

Ohio Department of Mental Health

Office of Forensic Services

Forensic Toolkit

May 2009

Introduction: This toolkit has been designed for Boards, Providers, Courts and others who work with Ohio's forensic mental health system. It is intended to assist in understanding the various legal statuses and the parties who are financially responsible for individuals hospitalized in facilities operated by the Ohio Department of Mental Health (ODMH). Primarily, the toolkit describes the roles and inter-relationships of the regional state psychiatric hospitals, Community Forensic Psychiatry Centers and the community mental health system. The following pages are arranged according to sections of the Ohio Revised Code describing forensic legal statuses and the roles of the various system components are described. Where there are local practice implications or information, each locality can add those to the document and update as necessary.

Definitions:

Forensic: The term "forensic" is defined as pertaining to, connected with, or used in courts of law or public discussion and debate. In the mental health community, we have used "forensic" to refer to any person with a mental illness who is currently involved with the criminal justice system.

Regional Psychiatric Hospitals: These are the ODMH state psychiatric hospitals. Currently, there are six regional psychiatric hospitals with seven sites. Refer to Appendix A for the hospitals' locations and catchment areas in the accompanying map.

Community Forensic Psychiatric Centers: There are eleven Community Forensic Psychiatric Centers providing forensic evaluation services for the criminal court system in Ohio. They also provide second opinion evaluations for ODMH Regional Psychiatric Hospitals on patients being considered for movement statuses outside of the hospital. The Forensic Centers are located in various regions throughout the state and each provides services to designated counties. Prior to the development of the current system, most court-ordered competency and sanity evaluations occurred on an inpatient basis at one location. The Community Forensic Psychiatric Center system was developed to allow for the local provision of evaluations on an outpatient basis. This decreases the cost of the evaluation process and reduces delays in court proceedings. The Centers provide timely, comprehensive and professional evaluations locally, avoid unnecessary hospitalizations, and increase cost effectiveness. The Centers also provide consultation and training services for the local criminal justice system, the ADAMHS/CMH Boards and community mental health providers. Refer to Appendix B for a listing of the Community Forensic Psychiatric Centers, the counties served and contact information.

Forensic Monitor: The Forensic Monitor is responsible to monitor persons found Not Guilty by Reason of Insanity (NGRI) and defendants found to be Incompetent to Stand Trial—Unrestorable—Criminal Court Jurisdiction (IST-U-CJ) on Conditional Release commitment. The Forensic Monitor or designee also serves as a forensic resource for CMH and ADAMHS Boards, community mental health agencies, Forensic Centers, ODMH Regional Psychiatric Hospitals (RPH), and the criminal justice system. In collaboration with the board, the monitor/designee provides education, training, consultation, liaison services, collects data and compiles required reports.

Legal Status: Competency to Stand Trial Evaluations	ORC 2945.371 G3
<p>Courts should refer persons for competency evaluations to the local Certified Community Forensic Psychiatry Center for an outpatient evaluation by a qualified examiner (psychiatrist or licensed clinical psychologist) first. Forensic Centers have up to 30 days to complete the evaluation.</p>	
<p>Competency to Stand Trial evaluations are often coupled with Sanity at the Time of the Act evaluations, even though competency evaluations focus on the defendant’s current mental state and sanity evaluations assess the person’s mental state at the time of the alleged offense.</p>	
<p>If an outpatient evaluation is either impossible or inconclusive and an inpatient evaluation is necessary, the court may order an inpatient evaluation. The inpatient option should be used sparingly.</p>	
<p>Admission: If an outpatient evaluation cannot be completed, the court can refer the person to the hospital. Evaluations in the hospital are to be completed in 20 days. It is recommended that a “round trip” journal entry be given by the court at the time of admission in order to accommodate a return pick-up by the sheriff within the 20 day period.</p>	
<p>Movement: Persons in this status are permitted only Level 1 movement—On Unit, Restricted. The hospital may request court permission for a temporary Level 4 privilege movement so that staff may escort a forensic patient to off-ground medical appointments.</p>	
<p>Discharge: Following the completion of the inpatient evaluation, persons are returned to the jail to await their court hearing on the issue of competency.</p>	
<p>Cost of hospitalization borne by: COUNTY MENTAL HEALTH/ADAMHS BOARD</p>	
<p>Local Practice/Information:</p>	

