

REPORT OF THE

MONTGOMERY COUNTY MARYLAND
MENTAL HEALTH COURT
PLANNING & IMPLEMENTATION TASK FORCE

JANUARY 21, 2016

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CIRCUIT COURT FOR MONTGOMERY COUNTY, MARYLAND
50 MARYLAND AVENUE, SUITE 312
ROCKVILLE, MARYLAND 20850

JOHN W. DEBELIUS III
ADMINISTRATIVE JUDGE

(240)777-9212

July 8, 2015

Linda McMillan, Senior Legislative Analyst
Montgomery County Council
100 Maryland Avenue
Rockville, MD 20850

Dear Ms. McMillan:

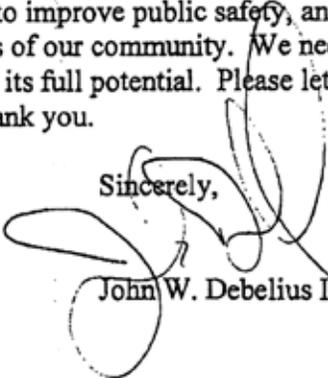
We are moving forward to explore the establishment of a Mental Health Court in Montgomery County, and invite you or a designee to serve on a Mental Health Court Planning and Implementation Task Force. The Task Force will meet bi-weekly on Wednesdays from 4:30-6:00 p.m., beginning September 9, 2015 and will report back to us by the end of 2015, with the aim of having a Mental Health Court up and running in early 2016. The Task Force will update the Criminal Justice Coordinating Commission on its work. We are appointing Phil Andrews, Director of Crime Prevention Initiatives for the State's Attorney's Office and former chair of the County Council's Public Safety Committee, and The Honorable Gary E. Bair, Associate Judge of the Circuit Court, to serve as chair and vice-chair of the Task Force.

We must adopt effective measures to address the challenge of increasing numbers of people committing minor crimes due to mental illness – in some cases, multiple times a year. Many of these individuals would benefit if successfully diverted into a Mental Health Court to facilitate appropriate mental health treatment and access to requisite community supports, rather than being prosecuted and incarcerated. Mental Health Courts have been shown to improve outcomes for justice-involved individuals, reduce emergency hospitalizations and cut recidivism 20-25%.

Three Maryland jurisdictions – Baltimore City, Hartford County and Prince George's County -- and dozens of jurisdictions across the nation are successfully operating Mental Health Courts. Their experiences should inform the work of the Task Force. In addition, Maryland's Office of Problem-Solving Courts will be an invaluable resource.

We need to continue to improve public safety, and to do right by those who are among the most vulnerable members of our community. We need your help and expertise to make a Mental Health Court work to its full potential. Please let us know whether you or a designee will serve on the Task Force. Thank you.

Sincerely,



John W. Debelius III

Mental Health Court Planning and Implementation Task Force

January 19, 2016

Hon. John W. Debelius III
Administrative Judge, Montgomery County Circuit Court
50 Maryland Avenue
Rockville MD 20850

Dear Judge Debelius:

When you established the Montgomery County Mental Health Court Planning and Implementation Task Force in July, you asked that the Task Force focus on how "to make a Mental Health Court work to its full potential." We are pleased to relay the report of the Task Force, which includes detailed recommendations and identifies next steps.

In your letter to prospective Task Force members, you wrote: "We must adopt effective measures to address the challenge of increasing numbers of people committing minor crimes due to mental illness - in some cases, multiple times a year. Many of these individuals would benefit if successfully diverted into a Mental Health Court to facilitate appropriate mental health treatment and access to requisite community supports, rather than being prosecuted and incarcerated. Mental Health Courts have been shown to improve outcomes for justice-involved individuals, reduce emergency hospitalizations and cut recidivism 20-25%."

You wrote that Baltimore City, Harford County and Prince George's County, as well as "dozens of jurisdictions across the nation are successfully operating Mental Health Courts. Their experiences should inform the work of the Task Force." They did; the Task Force benefited from highly informative panel discussions with the presiding judges of Maryland's four Mental Health Courts, and the District of Columbia's. You noted that "Maryland's Office of Problem-Solving Courts will be an invaluable resource." It was; the Task Force learned much from its leaders.

It is the unanimous recommendation of the Task Force that you and the leader of the District Court for Montgomery County establish Mental Health Courts. This will strengthen public safety by reducing crime, improve efficiency of the criminal justice system, and, as you wrote, "do right by those who are among the most vulnerable members of our community" by diverting certain offenders from jail to treatment, helping them to live productive lives.

We thank you for your leadership, and we thank all who assisted the work of the Task Force.

