

Criminal Justice/Forensics Committee
Meeting Summary
January 16, 2024

Attendees: Amelia Tibbett, Ann Hoyt, Annie C. Olle, Barbara Allen, Ben Leo, Brandy James, Candace Harris, Carmela, Dan Morhaim, Darren McGregor, George Lipman, Greta Carter, Jen Hodge, Jordan Fisher, Kim Wireman, Kimberlee Watts, Latanya Barnes, Lori Mannino, Lynda Bonieskie, Marina Sabett, Mary Becraft, Natasha Herbert, Phyllis McCann, Sabrina Martin, Stephen Cohn, Taliesha Abeokuto, Tammy Loewe

Competency Commitment Numbers:

- It was reported that 1,126 orders were received in the year, indicating an increase from the previous year. Despite efforts, there's a waitlist due to the high demand for beds.
- Emphasized the difficulty of deciding whether to admit or commit patients and highlighted potential dangers.
- Questions were raised about optimizing efforts to address individuals not meeting medical necessity criteria, emphasizing the need for community providers to accept cases.

Average Length of ISTD Admission Delays:

- Challenges in bed capacity were discussed, and potential collaboration with private hospitals was explored.
- There were concerns about long waits in Maryland ERs for patients with behavioral health issues.
- Pointed out that 50-90% of hospital admissions come through the ER, making it a focal point for understanding hospital challenges.
- There are ongoing efforts to explore every option for community support and evaluate complex cases regularly.

ISTD Awaiting Placement:

- Every available bed in Adult Psychiatric facilities is currently open, with staffing not being a limitation.
- Additional capacity would require construction due to licensure requirements.
- Discussed the staffing issues hospitals encounter, attributing the problem to allocation rather than a lack of funds.
- Pointed out the need for more resources and alternatives, suggesting outpatient commitment as a potential solution.
- There was an inquiry about the possibility of moving individuals to more structured placements earlier in the process, expressing concerns about the lack of durable community placements.

Capacity Changes During the Last Few Months:

- Highlighted the focus on discharges and the need to address individuals found incompetent, emphasizing the connection between treatment levels for stabilized individuals and those entering the criminal justice system.
- Insights were shared into the challenges faced by emergency rooms in dealing with behavioral health issues.
- Emphasized the scarcity of resources and challenges in expanding capacity due to construction requirements.
- Efforts were made to involve private hospitals in opening beds for individuals found incompetent, but no responses were received.

Clinically Ready for Discharge, but Awaiting Placement:

- It was mentioned that MDH is seeking expressions of interest from private hospitals but received no responses.
- They plan to repost the request to ensure all hospitals have a chance to respond.
- Suggested that individuals not complying with outpatient commitments might need to return to the hospital for reevaluation.
- Acknowledged the complexity of legislation and potential penalties in such cases.
- Information was sought on the potential for more intensive home services and raised concerns about individuals with dual diagnoses facing challenges in community settings.

Placement of Defendants Found Incompetent and Developmentally Disabled:

- There was an inquiry about utilizing decommissioned wards or boarding facilities in hospitals for stabilized individuals before transitioning to the community.
- It was explained that MDH has two Assisted Living Units (ALUs) at Springfield and Spring Grove, but they are staffed and full most of the time, emphasizing the need for construction to open additional beds.
- An overview was provided of the Secure Evaluation and Therapeutic Treatment Program (SET) and its focus on individuals with intellectual disabilities.

Forensic Capacity in Maryland:

- Questions were raised about construction issues and funding for additional psychiatric beds.
- Funding identified for construction at Spring Grove and Perkins, focusing on adding more max beds at Spring Grove and general beds at Perkins.
- Perkins is at about 95% design completion, awaiting approval of drawings from finance.
- Spring Grove campus has a 10-year lease with UMBC; discussions about capacity plans after that period have started.
- The proposed capital budget does not include replacement beds for Spring Grove or Springfield, except for Perkins-related units.