Legal Status: Incompetent to Stand Trial – Restorable – IST-R	ORC 2945.38 B
<p>When a person is found incompetent to stand trial, the person is incapable of understanding the nature and objective of the proceedings against him or her and cannot assist in his or her own defense. The examiner who renders this opinion to the court also provides an opinion as to whether the person is restorable to competency within one year if provided with treatment and a recommendation for the least restrictive setting to receive restoration treatment.</p>	
<p>The time frames allowable for competency restoration are based upon the severity of the offense charged as follows:</p>	
<ul style="list-style-type: none"> • 1 Year – 1st & 2nd degree felonies, murder • 6 Months – 3rd, 4th & 5th degree felonies • 60 Days – 1st & 2nd degree misdemeanors • 30 Days – all other misdemeanors 	
<p>In cases where the court cannot make a finding about whether a defendant is restorable or not, the law directs the court [2945.38 (B)(1)(a)] to order continuing evaluation and treatment of the defendant for up to four months to determine whether the defendant will become competent to stand trial within one year, if provided with treatment. If the defendant is determined to be restorable, then restoration treatment proceeds. Otherwise, the court will proceed as noted in other sections of this Toolkit, in which a defendant is found to be unrestorable to competency [IST-U, 2945.38(H)(4) or IST-U-CJ, 2945.39].</p>	
<p>Admission: At the present time, most competency restoration is accomplished in the state psychiatric hospital system. However, there are some outpatient restoration programs in the state and efforts are underway to expand the number of such programs for appropriately chosen defendants. In general, non-violent, low level offenders (misdemeanor offenses rather than felonies) may be considered for participation in outpatient restoration programs. The forensic examiner may make a recommendation for outpatient restoration, but the court is the decision-maker with respect to inpatient vs. outpatient competency restoration.</p>	
<p>Movement: Persons in this status are permitted Level 1 – On Unit, Restricted and Level 2 – Off Residential Unit, Supervised Movement. The hospital may request court permission for a temporary Level 4 privilege movement so that staff may escort a forensic patient to off-ground medical appointments.</p>	
<p>Discharge: When restored to competency, the person may be discharged back to the jail or to the community, if appropriate, to await trial. If the maximum time for restoration allowed by law has been reached and the person remains incompetent to stand trial, see the following sections on Incompetent to Stand Trial—Unrestorable. (IST-U)</p>	
<p>Cost of hospitalization borne by: ODMH</p>	
<p>Local Practice/Information:</p>	

Legal Status: Competency Maintenance	ORC 2945.38 A
<p>The vast majority of defendants, having been found by a court to have been restored to competency to stand trial, await further legal proceedings in jail where they continue to receive psychotropic medications as clinically indicated. In rare situations, the forensic examiner or state hospital examiner may make a clinical recommendation that the defendant remain in the state hospital rather than returning to jail for competency maintenance.</p>	
<p>Although the consequences of a restored defendant losing his or her competency while in jail may be significant, there may be other options available in some communities that would not require extending the hospital stay. Some community mental health agencies may be able to provide enhanced services in the jail so that a person's competency would not be compromised. Also, holding the court hearing or trial as soon as possible after a person is restored to competency would minimize problems in this area.</p>	
<p>Admission: Admission to the state Regional Psychiatric Hospital for competency maintenance is the court's decision based upon a recommendation that continued psychiatric hospitalization is clinically necessary.</p>	
<p>Movement: Persons in this status are permitted Level 1 – On Unit, Restricted and Level 2 – Off Residential Unit, Supervised Movement. The hospital may request court permission for a temporary Level 4 privilege movement so that staff may escort a forensic patient to off-ground medical appointments.</p>	
<p>Discharge: The person shall not be released except to be returned to jail or court for trial.</p>	
<p>Cost of hospitalization borne by: COUNTY MENTAL HEALTH/ADAMHS BOARDS</p>	
<p>Local Practice/Information:</p>	

Legal Status: Incompetent to Stand Trial – Unrestorable – IST-U	ORC 2945.38 H4
<p>After restoration to competency treatment has been provided and the person remains not competent to stand trial, they are found “unrestorable” and either discharged or referred to the probate court for hospitalization. A formal pre-screening is not required. However, persons found Incompetent to Stand Trial and Unrestorable are the responsibility of the local Mental Health/ADAMHS Board and their admission should be approved by the Board. NOTE: Some individuals who have been found to be unrestorable to competency may remain under the jurisdiction of the criminal court, as described in the next section: ORC 2945.39 (IST-U-CJ).</p>	
<p>Admission: Criminal courts/prosecutors should refer persons to both the prescreening agency and the probate court. If the person meets the criteria for hospitalization as required by ORC Section 5122, persons are usually approved by the Board for admission to a hospital. A formal prescreen by the local prescreening agency is optional.</p>	
<p>Movement: Persons in this status are allowed all levels of movement up to Level 5—Off Grounds, Unsupervised. A Forensic Review Team review is required for persons charged with a Felony 2 or higher prior to granting Level 2 movement and above. The prosecutor shall be notified, in writing, prior to Level 5 movement being granted. Upon receiving this notice, the prosecutor shall either re-indict or promptly notify the court of intention not to prosecute charges. The hospital may request court permission for a temporary Level 4 privilege movement so that staff may escort a forensic patient to off-ground medical appointments.</p>	
<p>Discharge: Persons can be discharged whenever the treatment team recommends this, approval by the Forensic Review Team is given, and the local mental health system is ready, with appropriate services, to receive the person in the community. However, the hospital Legal Assurance Administrator (LAA) MUST notify the prosecutor by certified mail, return receipt requested, at least ten (10) days prior to discharge (unless the discharge is granted by the probate court) and shall state in the notice the date on which the patient will be discharged. (The prosecutor has the option of re-indicting the patient on the charges.)</p>	
<p>Cost of hospitalization borne by: COUNTY MENTAL HEALTH/ADAMHS BOARDS</p>	
<p>Local Practice/Information: The County Mental Health/ADAMHS Board needs to know when individuals with a 2945.38B status are reaching the maximum time for restoration and the possibility that they might be admitted under a Probate Court commitment with the resulting shift in financial responsibility to the Board.</p>	