Sincerely,



Phi Andrews, Chair



Judge Gary Bal, Vice Chair

EXECUTIVE SUMMARY

Although an overwhelming majority of people who have a mental illness don't commit crimes, Montgomery County recently has seen large increases in the number of people charged with a crime—primarily low-level offenses—who have a severe or serious mental illness. From 2011 to 2015, the number of people booked into the County's Central Processing Unit who needed immediate mental health care more than doubled, from 1,011 in FY11 to 2,137 in FY15, despite a 32% decline in the average daily population of the jail during the same time, from 914 in FY11 to 621 in FY15. (See Department of Correction and Rehabilitation "Detention Services, Average Daily Population, Immediate Mental Health Referrals," page 4.) About 19% of male and 28% of female inmates in the County jail have a serious and persistent mental illness such as schizophrenia, bi-polar disorder, or clinical depression.

Deinstitutionalization of people with a severe mental illness began in the mid-1950s when Thorazine became available; it accelerated in the mid-1960s due to federal incentives and court decisions. Since then, more than 90% of state psychiatric beds for long-term continuing care in the U.S. have been eliminated, creating today's inadequate capacity. Between 1982 and 2005 alone, the number of such beds in Maryland declined by 72%, from 4,390 to 1,235, according to the Maryland Health Care Commission. By 2014, the number of available beds in Maryland had declined to 965 (there were 497 additional such beds in private special hospitals in Maryland). Many deinstitutionalized people ended up homeless and/or re-institutionalized into jail due to inadequate funding for services.

More than 300 jurisdictions in the U.S. have established Mental Health Courts since Broward County, Florida created the first in 1997. Maryland's four such courts are in Baltimore City Circuit Court and District Court, in Harford County District Court, and in Prince George's County District Court. Studies have consistently found that Mental Health Courts reduce recidivism 20 to 25 percent or more, and improve access of participants to treatment and services.

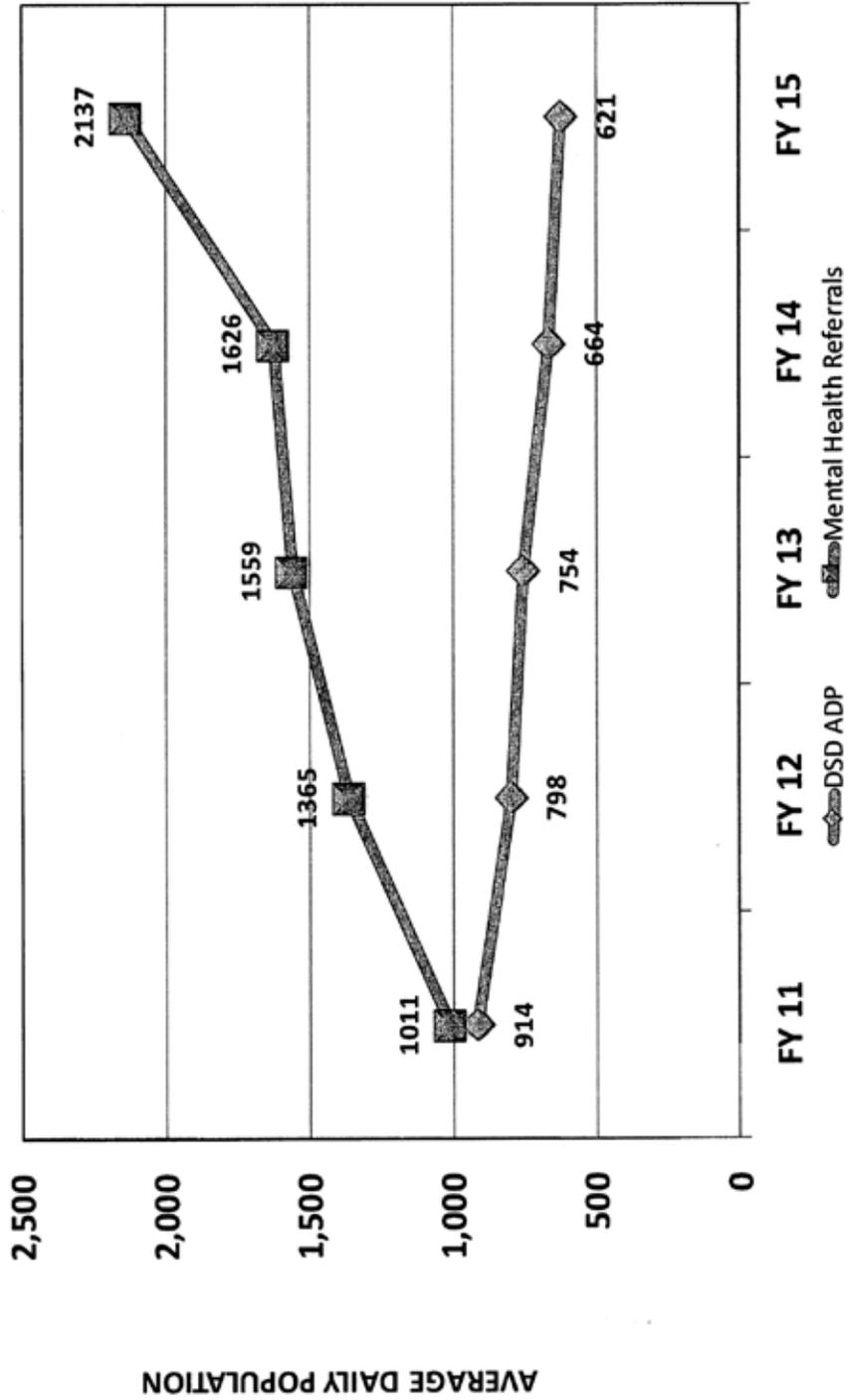
In July 2015, Montgomery County Circuit Court Administrative Judge John W. Debelius III established The Montgomery County Mental Health Court Planning and Implementation Task Force, composed of 26 public and private agency leaders, to advise on how best to proceed. Judge Eugene Wolfe, the Administrative Judge of Maryland's District Court for Montgomery County, served on the Task Force and played a leading role. Montgomery County State's Attorney John McCarthy, who has championed Mental Health Courts, was deeply involved and has been a driving force.

