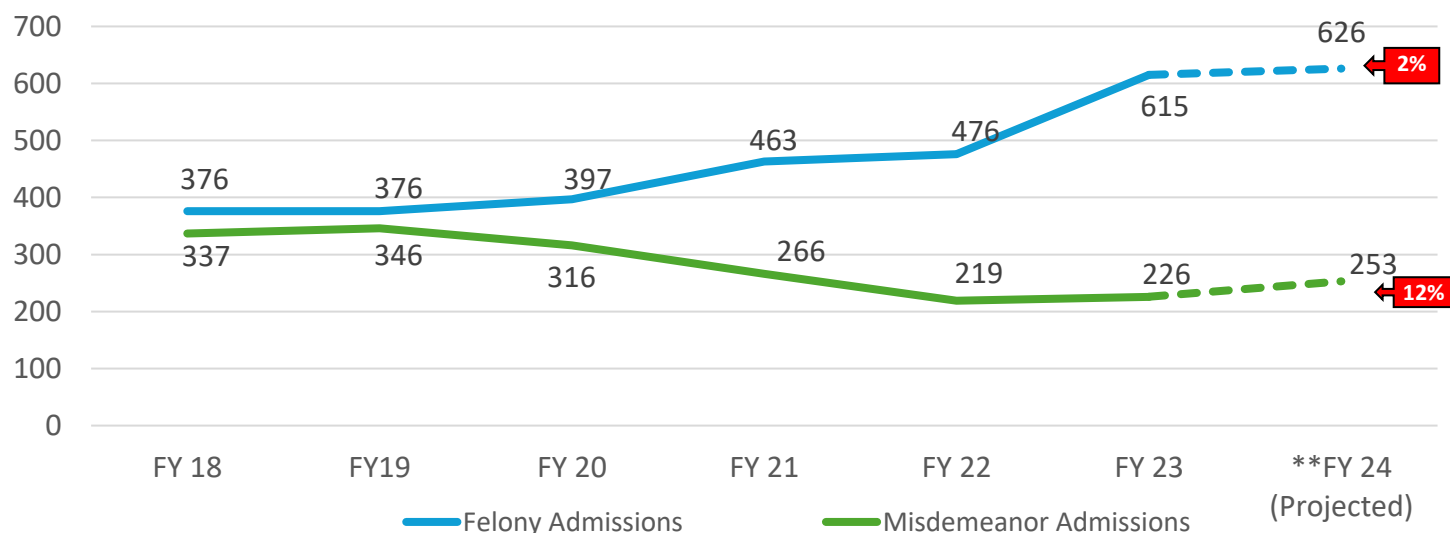
improvement from 2022 despite the surge in referral numbers. The statutory requirement is 30 days from court order to evaluation.

Figure 5. Northwest Ohio Psychiatric Hospital Utilization by County



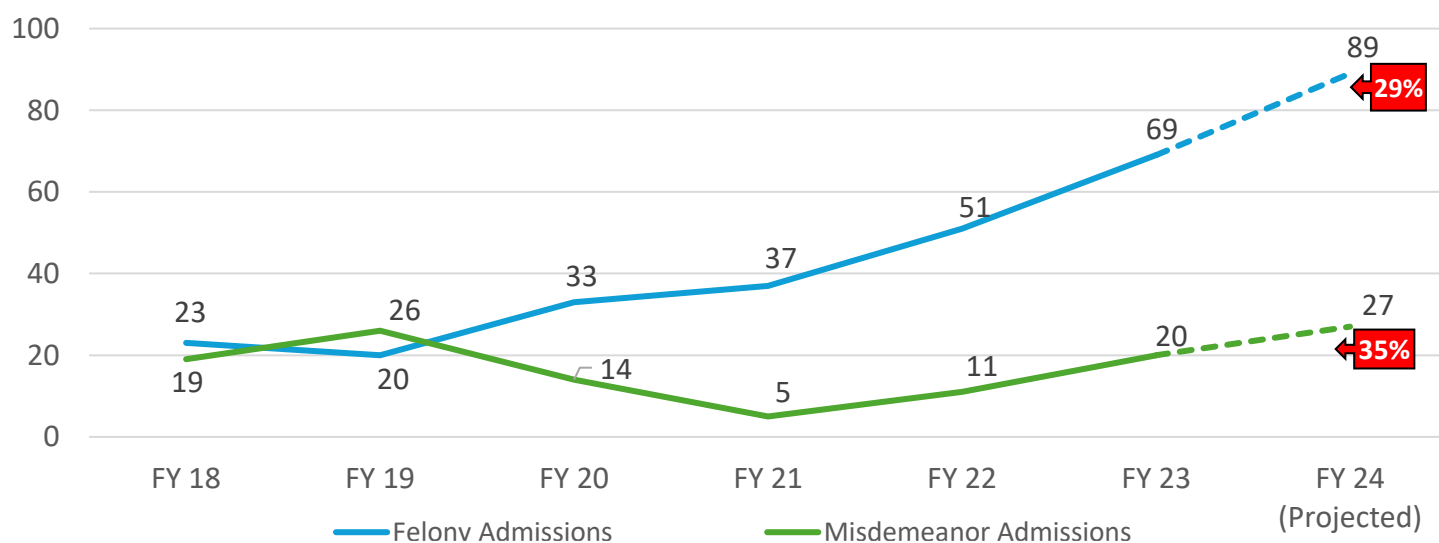
Lucas County represents approximately 27% of the NOPH catchment area yet utilizes approximately 32% of NOPH psychiatric beds. Lucas County represents a resource rich area which likely contributes to the percentage of individuals moving to and remaining in Lucas County even when an individual recovers from acute treatment needs.