Legal Status: Incompetent to Stand Trial – Unrestorable—Held under Criminal Court Jurisdiction — IST-U-CJ	ORC 2945.39
<p>When a person is found incompetent to stand trial after restoration treatment has been provided and he or she has been charged with a violent 1st or 2nd degree felony or higher, the court has an option to keep the person under their jurisdiction and manage the person in the same way as a person found Not Guilty by Reason of Insanity (discussed in the next section). No prescreening is required by the county prescreening agency. However the hospital recommends to the court the least restrictive setting consistent with public safety concerns and the person’s treatment needs. Most of the time, the person is hospitalized.</p> <p>Exception: If in an initial competency report, the Forensic Center examiner says that the person is unlikely to be restored to competency, the court could find the person to be IST-U-CJ at that time with no restoration treatment being provided. The court could then grant the person Conditional Release immediately or order the person to be admitted to the hospital.</p>	
<p>Admission: Courts refer directly to the hospital for admission. After a careful review of the person’s risk factors, when appropriate, courts can grant the person Conditional Release for treatment in the community.</p>	
<p>Movement: Persons are allowed all movement levels up to Level 5—Off Grounds, Unsupervised. A review by the Forensic Review Team is required for persons charged with a Felony 2 or above prior to Level 2 movement and above. Court approval is required for Level 3—On Grounds, Unsupervised and above. A “second opinion” report (ORC 2945.401-D-b) is required from the Forensic Center for any Nonsecured movement, including Conditional Release. The hospital may request court permission for a temporary Level 4 privilege movement so that staff may escort a forensic patient to off-ground medical appointments.</p>	
<p>Discharge: After the treatment team recommends discharge and the Forensic Review Team approval is given, a recommendation can be made to the court for discharge or Conditional Release. (See further procedures in Conditional Release section.) Persons can remain under this status until the expiration of the maximum sentence they would have received if convicted of the most serious charge against them.</p>	
<p>Cost of hospitalization borne by: ODMH</p>	
<p>Local Practice/Information:</p>	

Legal Status: Mental Condition (Sanity) at the Time of the Act Evaluation	ORC 2945.371 G4
<p>Courts should refer persons for sanity evaluations to the local Certified Community Forensic Psychiatry Center for an outpatient evaluation by a qualified examiner (psychiatrist or licensed clinical psychologist) first. Forensic Centers have up to 30 days to complete the evaluation.</p>	
<p>Competency to Stand Trial evaluations are often coupled with Sanity at the Time of the Act evaluations, even though competency evaluations focus on the defendant’s current mental state and sanity evaluations assess the person’s mental state at the time of the alleged offense.</p>	
<p>If an outpatient evaluation is either impossible or inconclusive and an inpatient evaluation is necessary, the court may order an inpatient evaluation. The inpatient option should be used sparingly.</p>	
<p>Admission: If an outpatient evaluation cannot be completed, the court can refer the person to the hospital. Evaluations in the hospital are to be completed in 20 days. It is recommended that a “round trip” journal entry be given by the court at the time of admission in order to accommodate a return pick-up by the sheriff within the 20 day period.</p>	
<p>Movement: Persons in this status are permitted only Level 1 movement—On Unit, Restricted. The hospital may request court permission for a temporary Level 4 privilege movement so that staff may escort a forensic patient to off-ground medical appointments.</p>	
<p>Discharge: Following the completion of the inpatient evaluation, persons are returned to the jail to await further court proceedings.</p>	
<p>Cost of hospitalization borne by: COUNTY MENTAL HEALTH/ADAMHS BOARD</p>	
<p>Local Practice/Information:</p>	
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Legal Status: Not Guilty by Reason of Insanity -- NGRI	ORC 2945.40
<p>When a person at the time of their offense, did not know, as a result of a severe mental disease or defect, the wrongfulness of the act with which he or she is charged, the court can find the person Not Guilty by Reason of Insanity and either order the person to be admitted to an ODMH hospital, or other facility, or grant the person Conditional Release directly from court. Usually an examiner at the Forensic Center has recommended the least restrictive placement for commitment.</p>	
<p>Admission: Persons found NGRI are directly admitted to an ODMH hospital by the courts.</p>	
<p>Movement: Persons in this status move through all 5 movement levels. A review by the Forensic Review Team is required for persons charged with a Felony 2 or above prior to granting Level 2 movement and above. Court approval is required for Level 3—On Grounds, Unsupervised movement and above. A “second opinion” report (ORC 2945.401-D-b) is required from the Forensic Center for any Nonsecured movement, including Conditional Release. The hospital may request court permission for a temporary Level 4 privilege movement so that staff may escort a forensic patient to off-ground medical appointments.</p>	
<p>Discharge: After the treatment team recommends discharge and the Forensic Review Team approval is given, a recommendation to the Court can be made for discharge or Conditional Release (CR). (see further procedures in CR section) Persons can remain under this status until the expiration of the maximum sentence they would have received if convicted of the most serious charge against them.</p>	
<p>Cost of hospitalization borne by: ODMH</p>	
<p>Local Practice/Information:</p>	