The Task Force unanimously recommends that the Administrative Judges of Montgomery County's Circuit Court and District Court establish a Mental Health Court in their respective courts. Adults diagnosed or assessed to be suffering from or impaired by a mental illness, who are deemed to be competent, and who are charged with or on probation for low-level offenses should be considered for participation in the Mental Health Court program if the criminal conduct is related to the person's mental illness. The report includes detailed recommendations and identifies next steps.

DEPARTMENT OF CORRECTION AND REHABILITATION

DETENTION SERVICES AVERAGE DAILY POPULATION

IMMEDIATE MENTAL HEALTH REFERRALS



* Data Source: DOCR Daily Count & Mental Health Unit

January 12, 2016

ACKNOWLEDGMENTS

The Montgomery County Mental Health Court Planning and Implementation Task Force was assisted by numerous individuals in its work. In particular, the Task Force would like to thank the following individuals for the time, insights and inspiration they provided to the Task Force:

Gray Barton, *Executive Director, Office of Problem-Solving Courts, Maryland*

Hon. Mimi R. Cooper, *Mental Health Court Judge, Harford County District Court*

Hon. John W. Debelius III, *Administrative Judge, Montgomery County Circuit Court*

Hon. Ann O'Regan Keary, *Behavioral Health Court Judge, Ret., D.C. Superior Court*

Hon. Patrice Lewis, *Mental Health Court Judge, Prince George's Co. District Court*

Hon. George Lipman, *Mental Health Court Judge, Baltimore City District Court*

Hon. John McCarthy, *State's Attorney, Montgomery County*

Hon. Gale Rasin, *Mental Health Court Judge, Baltimore City Circuit Court*

The Task Force thanks the following individuals for their assistance in providing detailed information about the Mental Health Court each serves:

Marilyn Bailey, *Mental Health Court Coordinator, Prince George's District Court*

Michelle Chavis, *Mental Health Court Secretary, Baltimore City Circuit Court*

Ann Glodek, *Mental Health Court Coordinator, Baltimore City District Court*

Robin Hollar, *Specialty Courts Coordinator, Harford County*

The Task Force acknowledges its debt to the **Hon. Judge Charlotte M. Cooksey, Ret.**, who championed and served as the founding judge of the first Mental Health Court in Maryland (in the Baltimore City District Court). Judge Cooksey created, prepared, and continues to update the remarkably detailed manual, "Mental Health Procedures", which is used by criminal justice and mental health professionals across Maryland.

INTRODUCTION

Montgomery County's criminal justice system, like the nation's, is increasingly overwhelmed with people who have been arrested for low-level offenses—such as shoplifting, trespassing, vandalism or disorderly conduct—and who have a serious and persistent mental illness. Consider the following startling statistics and trends from 2011 through 2015:

- A 37% increase in the number of calls to the Montgomery County Police Department related to mental illness—from 4,440 in 2011 to 6,061 in 2015.
- A 111% increase in the number of people booked into the County's Central Processing Unit who need immediate mental health care—from 1,011 in FY11 to 2,137 in FY15, while the average daily population in the County jail decreased from 914 to 621 during the same period, a reduction of 32%.
- Eight people identified as having a mental illness were arrested a combined 250 times by Montgomery County law enforcement during this time.