Figure 6. Statewide Regional Psychiatric Hospital Competency Restoration Admissions
FY 18 - FY 23 (w/FY 24 projections from 1st 3 quarters)



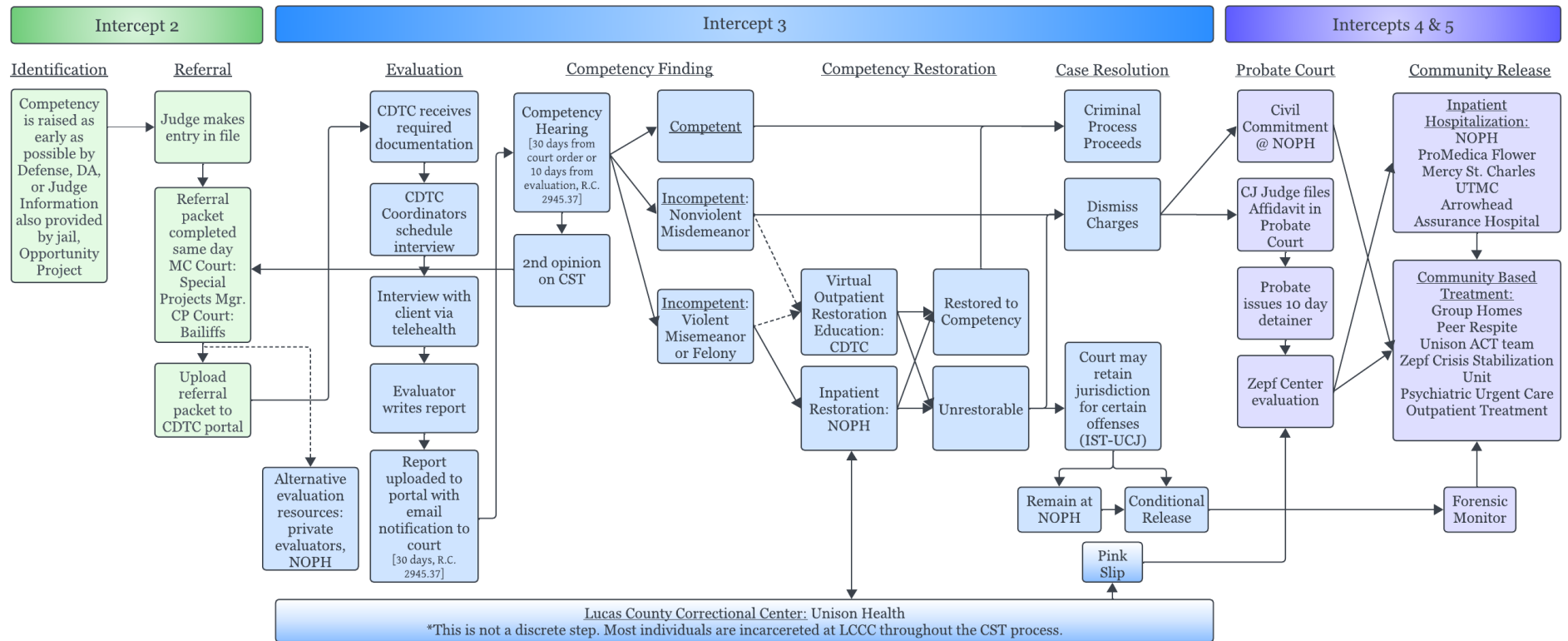
Across Ohio, state hospital competency restoration admissions for both individuals with felony and misdemeanor charges appeared to have largely leveled off from 2023 to 2024, with only small increases.

Figure 7. Northwest Ohio Psychiatric Hospital Competency Restoration Admissions
FY18 - FY23 (w/ FY24 projections from 1st 3 quarters)



During the same period as Figure 6, NOPH admissions for competency restoration have continued to increase both for individuals with misdemeanor and felony charges.