Legal Status: Conditional Release – Admission to State Psychiatric Hospital <i>(applies to NGRI & IST-U-CJ)</i>	ORC 2945.402
<p>When a person is admitted to the hospital from Conditional Release (CR), the court may revoke the CR status, in which case the person’s legal status reverts to either 2945.40 for NGRI or 2945.39 for IST-U-CJ. The court may also order the person to the hospital from CR without revoking the CR status. In this situation, the person’s legal status remains 2945.402—Conditional Release. This option is usually chosen when a relatively brief inpatient stay is anticipated. In both situations, ODMH pays for the inpatient stay.</p>	
<p>Admission: Persons in these statuses can be admitted back to the hospital by the local Board or the Court. Sometimes persons in these statuses are sent back to jail, (the law allows up to 10 days in jail) prior to admission to the hospital, especially if there is a need for public safety purposes.</p>	
<p>Movement: Persons in this status move through all 5 movement levels. A review by the Forensic Review Team is required for persons charged with a Felony 2 or above prior to Level 2 movement and above. When the Court has revoked a person’s Conditional Release, Court approval is required for Level 3—On Grounds, Unsupervised movement and above. Also, when a person’s Conditional Release is revoked, a “second opinion” report (ORC 2945.401-D-b) is required from the Forensic Center for any Nonsecured movement, including Conditional Release. The hospital may request court permission for a temporary Level 4 privilege movement so that staff may escort a forensic patient to off-ground medical appointments.</p>	
<p>Discharge: After the treatment team recommends discharge and the Forensic Review Team approval is given, a discharge or return to Conditional Release can be made without Court approval for those people whose CR was not revoked. When a court has revoked a person’s Conditional Release, Court approval is required prior to discharge. Community Forensic Monitoring is required. Persons can remain under this status until the expiration of the maximum sentence they would have received if convicted of the most serious charge against them.</p>	
<p>Cost of hospitalization borne by: ODMH Note that the cost of community treatment for a person on Conditional Release is borne by the COUNTY MENTAL HEALTH/ADAMHS BOARD serving the county in which the Criminal Court retains jurisdiction (that is, the county in which the criminal charges were filed), regardless of the county in which the person usually lives.</p>	
<p>Local Practice/Information: When a person has been conditionally released to the community, the local mental health board serving the county of the Criminal Court that committed the person is responsible for the person’s community care. Persons in this status should be prescreened by the local prescreening agency to assure they meet the criteria for hospitalization, unless they are being hospitalized as a public safety measure.</p>	

Legal Status: Parolee & Probationer Hospital Admissions	ORC 2967.22
<p>If an offender is on probation or parole, his or her probation or parole officer may file an affidavit seeking psychiatric hospitalization in Probate Court. The probationer or parolee must still undergo pre-hospitalization screening by the County Mental Health/ADAMHS Board prescreening service prior to hospitalization. If admitted to the hospital following the prescreening, the probationer/parolee will go through the regular civil commitment procedures and/or agree to the hospitalization voluntarily.</p>	
<p>Admission: If the probationer/parolee is committed to the state hospital as a result of ORC 2967.22 and Probate Court, hospital staff can share information with the probation or parole officer without a signed release from the offender. If the offender is admitted under a voluntary status, the person must consent to sharing information with his or her probation or parole officer.</p>	
<p>Movement: Offenders that are involuntarily committed for treatment can be granted Movement Levels 1 through 5 according to the ODMH Movement Policy. Offenders who are voluntary patients have the same movement rights as any other voluntary patient. The hospital may request court permission for a temporary Level 4 privilege movement so that staff may escort a forensic patient to off-ground medical appointments.</p>	
<p>Discharge: The offender may be discharged when it is determined that there is no longer a need for hospitalization. Discharge planning should include the parole or probation officer in addition to the outpatient treatment provider. (Note that according to ODMH policy, the Forensic Review Team must review and approve the discharge of offenders who were convicted of felony 1 & 2 offenses.)</p>	
<p>Cost of hospitalization borne by: COUNTY MENTAL HEALTH/ADAMHS BOARD</p>	
<p>Local Practice/Information:</p>	
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Legal Status: Jail Transfers
The physician at the jail, jail administrator or law enforcement officer recommends admission to the local prescreening agency, who determines if the person meets the criteria for hospitalization.
Admission: Persons are admitted to the hospital with Board approval and must meet criteria for hospitalization. In general, jail transfers are not permitted the option of signing a voluntary admission request; they are civilly committed.
Movement: Level 1 Restricted, to the Hospital Unit only. The hospital may request court permission for a temporary Level 4 privilege movement so that staff may escort a forensic patient to off-ground medical appointments.
Discharge: The treatment team recommends discharge to the hospital's Chief Clinical Officer (CCO). When approved by the CCO or designee, the LAA coordinates the discharge with the local law enforcement agency, which will take custody and transport the person from the hospital.
Cost of hospitalization borne by: COUNTY MENTAL HEALTH/ADAMHS BOARD where the person ordinarily resides (not necessarily where the jail is located.)
Local Practice/Information:

Legal Status: Police Holds
A law enforcement officer recommends psychiatric hospitalization based on the person's condition at the time of arrest. The person must be referred to the local prescreening agency that actually makes the determination about whether the person meets the criteria for hospitalization.
Admission: Persons are admitted to the hospital with Board approval and must meet criteria for hospitalization. In general, jail transfers are not permitted the option of signing a voluntary admission request; they are civilly committed.
Movement: Level 1 Restricted, to the hospital unit only. The hospital may request court permission for a temporary Level 4 privilege movement so that staff may escort a forensic patient to off-ground medical appointments.
Discharge: The treatment team recommends discharge to the hospital's Chief Clinical Officer (CCO). When approved by the CCO or designee, the LAA coordinates the discharge with the local law enforcement agency, which will take custody and transport person from the hospital.
Cost of hospitalization borne by: COUNTY MENTAL HEALTH/ADAMHS BOARD where the person ordinarily resides (not necessarily where the jail is located.)
Local Practice/Information:

Appendix A

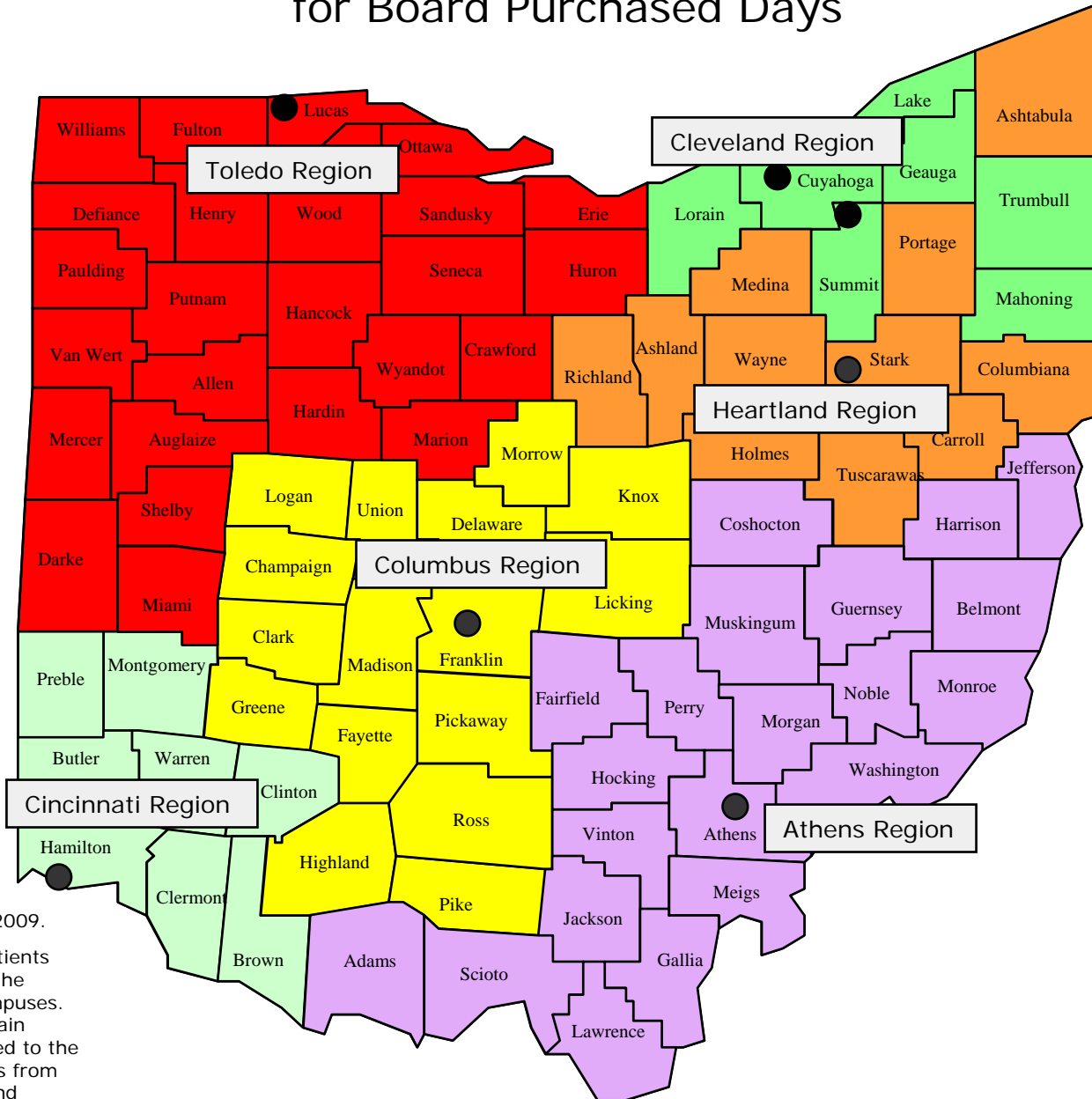
ODMH Hospitals and Legal Assurance Administrators

Hospital	Address	Contact information
Appalachian Behavioral Healthcare	100 Hospital Drive Athens, OH 45701 740-594-5000	Debra Kosko 740-594-5000, ext 6710 koskod@mh.state.oh.us FAX: 740-592-5392
Heartland Behavioral Healthcare	3000 Erie Street, South Massillon, OH 44646 330-833-3135	Nancy Swagart 330-833-3135, ext 1383 swagartn@mh.state.oh.us FAX: 330-833-7327
Northcoast Behavioral Healthcare— Cleveland Campus	1708 Southpoint Drive Cleveland, OH 44109 330-467-7131	Tammy Ristau 216-787-0500, ext 2537 ristaut@mh.state.oh.us FAX: 216-774-7990
Northcoast Behavioral Healthcare— Northfield Campus	1756 Sagamore Rd Mail: P.O. Box 305 Northfield, OH 44067 330-467-7131	Jan Filipski 330-467-7131, ext 1108 filipskij@mh.state.oh.us FAX: 330-468-6995
Northwest Ohio Psychiatric Hospital	930 Detroit Avenue Toledo, OH 43614 419-381-1881	Beth Downey 419-381-1881, ext 4418 downeyb@mh.state.oh.us FAX: 419-389-1361
Summit Behavioral Healthcare	1101 Summit Road Cincinnati, OH 45237 513-948-3600	Pat Wamsley 513-948-3971 wamsleyp@mh.state.oh.us FAX: 513-948-0094
Twin Valley Behavioral Healthcare	2200 West Broad St. Columbus OH 43223 614-752-0333	David Forman 614-752-0333, ext 5216 formand@mh.state.oh.us FAX: 614-995-1880

Please check with the ODMH website for updated information: <http://mentalhealth.ohio.gov/>

Click on the “Partners” tab, then the “Forensic Services” link, and look for the “Forensic Services Links” on the right side of the page.