About 19% of male inmates and 28% of female inmates in Montgomery County's jail and detention center suffer from a serious and persistent mental illness, such as schizophrenia, bi-polar disorder, or clinical depression. Many other inmates have a mental illness that impairs their ability to function, and most members of both cohorts have co-occurring substance abuse issues. According to a U.S. Department of Justice study in 2005 (*Mental Health Problems of Prison and Jail Inmates by the Bureau of Justice Statistics, Revised, 12/14/06*), 76% of inmates in local jails who have a mental illness are dependent on or abuse drugs and/or alcohol.

Montgomery County residents, including individuals who have a mental illness and who come into contact with County police officers, are fortunate that most officers (and all who have a taser) have received 40 hours of Crisis Intervention Training (CIT) from experts in the field. In addition, the County's Department of Correction and Rehabilitation does an outstanding job of diverting offenders into pre-trial community supervision whenever it is safe to do so, and in working to ensure the safety of inmates, including those who have a mental illness.

Although the number of mentally ill people in jail has increased sharply in recent years, the trend has been underway for decades and is a result of the massive deinstitutionalization of people with severe mental illness from psychiatric hospitals that began more than 50 years ago. Deinstitutionalization became viable when the U.S. Food and Drug Administration approved chlorpromazine (Thorazine), the first effective antipsychotic medication, in 1954. It accelerated rapidly in the mid-1960s, in part because federal financial incentives encouraged states to move mentally ill patients out of state psychiatric hospitals to community settings.

Deinstitutionalization, however, was implemented without adequate funding for housing and other community services. The result: a re-institutionalization of thousands of mentally ill people from public psychiatric hospitals to jails, often following or interspersed with periods of homelessness. Inadequate mental health services for veterans exacerbated both trends. Jails and prisons in the U.S. now house far more people who have a severe mental illness than do U.S. psychiatric hospitals (a study of 2012 populations by the Treatment Advocacy Center found a ten to one ratio). Rikers Island, New York City's main jail, has about 4,000 inmates diagnosed with mental illness. Los Angeles County Jail and Cook County jail are the largest mental health facilities in California and Illinois.

Inmates in the U.S. have a constitutional right to medical care, including mental health care. However, they cannot be forced to take needed medication, are highly vulnerable to abuse by other inmates, and their condition is likely to deteriorate behind bars. For all of these reasons, and despite conscientious efforts by many wardens and correctional staff to treat and protect mentally ill inmates, jails are inhumane places to house people who have a severe mental illness.

Presently, when defendants with a severe mental illness appear in District or Circuit Court, few if any get the help they need to stabilize and to access services that will help them become productive members of the community. This is a lose-lose situation. The public loses because many of these defendants will commit more crimes and, without treatment and services, some may escalate to much more serious offenses. In addition, keeping people in jail is very expensive. These defendants lose because the lack of appropriate treatment and connection to community services increase the chances that they will recidivate and be unable to live productive lives.

Mental Health Courts are problem-solving courts derived from the Drug-Court Model that divert certain defendants who have committed crimes due to a mental illness into a highly structured program, that include case management and access to treatment and services, and away from prosecution and jail. Mental Health Courts can assist in breaking the cycle of repeated contact with the criminal justice system for a significant number of defendants whose charged offense is related to their mental illness. That has been the experience in Mental Health Courts across the U.S., so there is good reason to think it would be the experience in Montgomery County as well.

The Montgomery County Mental Health Court Planning and Implementation Task Force, consisting of a broad range of public and private sector leaders (see a list of the Task Force members on page 17), was established by Circuit Court Administrative Judge John W. Debelius III to provide recommendations on how best to proceed in establishing a Mental Health Court. Eugene Wolfe, Administrative Judge of Maryland District Court for Montgomery County, played a leading role on the Task Force and will be instrumental in the success of a Mental Health Court in the District Court. State's Attorney John McCarthy has championed Mental Health Courts, was deeply involved in the work of the Task Force, and will continue to have a crucial role. These leaders will decide the next steps. County officials will need to provide funding to enable Mental Health Courts to operate. Encouragingly, several already have expressed a strong interest in doing so.

RECOMMENDATIONS

A Mental Health Court should be established in the Montgomery County Circuit Court and in the Maryland District Court serving Montgomery County by the respective Administrative Judges.