- Consensus from various participants that determining the appropriate level of commitment becomes challenging for individuals in the middle ground.
- Need to address the underlying reasons for the surge in demand.
- Annie Olle discussed construction plans to address the demand for different levels of care, focusing on max security beds.
- Judge Marina Sabett sought clarification on the number of beds being opened and closed at different facilities.
- 40 beds being closed at Perkins are step-down beds, not admission beds.
- The construction projects aim to increase maximum security beds, addressing the increased demand for that level of care.
- The completion timeline for these projects is expected around 2025-2026.
- Question asked about the counting of civilly committed individuals and their inclusion in bed count statistics.
- It was confirmed that civilly committed individuals are counted in the same 1056 beds as those in the criminal justice system.

Community Provider Capacity in Maryland:

- Concerns about finding in-person outpatient treatment and challenges in accessing necessary support in the community.
- Complexities in evaluating and addressing mental health cases, considering the range of needs and available resources.
- Initiatives to open up community capacity to move individuals along the continuum of care.
- Judge George Lipman inquired about the status of the outpatient commitment pilot in the city.
- Ann Hoyt confirmed the program's expansion to areas like the Brooklyn Park area of Anne Arundel County.
- Challenges in getting people interested due to the program's narrow criteria, requiring referral from an inpatient unit and voluntary agreement.
- Efforts to expand the program to Northern Anne Arundel County and Baltimore County faced low referrals, with only seven or eight people showing interest at the time of the presentation.
- The discussion delved into questions about the outpatient commitment screening process and the challenges in determining appropriate commitment levels.

8-505 / 8-507 Capacity in Maryland:

- Participants acknowledged the complexities and challenges in addressing mental health cases, considering the increasing demand for services.
- Referenced historical issues related to individuals with developmental disabilities and mental health concerns staying in state hospitals and sought information on the current status and challenges.
- There were questions about the screening process for individuals deemed incompetent and the commitment decisions made by judges.

- Ongoing efforts to identify and transition such individuals to appropriate settings while acknowledging the complexities involved.

Utilization Review Program and Transition to Community:

- Inquiry about the MDH Healthcare System's utilization review program and its role in expediting the transition of individuals from hospitals to the community.
- Latanya Barnes, the director of discharges and throughput, highlighted the challenges of moving patients to the community, with approximately half of clinically ready patients awaiting housing.
- **Delays in Transitioning Patients:**
 - Concerns were raised about delays in transitioning patients, especially those awaiting residential treatment or supportive housing.
 - The challenges were acknowledged and emphasized continuous efforts to find creative solutions.
- **Progress and Reduction in Discharge Wait Times:**
 - Annie Olle commended the progress made, noting a significant reduction in the number of patients clinically ready for discharge.
 - Ms. Olle noted the dedicated efforts of the MDH team in addressing the complexities of the mental health system.

Member Discussion

- **Challenges Faced by DPSCS:**
 - Dr. Lynda Bonieskie from DPSCS highlighted concerns with the significant increase in the mentally ill population since the pandemic.
 - Challenges include the inability to provide medication except for emergencies, resulting in extended periods of patients remaining unmedicated.
 - Concern about the impending release of individuals with mental illness and the limited options available, such as emergency room visits or certification.
 - Difficulties arise due to the growing number of mentally ill individuals coming from various counties with new charges, creating a strain on resources.
- **Situation at City Detention Center:**
 - Judge George Lipman inquired about the situation at the city Detention Center, and it was reported a continuous waitlist of 28 to 30 people per week, with new orders quickly replacing discharged individuals.
 - Challenges include appropriateness of certifications, with some being moved to the special needs unit due to struggles in finding suitable placements for individuals with release dates and certain crimes.
- **Clarification on "Medical Necessity Criteria":**
 - Clarification was sought on the term "medical necessity criteria," wondering if it referred to individuals found competent and awaiting discharge.