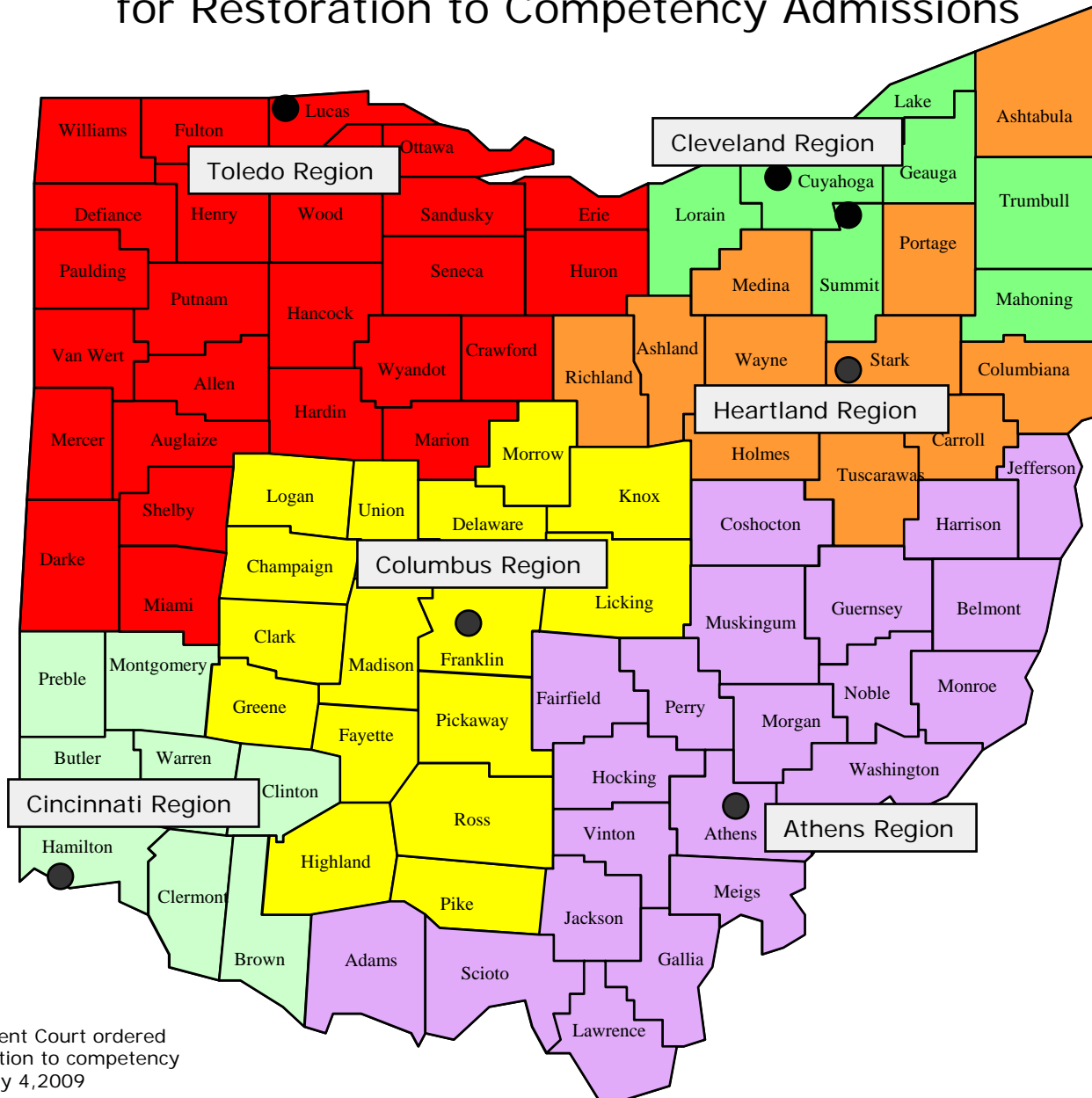
State Hospital Catchment Areas for Board Purchased Days



Note: Regions represent Board admission catchment areas, effective on May 4, 2009.