LUCAS COUNTY COMPETENCY TO STAND TRIAL MAP



CST Process in Lucas County

The CST process is depicted in the Lucas County CST map (page 13). The process is overlaid on the Sequential Intercept Model to align with local planning efforts and depict the CST process within the broader systemic context.

The CST process is grounded in Ohio Code (Sections 2945.37, 2945.38), which provides the legal foundation for local practice. Senate Bill 2 (SB2) went into effect August 2021, and courts can no longer hospitalize individuals for inpatient competency restoration if they have a nonviolent misdemeanor, among other minor changes. SB2 was enacted in response to the rise in number of people with mental illness in jails and referrals for competency restoration, particularly for misdemeanors; national CST litigation in other states; and challenges facing state psychiatric hospitals in Ohio. These recent statutory changes have impacted the local system.

Intercept 2: Identification & Referral

- Competency is raised as early in the court process as possible. Competency is raised by the defense, prosecution, or the court. Other partners provide relevant information about mental health history and current presentation, including Unison and the Opportunity Project. The Brief Jail Mental Health Screen is administered during intake at the jail.
- The judge makes an entry in the file ordering a competency evaluation.
- The referral packet is completed the day of the court order. In Municipal Court, the process is centralized with the Special Projects Manager who completes all referrals. In Common Pleas Court, each

bailiff completes the referral for their courtroom.

Ohio Code Section 2945.37

Person is not competent to stand trial if: **(1) the defendant is incapable of understanding the nature and objective of the proceedings against the defendant or (2) the defendant is incapable of assisting in the defendant's own defense**

- The referral packet is uploaded to the CDTC portal. At times, alternative evaluation resources (e.g., private evaluators, NOPH) are used, though very infrequently.

Intercept 3: Evaluation, Competency Finding, Restoration, Case Resolution

- Once CDTC receives the required referral packet and documentation, CDTC Coordinators schedule an interview with individuals who are more often incarcerated in the Lucas County Correctional Center but may be in the community.
- Clients are interviewed by evaluators primarily via telehealth. Evaluators are from Ohio and throughout the country. There are options available for in-person interviews.
- The evaluator writes the CST report.
- CDTC uploads the CST report to the portal, and an email notification is sent to the Special Projects Manager or bailiff.
- Ohio Code provides statutory timeframes:
 - An examiner must send a report to the court within 30 days after the court orders the evaluation.
 - Competency Hearing must be held within 30 days after the issue of competency is raised or within 10

days after the filing of the evaluation.

- The court holds a competency hearing and makes a finding. At times, a second opinion is requested. CDTC has the capacity to conduct a second evaluation with a different evaluator.
- Next steps after a competency hearing are statutorily defined based on the finding and the charges.

Ohio Code Section 2945.38

Competent to stand trial - Case proceeds as normal

Incompetent but restorable

- Court orders defendant to treatment to restore competency (see time limits, see SB2)

Incompetent but not restorable

Misdemeanor cases – court must dismiss charges and discharge the defendant unless:

- Court or prosecution files an affidavit in probate court for civil commitment

Felony cases – Court must dismiss charges and discharge the defendant unless:

- Court or prosecution files affidavit in probate court for civil commitment
- Court may retain jurisdiction (IST-UCJ)
 - If person is charged with aggravated murder, murder, 1st or 2nd degree violent felonies, or 1st or 2nd degree attempt, complicity, or conspiracy
 - Until person is no longer a “mentally ill person subject to court order,” expiration of maximum sentence, or finding of competency

- Competency Restoration typically takes place at NOPH. Outpatient restoration education is available virtually through CDTC, but is rarely used.
- When restored to competency, the criminal process proceeds as normal. Individuals are transferred back to LCCC from NOPH.
- If individuals cannot be restored to competency within the allowable timeframe, their charges are dismissed.

Timeframes Allowed for Restoration	Charges
30 Days	Misdemeanor of 3 rd or 4 th degree, minor misdemeanor, or unclassified misdemeanor*
60 Days	Misdemeanor of 1 st or 2 nd degree
6 Months	Felony other than a felony described in (c)(1)
1 Year	Aggravated Murder, Murder, or Violent Offense w/Life or Death Sentence
	Violent offense – felony of 1 st or 2 nd degree
	Conspiracy, attempt, or complicity felony of 1 st or 2 nd degree

**Nonviolent misdemeanors cannot be committed to NOPH for restoration (SB 2).*

For all offenses except those in (C)(1), if person cannot be restored within timeframe, “the court shall dismiss” and “the court shall discharge the defendant unless the court or prosecutor files an affidavit in probate court for civil commitment” and the “court may detain the defendant for ten days”

- For certain high-level charges, the court can retain jurisdiction over individuals in IST-UCJ status.
- Individuals who cannot be restored to competency typically remain at NOPH until a community plan is put in place.