RATIONALE

Strengthens Public Safety

Mental Health Courts will strengthen public safety by significantly reducing recidivism by individuals who commit low-level crimes because of a mental illness. Examples of such crimes include shoplifting and other types of theft, vandalism, trespassing, public urination, and disorderly conduct. Studies of Mental Health Courts in the United States have consistently found reductions in recidivism of Mental Health Court participants of 20 to 25 percent or more (see “Long-term recidivism of mental health court defendants,” published in *International Journal of Law and Psychiatry*, Volume 37, Issue 5, September–October 2014, pages 448–454, and *Mental Health Courts: A Guide to Research-Informed Policy and Practice* by the MacArthur Foundation and the Council of State Governments Justice Center, 2009). According to the MacArthur study (page 29), “Mental health court participants tend to have lower rates of criminal activity and increased linkages to treatment services when compared with defendants with mental illnesses who go through the traditional court system and also when compared with their own past involvement in the criminal justice system.” These studies also have found that when recidivism does occur, it typically is for less serious offenses. By intervening early-on with low-level offenders, Mental Health Courts also will reduce the risk that a person who has committed low-level crimes due to mental illness will escalate to much more serious offenses because of a lack of access to medication and critical services.

Improves Treatment of People with Mental Illness

Mental Health Courts will better address the needs of people who commit lower-level crimes because of a mental illness by moving them away from incarceration and into treatment and community services to help stabilize them and help enable them to lead productive lives. Jails are not appropriate places to routinely house people with a mental illness, which is now the norm in the United States. Mental Health Courts will provide greater assistance to the offender population affected by mental illness than can be provided within the criminal justice system now.

Increases Efficiency of the Criminal Justice System

Mental Health Courts will improve the efficiency of the criminal justice system by addressing the underlying cause—in these cases, mental illness—of many crimes. A 2011 study of 369 participants in the Cook County Mental Health Court Program by Treatment Alternatives for Safe Communities (published in April 2012) found large reductions in arrests (81%) and days in custody (71%) and incarceration costs (70%) of program participants. Given that many offenders who have a severe

mental illness are arrested multiple times and often for the same lower-level offenses, targeted and effective intervention through Mental Health Courts can improve the efficiency of all criminal justice system agencies.

Although a Mental Health Court in District Court will have substantially more participants than a Mental Health Court in Circuit Court because a large majority of lower-level offenses are heard in District Court, there is significant value in having a Mental Health Court in Circuit Court as well as an option for appropriate cases. In addition, the additional cost is small, because the same therapists and case managers can work with participants in both courts.

Improves Return on Investment

Mental Health Courts will provide a good return on investment. It costs taxpayers tens of thousands of dollars a year to keep someone in jail; severely mentally ill inmates require more staff resources than the average inmate to protect their health and safety. Among the opportunity costs of jailing people who, with no or with limited monitoring, can work safely in the community, are foregone revenues from taxes related to employment. Moreover, a criminal record, which Mental Health Court can often help participants avoid, makes it less likely that people will be able to land good-paying jobs enabling them to support themselves with minimal or no government assistance, or to be able to access public housing critical to their transition or return to productivity. In addition, fewer emergency room visits and stays in expensive psychiatric facilities as a result of successful completion of the Mental Health Court program are a return on investment that, although difficult to quantify, cannot be ignored.

Eliminates Need for Separate Veterans Treatment Docket

Mental Health Courts will eliminate the need for a separate Veterans Treatment Docket (VTDs). VTDs are court-supervised, comprehensive treatment programs. Participants have been determined to have mental health conditions (including Post-Traumatic Stress Disorder and Traumatic Brain Injury) and/or substance abuse issues. Participants undergo supervision through regular court appearances and treatment which can include individual counseling, group counseling, and drug testing. They are expected to meet with a veteran mentor, obtain/maintain employment or involvement in vocational or educational programs and participate in self-help meetings as appropriate. The length of programs varies among jurisdictions. According to the Department of Justice (DOJ)/Bureau of Justice Statistics, about half of all veterans in prison (48%) and Jail (55%) had been told by a mental health professional they had a mental health disorder. 60% of veterans in jails and 67% of veterans in prisons who saw combat had been told they had a mental disorder, compared to 44% of non-combat veterans in prison and 49% of non-combat veterans in jails.

Adds Tool to Address Behavioral Health Challenges

Mental Health Courts are a missing, much-needed tool to address the growing presence of people entering the criminal justice system who have a serious and persistent mental health disorder. The County uses the Sequential Intercept Model to behavioral health, which identifies and utilizes multiple contact points where public agencies can intervene and assist individuals presenting with a mental illness and/or substance abuse (see the Office of Legislative Oversight Report on page 41 of Appendix B for more information). New County approaches include pre-booking deflection (the grant-funded County STEER program will begin on March 1, 2016 and will deflect (avoiding arrests) individuals into treatment who present as substance abusers to County police officers), post-booking intervention (e.g., Mental Health Courts), and intensive case management of mentally ill offenders who have been arrested numerous times and are being released from jail (Health and Human Services and the Department of Correction and Rehabilitation have a two-year grant for this program).