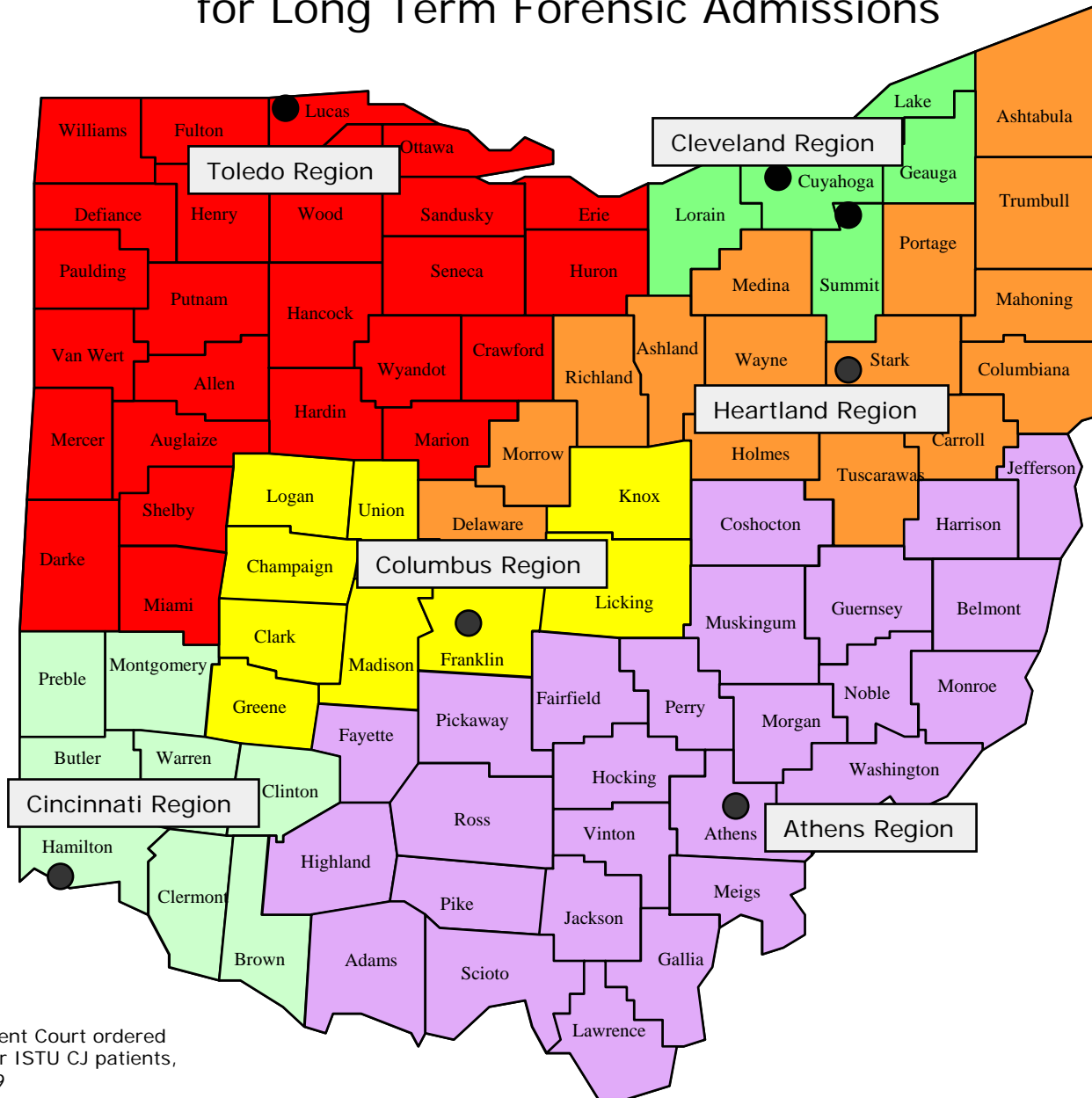
In the Cleveland Region patients may be admitted to either the Cleveland or Northfield campuses. Cuyahoga, Geauga and Lorain patients are usually admitted to the Cleveland campus. Patients from Lake, Mahoning, Summit and Trumbull are frequently admitted to the Northfield Hospital.

State Hospital Catchment Areas for Restoration to Competency Admissions



Note: Regions represent Court ordered admission for restoration to competency services, effective May 4, 2009

State Hospital Catchment Areas for Long Term Forensic Admissions



Note: Regions represent Court ordered admission for NGRI or ISTU CJ patients, effective may 4, 2009

Appendix B

Community Forensic Psychiatric Centers

Name	Address	Counties Served	Contact Information
Netcare Forensic Psychiatry Center	3081 Sullivant Ave. Columbus, OH 43204	Delaware, Fairfield, Fayette, Franklin, Licking, Madison, Pickaway, Union	614-278-0200 Fax: 614-274-0937 Terry Kukor, PhD, ABPP, Director, tkukor@att.net.com
Court Clinic Forensic Services	909 Sycamore St., 4 th Floor Cincinnati, OH 45202	Clermont, Hamilton	513-352-1342 Fax: 513-352-1345 Sherry Baker, PhD, Clinical Director, cc130@ucmail.uc.edu Dorothy O'Neill, Office Mgr. 513-618-4201 Walter S. Smitson, PhD, CEO
Forensic and Mental Health Services, Inc.	851 Walnut Street Hamilton, OH 45011	Butler, Clinton, Preble, Warren	513-867-5866 Fax: 513-867-5868 Julia King, PsyD, Director jking@forpsych.org
Forensic Psychiatry Center for Western Ohio	600 Wayne Ave. Dayton, OH 45410	Allen, Auglaize, Champaign, Clark, Darke, Greene, Logan, Mercer, Miami, Montgomery, Shelby	937-463-2953 Fax: 937-463-2929 Miller S. Makey, Director mmakey@eastway.org
Shawnee Forensic Center	P.O. Box 1322 (mailing) 901 Washington St. (location) Portsmouth, OH 45662	Adams, Athens, Brown, Gallia, Highland, Hocking, Jackson, Lawrence, Meigs, Pike, Ross, Scioto, Vinton	740-354-6006 Fax: 740-353-1662 Wayne Price, BSW, MA, LSW, Director w.price@shawneemhc.org
Forensic Diagnostic Center of District Nine	P.O. Box 126 Byesville, OH 43723	Belmont, Carroll, Coshocton, Guernsey, Harrison, Jefferson, Monroe, Morgan, Muskingum, Noble, Perry, Tuscarawas, Washington	740-439-4136 Fax: 740-432-6562 Hugh Ryan, MS, Director fdcd9@verizon.net
Psycho-Diagnostic Clinic	Summit County Courthouse 209 S. High St. Akron, OH 44308	Geauga, Medina, Portage, Stark, Summit	330-643-2333 Fax: 330-643-8571 Brian P. O'Reilly, PhD., Interim Director boreilly@cpccourt.summitoh.net