Intercepts 4 & 5: Probate Court, Community Release

- If charges are dismissed, a civil commitment process is initiated through Probate Court.

The judge over the criminal case files an Affidavit in Probate Court.

- Probate Court issues an order detaining an individual for 10 days.
 - Zepf Center conducts an evaluation to determine level of care, typically within 1 day of referral. If a client requires inpatient hospitalization, they are referred to NOPH or community hospitals.
 - If an individual is at NOPH when charges are dismissed, they are civilly committed at NOPH.
- Individuals under IST-UCJ or NGRI status may be granted conditional release from NOPH and are referred to the Forensic Monitor for community-based supervision.
 - Community-based treatment is available in Lucas County across multiple levels of care, including group homes, peer respite, ACT teams, Crisis Stabilization Unit, Psychiatric Urgent Care, and Outpatient, among others.

Gaps, Opportunities, & Recommendations

The following section describes key findings from the Lucas County CST Initiative. The CST Initiative identified gaps within the criminal justice and behavioral health systems as well as opportunities within the local systems that stand out as strengths to build upon. Recommendations are included for consideration – recommendations are based on an understanding of local practices and resources, state laws and priorities, and national models and best practices. Gaps, opportunities, and recommendations are clustered by topic area: CST Evaluation, Referral, and Restoration Process; Deflection and Diversion; Community-Based Treatment; Jail-Based Treatment.

CST Evaluation, Referral, and Restoration Process

Gaps

- Logistical
 - Timely documentation/contact information at time of referral
 - Partners suggested CDTC portal enhancements for including NCD and continuity of communication around referral
 - Evaluation scheduling challenges due to lack of contact information, issues with phone service, transience, and homelessness
 - The proportion of virtual versus in-person evaluations
- Lack of centralized coordination or docket at Court of Common Pleas
- Clear continuous quality control procedures for maintaining out-of-state evaluators standards long-term
- Average length of time from court order to report exceeds statutory requirement

Opportunities

- CDTC working to modernize referral and communication as well as comply with SB2 and OhioMHAS (e.g., new EMR, more evaluators, less wait times, new referral portal)
- CDTC reports are submitted through portal and Meredith/bailiff receives an email notification of upload
- Quality of CDTC reports was praised
- Toledo Municipal Court central coordination of competency referrals

Recommendations

- CST referral and evaluation recommendations
 - Maintain and standardize continuous quality improvement (CQI) process including reviewing reports, tracking evaluator outputs and opinions, and providing ongoing feedback to evaluators
 - Continue to improve common logistical issues (e.g., collateral information gathering, scheduling, sharing contact information)
 - Build up in-state evaluator capacity
 - Create some availability for in-person evaluations as needed
- Consider integrating outpatient restoration capacity within existing community-based services
 - Engage in learning opportunities with other counties who operate outpatient restoration programs (e.g., Cuyahoga)
- Refine NOPH waitlist management to streamline and track admissions including tracking wait times, civil vs. forensic admissions, written policy on admission prioritization
- Enhance transparency, communication, and relationships among cross-system partners

Deflection and Diversion

Gaps

- Lack of formal police diversion programs
- Minimal diversion opportunities at Intercept 2
- Limited screening and information sharing at early intercepts
- Need for more cross-training

Opportunities

- Zepf Center services including:
 - Police friendly crisis drop-off
 - Rapid assessments (same-day)
 - Bed availability
- Jail Population Review Meeting
- Opportunity Project

Recommendations

- Create diversion opportunities at Intercept 2 for people with misdemeanors who have serious mental illness as an alternative to competency evaluation referral
 - Develop screening and/or assessment options (could leverage current mechanisms, e.g., either Unison and/or Zepf)
 - Build or leverage current programs (e.g., group homes, Zepf Center, Unison ACT team, Opportunity Project) to link individuals to services in the community
 - Consider Forensic Navigator or Boundary Spanner Models
 - Consider legal pathways (e.g., pre- vs. post-plea diversion program)
 - Utilize Lucas County Jail Population Review Team to decide eligibility
 - Consider stepwise criteria to start with proof of concept and build program out (e.g., start with nonviolent misdemeanors and expand from there)
- Enhance ongoing cross-systems training opportunities

Community-Based Treatment

Gaps

- Access to full range of levels of care especially residential and quality group home levels of care
- Community providers (e.g., shelters, hospitals) banning individuals with serious mental illness from accessing services
- Lack of adequate quality housing options
- Cross-systems communication and relationships
- Lack of established assisted outpatient treatment (AOT) program