ELIGIBILITY

Individuals 18 or older who are diagnosed or assessed to be suffering from or impaired by a mental illness, who are assessed to be competent, and who are charged with or are on probation for low-level criminal offenses may be considered for participation in the Mental Health Court program if the criminal conduct is related to the person's mental illness. Mental illnesses typically found among participants in Mental Health Courts include but are not limited to schizophrenia, clinical depression, bi-polar disorder, Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury. Individuals with developmental disabilities who also have a mental illness may be candidates as well. A person's health insurance or immigration status should not be a consideration regarding eligibility; service options will be different for these individuals, and provision for their treatment will need to be arranged, possibly through establishment of a fund or foundation.

PARTICIPANT SELECTION PROCESS

STEP 1: Referrals for Mental Health Court should be made to the Mental Health Court Coordinator. Referrals should be able to come from multiple sources, including:

- Judges/court personnel
- State's Attorney's Office
- Office of the Public Defender
- Private defense attorneys
- Montgomery County law enforcement agencies/personnel
- Crisis Assessment and Treatment Services (CATS) of HHS
- Department of Correction and Rehabilitation (both Pre-trial and Pre-release)
- MD Division of Parole and Probation
- State hospitals
- Private providers of mental health services, including non-profits
- Family members of criminal defendants

Since one of the primary goals of Mental Health Courts is to reduce jail time of people who have a mental illness and have committed low-level offenses, it is important that referrals be made promptly. Potential participants must not remain in jail longer than if their cases were decided by a traditional court. The Coordinator would notify the Mental Health Court team of the referral, which would need to include representatives of the Court, State's Attorney's Office, Public Defender, and Health and Human Services (mental health professionals), and potentially other criminal justice agency representatives.

STEP 2: The Mental Health Court team would consider the eligibility and suitability of a defendant to participate in Mental Health Court on a case-by-case basis. A defendant's criminal history, as well as the current charged offense, would be considered.

STEP 3: If the Mental Health Court team gives preliminary approval regarding a defendant's eligibility and suitability for Mental Health Court, a public defender or private attorney would discuss the possibility of participating in Mental Health Court with the defendant and obtain written authorization from the defendant for a Mental Health Court evaluation, and signed medical waivers to allow Mental Health Court staff and treatment providers to share confidential health/medical information pertaining to the defendant among themselves for the purpose of designing and providing appropriate treatment and case management for the defendant as a prospective participant in the Mental Health Court program.

STEP 4: If the defendant has authorized a Mental Health Court evaluation, the Mental Health Court Assessment/Case Management Team conducts it. If the Team recommends inclusion in Mental Health Court, the Assessment/Case Management Team would prepare a recommended case management plan, which should specify the level of case management services needed.

Case management responsibility should be determined by the level of need. The Assessment/Case Management team should be responsible for cases in which clinical issues require high-level contact and rapid brokering of services. In cases in which the clinical monitoring needs are lower-level, the case could be assigned to the Department of Correction and Rehabilitation's Pre-trial Services Unit, or to the State's Probation Office in Montgomery County, or to Health and Human Services' Treatment and Case Management Team. This model is used in Baltimore City's Mental Health Court.

It is expected that Mental Health Court would be conducted during normal weekday hours, and that the average length of time that a participant would be in Montgomery's Mental Health Court program would be 12 to 18 months. There are likely to be exceptions on both ends of the time frame. Defense attorneys would be responsible for discussing the expected and/or potential length of the program with their clients.

STEP 5: The case management plan would be presented to the Mental Health Court team for a final decision regarding acceptance of a prospective participant. If the Mental Health Court team accepts the defendant into Mental Health Court, the Court Coordinator would schedule the defendant on the Mental Health Court docket. Victims of crime would have the same rights as present to attend court proceedings, and should have similar opportunities to be heard.

The Mental Health Court Judge and/or the State's Attorney may at any time veto participation by a defendant in Mental Health Court for legal reasons, for concerns about public safety, or because of concerns regarding competency of the prospective participant. Since the program is voluntary, the defendant has the power to not enroll. Health care professionals would make recommendations to the Team regarding whether a prospective participant can be safely and reliably treated and case-managed.