Forensic Psychiatric Center of Northeast Ohio	5212 Mahoning Ave., Suite 317 Youngstown, OH 44515-1857	Ashtabula, Columbiana, Mahoning, Trumbull, Lake	330-792-1918 Fax 330-792-7712 Gerald L. Heinbaugh, MS, MBA, Director gheinbaugh@aol.com
District V Forensic Diagnostic Center	228 Park Avenue West Mansfield, OH 44902	Ashland, Crawford, Hardin, Holmes, Huron, Knox, Lorain, Marion, Morrow, Richland, Seneca, Wayne, Wyandot	419-774-5970 Fax 419-524-1852 Luanne LaRue, MSW, LISW-S, Director luanne@cifs.cifscenter.org
Court Diagnostic and Treatment Center	1 Stranahan Square, Suite 353 Toledo, OH 43604	Defiance, Erie, Fulton, Hancock, Henry, Lucas, Ottawa, Paulding, Putnam, Sandusky, Van Wert, Williams, Wood	419-244-8624 Fax 419-244-9213 Judy Forgac, MRC, LPCC, Director jforgac@butter.toast.net
Court Psychiatric Clinic	Courts Tower 1200 Ontario St., 6 th Floor Cleveland, OH 44113	Cuyahoga	216-443-7330 Fax 216-443-7332 Phillip J. Resnick, MD, Director George Schmedlen, PhD, JD, Associate Director cpgws@cuyahogacounty.us

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Click on the "Partners" tab, then the "Forensic Services" link, and look for the "Forensic Services Links" on the right side of the page.

Appendix C

Community Forensic Monitors

Name	Address	Counties Served	Contact Information
William Reed	Washington County ADAMHS Board 344 Muskingum Drive Marietta, OH 45750	Adams Athens Hocking Lawrence Scioto Vinton Washington	740-374-6990 888-889-8944 bill_reed@wcmhar.org Fax: 740-374-6927
Kara Marciani	Forensic Psychiatry Center for Western Ohio 600 Wayne Ave. Dayton, OH 45410	Allen Auglaize Clark Darke Greene Hardin Madison Mercer Miami Montgomery Paulding Preble Putnam Shelby Van Wert	937-463-2953 kmarcian@eastway.org Fax: 937-463-2929
Hattie Tracy-Kramer	Appleseed CMH Center 2233 Rocky Lane Ashland, OH 44805	Ashland	419-281-3716 hattie@appleseedcmhc.org Fax: 419-281-4605
Vince Arduin	Forensic Psychiatric Center of Northeast Ohio 5212 Mahoning Ave., Suite 317 Youngstown 44515	Ashtabula Columbiana Trumbull	330-792-1918 forensicctrvfa@choiceonemail.com Fax: 330-792-7712
Hugh Ryan Maura Mappin-Dubus	Forensic Diagnostic Ctr P.O. Box 126 60788 Southgate Rd. Byesville, OH 43723	Belmont Harrison Monroe	740-439-4136 fdcd9@verizon.net Fax: 740-432-6562 740-695-9998 maurad@mhrs.org Fax: 740-695-1607
Cheryl Williams	Talbert House 75 Banting Dr. Georgetown, OH 45121	Brown	937-378-4811 cheryl.williams@talberthouse.org Fax: 937-378-4812

Myron Fridman	Community Behavioral Health 820 Martin Luther King Blvd Hamilton, OH 45011	Butler	513-868-5139 mfridman@communitybehavioralhealth.org Fax: 513-737-8197
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Please check with the ODMH website for updated information: <http://mentalhealth.ohio.gov/>

Click on the "Partners" tab, then the "Forensic Services" link, and look for the "Forensic Services Links" on the right side of the page.

Appendix D

EACH BOARD WILL INSERT THEIR LOCAL PRE-SCREENING AGENCY/INFORMATION HERE

Appendix E: SUMMARY COST

Legal Status Code	Legal Status Description	Inpatient cost
2945.371 G3	Competency Evaluation	COUNTY BOARD
2945.371 G4	Sanity Evaluation	COUNTY BOARD
2945.371 G3/G4	Competency & Sanity Evaluation	COUNTY BOARD
2945.38 A	Competency Maintenance	COUNTY BOARD
2945.38 B	Competency Restoration	ODMH
2945.38 H4/5122.11	ISTU-Probate Court Jurisdiction/Judicial Commitment	COUNTY BOARD
2945.38 H4/5122.141	ISTU-Probate Court Jurisdiction/Probable Cause	COUNTY BOARD
2945.38 H4/5122.15	ISTU- Probate Court Jurisdiction/90 day-2 year commit.	COUNTY BOARD
2945.38 H4/5122.02	ISTU- Voluntary	COUNTY BOARD
2945.39 A	ISTU – Criminal Court Jurisdiction (CJ)	ODMH
2945.40	NGRI	ODMH
2945.402 A	NGRI – Conditional Release	ODMH
2945.402 A1	ISTU – CJ Conditional Release	ODMH