Opportunities

- 100 group homes in Lucas County - no waiting lists
- ACT team(s)
 - Unison FACT team works with all NGRI leaving NOPH and works well with Forensic Monitor
 - Other ACT teams available
- OhioMHAS Hospital Access Program funding

Recommendations

- Enhance current community resources and relationships for individuals with serious mental illness and criminal legal involvement
 - Increase resources for diversion from the competency system as well as jail and hospital discharges
 - Increase quality community-based group home or other step-down/step-up options (e.g., residential treatment facilities for adults from NOPH, community hospitals, Adam-Amanda Centers (Danny's Place))
 - Create access to community hospitals for individuals in jail who require inpatient hospitalization
- Fill procedural gaps between municipal and probate courts including communication/information sharing and refine process for navigating SB2 requirements to remove gaps
 - Build out AOT capacity/availability
- Enhance transparency, communication, and relationships among cross-system partners

Jail-Based Treatment

Gaps

- Individuals with serious mental illness may be least likely to get help due to impaired functioning and inability to meet with them due to safety and security
- If individuals do not screen positive with the BJMHS on admission to jail, they may not be seen by Unison.
- Timely access to psychiatric medications
- Lack of clear understanding of policies for clinicians/psychiatrist to be denied versus given access to individuals by correctional officers
- Medications & Formulary
 - Discontinuation of forced medication orders
 - Lack of long-term injectables
 - Continuation of care between NOPH and jail for those restored to competency

Opportunities

- Potential expansion of Unison services at the jail
- OhioMHAS Jail-based Drug Reimbursement Program
- Hamilton County recently began continuing forced medication orders started at the state hospital
- New jail being built with additional medical and mental health resources
- Following the Summit, jail staff reported the following updates: a single mental health provider (Unison) serves the whole jail population, psychiatric medications including long-term injectables started at NOPH can be continued, once an individual meets with the psychiatrist medications can start within 24 hours, and currently there is no more than a 1 week wait to meet with the psychiatrist.

Recommendations

- Short-term (pre new jail)
 - Reconcile formulary between jail and state hospital
 - Improve access to medication upon admission and throughout detention
 - Review isolation procedures for individuals with serious mental illness
- Long-term (post new jail)
 - Create jail-based competency restoration
 - Continue to enhance mental health treatment options in jail (e.g., injectables, trauma-informed care, self-help, CIT training for corrections officers, etc.)

Priorities for Change

Votes	Priority
18	Create co-responder or other services/program to help police deflect and divert for individuals with serious mental illness
11	Increase class 1 residential beds (i.e., onsite treatment) and address funding gap
10	Increase communication and information sharing across collaborators
8	Develop electronic shared information referral mechanism from police (especially CIT officers) to mental health services when pink slip is not an option
8	Examination of private hospitals, community mental health agencies, etc. policies around banning and charging people
6	Develop a AOT program
4	Examine outpatient treatment options for individuals with violent histories who are refused treatment in other settings
4	Enhance restoration options for individuals with developmental disabilities, dementia, and TBI
4	Enhance and reconcile NOPH, Unison, and jail formulary
3	For felony offenses, increase access to NOPH when an individual is found incompetent
3	Provide education for police officers on availability of Zepf Center Police-Friendly Drop-off Crisis Center
3	Develop a formalized process to collect and consider collateral information from family and friends when someone is experiencing a mental health crisis
3	Reduce barriers to stability services/basic needs including identification, birth certificates, technology, etc.
3	Increase housing resources for specialized populations including individuals with arson, sex offenses, etc.
2	Improve information sharing early in the mental health crisis process
2	Extend collaboration outreach to other governmental agencies, social security, homeless outreach teams, homelessness board, etc. to identify homelessness mitigation strategies
2	Collaborate with judges to work on release conditions and services for release from NOPH
1	Let Lucas County manage their own waitlist for NOPH
1	For individuals with felony 4 and 5 found NGRI, create diversion options instead of NOPH (requires statute change)
1	Create a follow-up team/process for crisis calls who did not meet hospital level of care/pink slip criteria (similar to Zepf Center's current program)

CST Summit Action Plans

Priority Area: 1

Create Co-Responder or Other Services/Programs to Help Police Deflection and Diversion for Individuals with SMI

Objective	Action Steps	When?	Who?
Increase information sharing between TPD, Zepf, and area hospitals through NORIS to include relevant CIT history and guardian contact #	Who owns the data from the CIT report? How do we access and share it?	Over the next month	Ann Mintun, Shane McCracken, and Kelli Russell
Finalize MOU between TPD and Zepf for crisis call-out (policy and protocol)	D.C. Braun to complete review of MOU Kelli R. (TPD) and Courtney B. (Zepf) to write MOU	By 7/1/24	Kelli and Courtney
Zepf mobile crisis unit to be dispatched in tandem with TPD	Connect Zepf and 911 Training between 911, CCMHC, TPD, and community	Within 6 months In next 12 months	Stacy Mitchell (911), local LEO chiefs, Zepf, Latrice Flowers
Make NORIS HIPAA compliant	Talk to Shane M., Pam Jensen (Hospital council), MHR SB, and Sean McNulty	Next 12 months	Everyone listed in action steps