Mental health care and other services for Mental Health Court participants who lack health insurance or who are not eligible for Mental Health coverage in the public health system could be paid for through tax-deductible donations to an organization established for that charitable purpose. Montgomery County's Drug Court has Montgomery's Miracles, funded by the Generous Jurors program. It covers incidental expenses of Drug Court participants. The County's Family Justice Center benefits from the Montgomery County Family Justice Foundation, a vehicle for private donations to support programs that further the mission of the Center, which assists victims and survivors of domestic abuse, and strives to prevent abusive relationships through targeted public education campaigns.

"GRADUATION" FROM MENTAL HEALTH COURT AND DISPOSITION OF CASES

Mental Health Court participants should have to achieve all of the goals of their individualized case treatment plans to successfully complete/graduate from Mental Health Court. This normally takes 12 to 18 months, based on the experience of the four existing Mental Health Courts in Maryland.

Graduation requirements in Mental Health Courts typically include: stability; compliance with supervision; participation in the community; employment and/or other means of meeting daily needs; engagement in therapy; taking medication as prescribed; and staying drug-free. Since success in Mental Health Courts is often not a straight-line progression because serious mental illness typically includes setbacks, most judges use increased monitoring rather than jail as a sanction.

In District Court, which hears most cases involving lower-level crimes, cases involving defendants who agree to participate in Mental Health Court generally should be continued or stetted or remain open rather than requiring defendants to plead guilty to participate. Prince George's County's Mental Health Court, which is in the District Court, does not require participants to plead guilty, and by all accounts it has worked well. Successful completion of Mental Health Court by a defendant should result in the avoidance of a criminal conviction/criminal record for the offense. Cases continued or stetted would be *not prossed* (not prosecuted/dropped) or closed from the stet docket upon successful

completion of the Mental Health Court program by a participant. Such an outcome would be consistent with efforts to de-criminalize mental illness, and is necessary to avoid creating barriers to Mental Health Court participants and graduates securing housing, community services, and employment. It also would provide a strong incentive for defendants to participate in Mental Health Court.

In Circuit Court, which hears most cases involving crimes of a more serious nature, it may be appropriate in many cases, such as in felony cases, to require a guilty plea from a defendant to participate in Mental Health Court. As an incentive to participate, the criminal charges or penalties could be reduced or a probation-before-judgment (PBJ) earned if a participant successfully completes the Mental Health Court program. An offender on probation who has difficulty adhering to requirements of probation because of a mental illness may be an excellent candidate for the Mental Health Court program because of its individualized treatment plan and case management.

NEXT STEPS

APPLY FOR APPROVAL TO ESTABLISH MENTAL HEALTH COURTS

The Administrative Judges of the Circuit and District Court will need to apply to the Maryland Office of Problem-Solving Courts for approval to establish a Mental Health Court (see the application form in Appendix C), which must ultimately be approved by the Court of Appeals. The Maryland Office of Problem-Solving Courts provides grants for specialty courts, including Mental Health Courts. The deadline for grant applications for 2016 is March 31. For successful applications, funding would be available as of July 1, 2016. A grant application to help operate a problem-solving court may be approved prior to the application for the court itself being approved by Maryland judicial officials, but grant funds cannot be spent until the application to establish a problem-solving court is approved.

OBTAIN FUNDING

Additional County funding in FY2017 for clinical therapists/social workers in Health and Human Services, and State or County funding for a Mental Health Court(s) Coordinator will be needed to establish and operate Mental Health Courts in Montgomery County. The essential functions of Mental Health Courts should be funded with tax dollars to help ensure program sustainability. Grants and private donations should be sought for program enhancements.

Anticipated staffing needs to start and to operate Mental Health Courts in the Circuit and District Courts for the first full year are as follows: a coordinator for the two Mental Health Courts (the same person should be able to handle both courts the first year) based in one of the Courts, one supervisory therapist, and two therapists/case managers based in Montgomery County's Department of Health and Human Services (HHS). HHS has indicated that it will absorb the expense of one of the therapist/case manager positions, an in-kind contribution of approximately \$100,000. The estimated total cost of salaries for the three new full-time positions—a court coordinator, a supervisory therapist, and a case manager—needed to establish and operate Mental Health Courts in Year One is approximately \$260,000. Benefit costs would total approximately \$75,000, for a total first-year cost of the three additional positions of approximately \$335,000. In addition, approximately \$50,000 should be budgeted to cover unavoidable increased operating costs related to Mental Health Court that agencies cannot absorb, bringing the estimated funding need in Year One to \$385,000.

In addition to the in-kind contribution of staff from HHS, the level of in-kind contributions of staff time from other agencies to establish and operate a Mental Health Court(s) will be substantial and may well exceed the amount of an appropriation for the Court. For example, unless the State approves an increase in the number of judges for the Montgomery County Circuit Court and/or for the Maryland District Court for Montgomery County, the Administrative Judges of the Circuit and District Courts would assign the Mental Health Court judges from the existing roster of judges

in each Court. That in-kind contribution alone would be a substantial percentage of the estimated first-year appropriation request to operate Mental Health Courts of \$385,000 described above. The in-kind value would depend on whether the workload associated with a Mental Health Court docket requires the full-time assignment of a judge in the Circuit Court and in the District Court.

