

## **Criminal Justice/Forensics Committee**

### **Meeting Summary**

**March 19, 2024**

**Attendees:** Alisha Saulsbury, Amelia Tibbett -MDH-, Ann Hoyt, Annie C. Olle -MDH-, Ben Leo -MDH-, Carmela George, Darren McGregor -MDH-, Diya Jhuti -MDH-, George Lipman, Greta Carter -MDH-, Jen Hodge, Joanne Oport, Kim Wireman, Kimberlee Watts -OPD-, Lynda Bonieskie -DPSCS-, Mary Becraft, Mona Figueroa -MDH-, Natasha Herbert, Patti Lewis, Shannon Joyce, Stephen Cohn -MDH-, Tammy Loewe -SMCHD-, Tanya Schwartz -MDH-, Tyaira Johnson

### **Introductions and Opening Remarks**

Key Points:

- Judge Lewis and Judge Sabett reported that over 200 individuals awaiting placement due to being found incompetent and posing a danger, a record high.
- No pending legislation addresses competency issues; existing statutory schemes guide procedures.
- Capacity concerns arise regarding detention centers' ability to handle competency restoration, notably in facilities like the Baltimore City Detention Center under federal court monitoring.
- Interest in a new treatment center for the city jail exists, but doubts linger about the current center's capacity to stabilize severe mental illness cases.
- Last year's agenda featured ten key points, originating from committee members and stakeholders like the public defender's office and judiciary.
- Future focus areas should center on clinically ready individuals awaiting release from state hospitals and those found incompetent to stand trial yet deemed dangerous, exploring alternatives to jail or hospitalization. Staffing shortages among evaluators and limited bed availability in central Maryland heighten the urgency for comprehensive solutions.

### **Clinically Ready for Discharge Awaiting Placement**

Key Points:

- Verify agenda item numbers with Annie from the Department of agenda.
- Seek clarification on individuals restored to competency, especially those facing heavy-duty felony charges.
- Progress has been made in decreasing numbers, but challenges persist, including individuals awaiting community placement or in transition.
- Barriers to discharge include lack of provider connection, pending benefits, and ongoing transition issues.
- Assisted living options could alleviate pressure, but expansion requires construction and adherence to licensure standards.
- Medical care funding challenges exist, as some individuals may need care beyond community placements, while temporary jail care isn't sustainable.

- Collaboration is needed to address the backlog of over 200 individuals awaiting placement, considering population growth and other factors.
- Regulations for community-based programs and stabilization centers are in progress but require further discussion.
- Judge Sabett emphasizes urgency in addressing emergent challenges, citing population increases and immigration as contributing factors.
- Efforts to strengthen community aspects are underway, but the complexity of the issue demands more than a simple solution.
- Questions arise about the effectiveness of Crisis Intervention Teams (CIT) and stabilization centers in meeting the growing demand for mental health services.
- Patti Lewis stresses the need for action due to the lengthy process of building new facilities.
- Kimberlee Watts questions the sufficiency of the facilities master plan in meeting current needs, with ongoing efforts to expand and optimize existing facilities.
- Ann Hoyt advocates for integrating mental health care into the criminal justice system, emphasizing access to state hospitals without criminal charges and long-term inpatient care options.

## **FORENSICS CAPACITY IN MARYLAND**

### **Competency Commitment Numbers:**

Ami Tibbett, Deputy Director, Office of Court Ordered Evaluations and Placements  
Maryland Department of Health (MDH) gave an update (as of 3-19-24) on the competency commitment numbers.

### **Evaluation and Competency Orders**

- Calendar year evaluation orders
  - 2024: 715 orders; 2023: 3,139 orders
- **MDH Commitment Orders**
  - 2024: 170 orders; 2023: 1,126 orders

### **MDH Court-Ordered Hospital Waitlist Status**

- There are 201 individuals waiting for placement at a MDH adult psychiatric facility, including an additional 5 hospital warrants
- Current cycle time is approximately 49 business days

### **MDH Healthcare System - Psychiatric Bed Capacity**

- Adult Psychiatric Capacity: 1,056
- IST waiting for placement at MDH psychiatric facility: 201; 19.0% of system capacity
- Adult Psychiatric Census: 1,039; 98.4% of system capacity
- Clinically ready to discharge awaiting placement: 96; 9% of system capacity

### **8-505 and 8-507-Individuals Served**

- 8-505 Orders Received 2024: 125
- 8-505 Evals Submitted 2024: 97
- 8-507 Placements 2024: 64

**\*A copy of the entire presentation is available upon request\***

### Key Points:

- Amelia Tibbett outlines progress in the substance abuse program, noting a rise in volume compared to the previous year.
- Judge Sabett expresses concern over the shortage of maximum-security beds, mentioning past plans to add 28 beds at Perkins and relocate some to Spring Grove.
- Annie C. Olle explains that Perkins currently has 80 minimum and medium security beds, with plans to renovate the north wing to create more maximum-security beds, resulting in a net loss of 12 beds.
- Despite the reduction in total bed count, the renovation aims to address the pressing need for additional maximum-security beds.

### **Status of Clifton T. Perkins**

### Key Points:

- Annie C. Olle discusses plans to replace the 12 lost beds at Perkins with maximum-security beds, relocating 40 patients to Springfield where 40 additional regional-level beds are being constructed.
- The relocation process will happen gradually due to capacity constraints, resulting in a net gain of at least 40 beds at Springfield once completed.
- Judge Sabett expresses concern about potential bed reductions for individuals not requiring Perkins-level care, prompting clarification from Annie about additional planned beds at Springfield and long-term plans for Spring Grove.
- Judge Lewis underscores the urgent need for more beds, expressing frustration over the current situation's impact on families in crisis.
- George Lipman suggests exploring early diversion into community-based programs to alleviate system pressure.
- Participants highlight challenges related to medication adherence, placement difficulties, and the overall lack of mental health services in Maryland. Discussion also covers the use of local hospitals and emergency declarations to address capacity issues, with emphasis on meeting facility criteria and accreditation standards.

## **ADDITIONAL DISCUSSION**

### Key Points:

- George Lipman acknowledges the need for further discussion on the topic, appreciating the depth of conversation during the meeting.
- Joanne Oport shares her near-death experience with COVID-19, emphasizing the urgency of utilizing existing facilities like Laurel Hospital to address the lack of mental health beds.
- Oport questions why resources weren't allocated for repurposing existing facilities for mental health care.
- Lipman recognizes Oport's contribution and calls for immediate action, suggesting creating a list of actionable items for future discussions.
- He stresses the urgency of the matter, labeling it an emergency and highlighting the need for swift resolution.

**The next Criminal Justice/Forensic Committee meeting is May 21, 2024, at 11:00am (virtual).**