Action Planning Participants:

Juanita Halbig-Sanchez, Courtney Burrow, Rebecca Facey, Kelli Russell, Barbie Jaggers, Cpt. Robert Chromik, Kimberly Babcock, Jonnah Docherty, Marla Conkin, Ann Mintun, Carol Conlan, Sean McNulty

Priority Area: 2

Increase Communication and Information Sharing Across Collaborators

Objective	Action Steps	When?	Who?
Understand how local Help Now App works and how to expand it	Discussion with LCMHRB (Scott Sylak) and have QR code in jail (booking), courtroom, or printout	Within next month Next 2 weeks	Pam Jensen talk to Scott S. Meredith – ask court admin
Report from jail on who is getting released (include flags for mental health evals)	Discussion with CJCC and CDTC	End of next week	CJCC (Shane and Holly) and CDTC (Renee)
How info is shared within the court system	List of competency cases emailed every Friday to interested parties	Immediately (today and ongoing)	Meredith
Ability to share competency evals between courts (blanket understanding (MOU))	Discussion with local judges	Within next month	Meredith and Sarah K.
Health info exchange (HIE) state-level – increase more participation (all providers to participate)	Discussion with LCMHRB	90 days	Renee
HMIS (Homeless Connectivity) info on where clients have been	Meeting with Homelessness Board and meeting with Noris to include on list	Within next month (mtg.) 6 month – 1 year to implement	Tom/Holly

Action Planning Participants:

Meredith Kurucz, Michelle Turvey, Holly Matthews, Tom Luettker, Sarah Kolle, Renee Palacios, Sarah Grunner, Pam Jensen, Ruth Simera, Tara Drane

Priority Area: 3

Examination of Private Hospitals, Community Mental Health Agencies, etc. Policies Around Banning and Arresting People

Objective	Action Steps	When?	Who?
Limit amount of unnecessary: 1. Arrests at agencies/hospitals Banning/restricting	Communication/Data sharing with leadership and policy review	ASAP	Guardians/Prosecution
	Database amongst facilities, police, agencies	6 months - 1 year	LCMHRSB
	Utilizing Zepf drop-off crisis services	ASAP	Zepf and LCMHRSB
	Peers in EDs = Diversion	1 year	Facility police/Public safety
	Collaboration/New approach to diversion	Next week	Police, Prosecutors, LCCCP, TMC, judges, Scott
Training and support on level of care and de-escalation	Hospital security Staff on CPI/CIT	6 months – 1 year	Hospitals, NOPH/CDTC
	Shelters on de-escalation	6 months – 1 year	Shelters, NOPH, CDTC, Experts
	CMHC's	6 months – 1 year	CMHC's, CDTC, Experts

Action Planning Participants:

Melissa Medlen, Nicole Khoury, Silvia Snyder, Dan Huesman, Jennifer Peer, Jennifer Janscin, Megan Shaal, Lisa Gordish

Priority Area: 4 Develop an AOT Program			
Objective	Action Steps	When?	Who?
Research models used in other counties/states	Outreach/gather information Attend a training Resources from Kathleen List of other courts using AOT	Within 3 months	Amy Beth Mariah
Establish eligibility criteria	Logistics, referral process, list of other courts using AOT	2 years	Elected officials Judges Linda CDTC
Determine funding source	Work with MH Board, state/local resources Apply for grants	2-5 years	Scott Commissioners Board
	Discussion and approval of judges prior to proceeding on any program		
Action Planning Participants: Mariah Bowser-Jones, Nancy Miller, Beth Stracensky, Alisha Canty, Trisha Rawlins, Joel Brownfield, Linda Howe			

Concluding Remarks

The Lucas County CST Initiative brought together cross-system stakeholders to examine and improve their system for working with individuals who may be Incompetent to Stand Trial. The project used a systemic lens grounded in the Sequential Intercept Model (SIM) to map the current system and identify gaps and opportunities. During the CST Summit, Lucas County collaborators identified priorities for their local community, including:

- Create co-responder or other program to help police deflect and divert individuals with serious mental illness.
- Increase communication and information sharing across collaborators.
- Examine private hospitals' and community mental health agencies' policies around banning and charging people.
- Develop an AOT program.