- It was confirmed and expressed the challenge of determining medical necessity for those individuals, indicating a potential need for emergency petitions in certain cases.
- **Complexities in Managing Mentally Ill Population:**
 - The discussion highlighted the complexities faced by DPSCS in managing the mentally ill population and the strain on resources.
 - Emphasis was placed on the need for collaboration and creative solutions to address the challenges posed by the increasing numbers of mentally ill individuals in the correctional system.
- **Medical Necessity Criteria Explanation:**
 - Latanya Barnes clarified that "medical necessity criteria" assess whether a patient could be maintained in a less restrictive setting than a psychiatric hospital.
 - The evaluation considers the treatment plan and the possibility of receiving adequate care in a community setting, not specific to legal status, and applies to patients with various legal statuses, including voluntary admissions.
- **Inclusion of Individuals Found NCR:**
 - Marina Sabett sought clarification on whether the criteria include individuals found Not Criminally Responsible (NCR).
 - Ms. Barnes confirmed that the criteria apply to all legal statuses, not presupposing competence. The goal is to determine if a patient could receive suitable care outside the psychiatric hospital.
- **Statistics on Patients Not Meeting Criteria:**
 - Ms. Barnes provided information on the current number of patients (113) who do not meet the medical necessity criteria.
 - These patients theoretically could be maintained in alternative settings, as they do not require the high level of care provided by the psychiatric hospital.
- **Locked Units and Privileges:**
 - Ms. Barnes mentioned that all units in the hospital are locked, and even the least restrictive units require a process for patients to gain privileges to go off the units.
 - This highlights the structured nature of the hospital environment, emphasizing the need for a process for patient movement within the facility.
- **Community Engagement Challenge:**
 - Judge Marina Sabett expressed curiosity about where individuals not meeting medical necessity criteria would go, emphasizing the challenge of community engagement.
- **Parallel Between Private and Psychiatric Hospitals:**
 - Annie Olle drew a parallel between private hospitals and psychiatric hospitals, emphasizing that individuals in psychiatric hospitals must continue to meet criteria for inpatient admission, similar to other medical facilities.
- **Court Involvement and Patient Stay:**
 - Ms. Olle clarified that some patients may stay in the hospital due to court involvement, such as those found Incompetent to Stand Trial (IST) and deemed dangerous, requiring competency restoration.
- **Challenges Unique to State Facilities:**

- Ms. Olle explained challenges unique to state facilities, where court involvement and the need for judiciary agreement for conditional release contribute to patients staying despite not meeting criteria.
- **Conditional Release Evaluation Plans (CFAP):**
 - Judge Marina Sabett shared her understanding of Conditional Release Evaluation Plans (CFAP), emphasizing the collaborative effort between clinical teams and judges to ensure safe community integration.

Placement of defendants found incompetent that are developmentally disabled

- George Lipman acknowledged the progress made in reducing the number of individuals with intellectual disabilities in state hospitals, specifically at Spring Grove.
- Lori Mannino highlighted the success of the current system at Spring Grove, with only seven individuals, 80% of whom have been approved for DDA (Developmental Disabilities Administration) funding.
- The hospital has a proactive approach, applying for DDA eligibility immediately upon admission and working closely with DDA to streamline the process.

Wrap-Up

- George Lipman discussed the ongoing work of the commission and sought insights from Judge Sabett on how the group could contribute.
- Judge Sabett emphasized the importance of community engagement and the need for more beds. She raised the possibility of emergency funding to expedite the creation of additional beds.
- Judge Sabett expressed appreciation for the reports and efforts but stressed the urgency of addressing the lack of beds.
- Marina highlighted the challenge of medication refusal and its significant impact on the Corrections system.
- She emphasized the need for a solution to address this pressing issue.
- Lynda Bonieskie from the Department of Public Safety and Correctional Services highlighted the difficulty of dealing with individuals off their medications.
- This situation leads to significant challenges in managing their health conditions within the Corrections system.

The next Criminal Justice/Forensic Committee meeting is February 20, 2024, at 9:30am (virtual).