As illustrated from the priorities selected by the community, the "Competency Crisis" is much broader than the term implies. And the solutions can be found by enhancing policies and programs in the broader system that serves justice-involved individuals with behavioral health disorders by providing opportunities for deflection, diversion, and connection to quality treatment.

By coming together for the Summit and throughout the CST Initiative, Lucas County cross-system stakeholders demonstrated a strong commitment to addressing the unmet behavioral health needs of their community and improving systems of care across their agencies. The Lucas County CST Initiative has itself been an opportunity for the Lucas County cross-system stakeholders to share ideas and collaborate. We hope stakeholders continue meeting on a regular basis and moving the important work started during this process forward.

Appendix I



COMPETENCY TO STAND TRIAL SUMMIT

Agenda
May 16-17, 2024

DAY 1: May 16, 2024	
8:30a – 9:00a	Registration & Networking
9:00a - 9:15a	Welcome & Introductions
9:15a – 10:15a	Overview of Competency to Stand Trial (CST): National Trends, Key Issues, & CST in Ohio
10:15a – 10:30a	Break
10:30a - 12:00p	Findings from Lucas County: Data, Gaps, Opportunities, Map, and Recommendations
12:00p – 12:45p	Lunch Break
12:45p – 1:30p	Lucas County Priorities: Competency to Stand Trial Process
1:30p – 2:30p	Deflection & Diversion for Individuals with Serious Mental Illness: Recommendations & Best Practices
2:30p – 2:45p	Break
2:45p – 3:30p	Lucas County Priorities: Deflection & Diversion
3:30p – 4p	State Priorities & Opportunities
4p	Closing

DAY 2: May 17, 2024	
8:30a – 9:00a	Registration & Networking
9:00a – 9:30a	Review of Day 1, Overview of Day 2
9:30a – 10:00a	Reviewing Lucas County Priorities
10:00a – 11:00a	Action Planning Session 1: Competency Priorities
11:00a – 11:15a	Break
11:15a – 12:15a	Action Planning Session 2: Deflection & Diversion Priorities
12:15a – 12:30a	Closing & Next Steps

Appendix II

Lucas County Summit Participant List

First Name	Last Name	Agency
Kimberly	Babcock ⁺	Mercy Health
Mariah	Bowser-Jones ⁺	Court Diagnostic Treatment Center (CDTC)
Joel	Brownfield ⁺	Harbor Behavioral Health
Courtney	Burrow ^{**}	Zepf Center Crisis Services
Michelle	Butts ⁺	Court Diagnostic Treatment Center (CDTC)
Alisha	Canty ⁺	Family Member
Bobby	Chromik ⁺	Lucas County Sherriff's Office
Marla	Conkin ⁺	Lucas County Criminal Justice Coordinating Council
Carol	Conlan ⁺	Lucas County Court of Common Pleas
Stacy	Cook	Lucas County Court of Common Pleas
Jeffrey	Crowther [*]	Private Attorney
Jonnah	Docherty ⁺	Court Diagnostic Treatment Center (CDTC)
Terra	Drane ⁺	Court Diagnostic Treatment Center (CDTC)
Rebecca	Facey ^{**}	City of Toledo
Lisa	Falgiano [*]	Toledo Municipal Court
Lisa	Gordish ^{**}	OhioMHAS
Sarah	Gruner ^{**}	Unison Health
Juanita	Halbig-Sanchez ⁺	Mental Health and Recovery Services Board of Lucas County
Linda	Howe ^{**}	Maumee Probation Division
Daniel	Huesman ^{**}	Toledo Legal Aid Society
Barbie	Jaggers ⁺	Lucas County Criminal Justice Coordinating Council
Jennifer	Jancsin ⁺	Zepf Center
Pam	Jensen ⁺	Harbor Behavioral Health
Elijah	Jones ⁺	Mental Health and Recovery Services Board of Lucas County
Robia	Jones-Barringer [*]	Lucas County Sherriff's Office
Nicole	Khoury ⁺	Toledo Municipal Court
Sarah	Kolle ⁺	Court Diagnostic Treatment Center (CDTC)
Tim	Kuhlman [*]	Toledo Municipal Court
Meredith	Kurucz ^{**}	Toledo Municipal Court
Amanda	Lanigan [*]	Zepf Center
Jennifer	Liptack-Wilson [*]	Lucas County Prosecutor's Office
Tim	Lubbe [*]	Lucas County Court of Common Pleas
Tom	Luettker ⁺	Lucas County Criminal Justice Coordinating Council
Holly	Matthews ^{**}	Lucas County Criminal Justice Coordinating Council
Sean	McNulty ^{**}	Toledo Legal Aid Society
Melissa	Medlen ⁺	Unison Health
Chelsea	Meister [*]	Toledo Legal Aid Society

Nancy	Miller**	Lucas County Probate Court
Ann	Mintun**	Lucas County Criminal Justice Coordinating Council
Lindsay	Navarre+	Lucas County Court of Common Pleas
Mike	Navarre*	Lucas County Sheriff's Office
Margaret	Osborne+	OhioMHAS
Renee	Palacios**	Court Diagnostic Treatment Center (CDTC)
Jennifer	Peer+	Lucas County Court of Common Pleas
Amy	Priest+	Mental Health and Recovery Services Board of Lucas County
Trisha	Rawlins**	Lucas County Probation Department
Kelli	Russell+	Toledo Police Department
Megan	Shaal**	Court Diagnostic Treatment Center (CDTC)
Ruth H	Simera+	Ohio Coordinating Center of Excellence
Kim	Skinner**	Northwest Ohio Psychiatric Hospital
Silvia	Snyder+	Mercy Health
Beth	Stracensky**	Northwest Ohio Psychiatric Hospital
Scott	Sylak**	Mental Health and Recovery Services Board of Lucas County
Michelle	Turvey+	Toledo Prosecutor's Office
Janice	Vidic+	Mental Health Association
Kevin	(Redacted)*	CST Client
* = interview participant		
+ = summit participant		

Appendix III

Resources

Assisted Outpatient Treatment

- [Treatment Advocacy Center \(2012\) A Guide to Implementing Assisted Outpatient Treatment in Ohio.](#)
- [National Center for State Courts \(2020\) Brief on Assisted Outpatient Treatment Community-Based Civil Commitment.](#)
- [Summit County, OH Presentation on Assisted Outpatient Treatment.](#)
- [Potential future SAMHSA funding opportunity for AOT start-up.](#)

Competency

- Policy Research Associates. (2007, re-released 2020) [Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial.](#)
- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009) [Competency Courts: A Creative Solution for Restoring Competency to the Competency Process.](#) *Behavioral Science and the Law*, 27, 767-786.

Crisis Services and Law Enforcement

- National Council for Behavioral Health. (2021) [Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response.](#)
- National Association of State Mental Health Program Directors. [Crisis Now: Transforming Services is Within our Reach.](#)
- Urban Institute. (2020) [Alternatives to Arrests and Police Responses to Homelessness: Evidence-Based Models and Promising Practices.](#)
- Open Society Foundations. (2018) [Police and Harm Reduction.](#)
- Center for American Progress. (2020) [The Community Responder Model: How Cities Can Send the Right Responder to Every 911 Call.](#)
- International Association of Chiefs of Police. [One Mind Campaign: Enhancing Law Enforcement Engagement with People in Crisis, with Mental Health Disorders and/or Developmental Disabilities.](#)
- Bureau of Justice Assistance. [Police-Mental Health Collaboration Toolkit.](#)

Housing

- The Council of State Governments Justice Center. (2021) [Reducing Homelessness for People with Behavioral Health Needs Leaving Prisons and Jails: Recommendations to California's Council on Criminal Justice and Behavioral Health.](#)
- Alliance for Health Reform. (2015) [The Connection Between Health and Housing: The Evidence and Policy Landscape.](#)
- Council of State Governments Justice Center. (2021) [Reducing Homelessness for People with Behavioral Health Needs Leaving Prison and Jails](#)
- National Homelessness Law Center. (2019) [Housing Not Handcuffs 2019: Ending the Criminalization of Homelessness in U.S. Cities.](#)

Information and Data Collaboration

- Substance Abuse and Mental Health Services Administration. (2019) [Data Collection Across the Sequential Intercept Model: Essential Measures](#).
- Data-Driven Justice Initiative. (2016) [Data-Driven Justice Playbook: How to Develop a System of Diversion](#).
- Vera Institute of Justice. (2012) [Closing the Gap: Using Criminal Justice and Public Health Data to Improve Identification of Mental Illness](#).

Pretrial/Arrest Diversion

- Substance Abuse and Mental Health Services Administration. (2015) [Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders from the Criminal Justice System](#).
- CSG Justice Center. (2015). [Improving Responses to People with Mental Illness at the Pretrial Stage: Essential Elements](#).
- National Resource Center on Justice Involved Women. (2016) [Building Gender Informed Practices at the Pretrial Stage](#).
- Laura and John Arnold Foundation. (2013) [The Hidden Costs of Pretrial Diversion](#).

Boundary Spanner/Navigator Model

- Munetz, M. R. & Bonfine, N. (2015). From boundary spanning to deep partnerships. *Psychiatric Services*, 66(9), 901-901. <https://doi.org/10.1176/appi.ps.660902>.
- Steadman, H.J. (1992) Boundary Spanners: A Key Component for the Effective Interactions of the Justice and Mental Health Systems. *Law and Human Behavior*, 16, 75-87.

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