The State's Attorney's Office will absorb the cost of staffing the Mental Health Court with a senior prosecutor; similarly, the Office of the Public Defender intends to absorb the cost of assigning a senior public defender to the Mental Health Court team. Together, these in-kind donations of staff, including of support staff, are estimated at \$250,000 annually. The Maryland Division of Parole and Probation expects to absorb any additional cost of monitoring Mental Health Court participants on probation, and the Montgomery County Police Crisis Intervention Team stands ready to assist at no additional cost. As the docket for Mental Health Court(s) grows over time, it is possible that it could lead to a sufficient reduction in inmates at the Clarksburg Jail to allow for the closing of a housing unit or to obviate the need to open up a housing unit, which by itself would save hundreds of thousands of dollars in less than a year.

This report will not attempt to quantify the value of in-kind donations by private providers described below, but they are likely to be significant. Mental Health Courts require a modest investment of money and large investment of time up-front to achieve reduced crime, better outcomes for mentally ill defendants, and system efficiencies, including fewer emergency hospitalizations due to untreated mental illness.

The Court Coordinator position should be based in the District Court since most of the cases in Mental Health Court would likely be there, and the State should be asked to fund the position, because the State is responsible for funding District Court. As the caseload of the Mental Health Courts increases beyond a first-year assumption of a docket of about 50 cases, it is likely that another case manager/evaluator in HHS would need to be hired by the start of Year Two of the program.

FORMALIZE AGENCY RELATIONSHIPS

Agencies involved in operating Mental Health Courts (MHCs) will need to develop Memorandums of Understanding regarding roles, responsibilities, and use of confidential health information, and agreements that participants sign. Forms used by Baltimore City and Prince George's County MHCs are in Appendix A, as are descriptive brochures about those MHCs and the Harford County MHC.

SECURE PRIORITY ACCESS TO SERVICES FOR PARTICIPANTS

Priority access to services needs to be secured for participants in Mental Health Court. A prioritization process must be developed for both public programs and programs provided by private providers. This includes beds for short-term stays in a therapeutic setting, transitional and permanent housing for homeless defendants, housing assistance if needed to stabilize the existing home,

applicable income supports, and treatment with appropriate mental health professionals. Behavioral Health leaders in County Government will need to move quickly to secure commitments from providers, a critical factor for the success of a Mental Health Court.

IDENTIFY AND COLLECT DATA NEEDED FOR EVALUATION

Evaluation strategies and decisions about data collection need to be determined before a Mental Health Court program starts. Funders require or expect comprehensive data collection and rigorous evaluation, and the public and their elected representatives will want to know if the program is achieving its purpose(s). Measuring impact requires baseline data to compare to data collected later on. One outcome that should be tracked because of its impact on public safety is the percentage of Mental Health Court participants and graduates who don't recidivate.

The Statewide Maryland Automated Record Tracking (SMART) system is a web based tool that provides a consent-driven client tracking system for state agencies and some private treatment providers. SMART is currently used by all Mental Health Courts, Adult and Juvenile Drug Courts, Veterans Courts, and Family Recovery Courts in Maryland. SMART enables a comprehensive approach for collecting substance abuse treatment, tracking problem-solving courts client services, and analyzing program data, thus monitoring and reporting on the performance and progress of users who use the system. In addition to the required tracking of each client in the SMART system. SMART can print out/share reports on: client demographics at admission; client demographics at discharge; summary of court and other justice events (status hearings, etc.), case management activities, referrals, case management services, drug testing outcomes, treatment encounters, sanctions and incentives, re-arrest and technical violations at discharge.

The Courts and County should consider using a care management system for Mental Health Court participants to assist in connection to community resources, provide tracking and outcomes, and assess relative levels of risk to help ensure that those in greatest need get the focused attention required. An example of such a system is the Pathways and Hub model, an approved evidence based system, which has been recommended by the Behavioral Health Task Force that has been working for the past two years as part of the Healthy Montgomery effort. Pathways includes a focus on social determinants of health—housing, education, employment, and support systems—which have substantial impacts on a person's health status. Details may be found on the web site of the Agency for Healthcare Research and Quality (AHRQ).

TASK FORCE MEMBERS

Phil Andrews (Chair)	Director, Crime Prevention Initiatives, Mont. Co. State's Attorney's Office
Hon. Gary Bair (V. Chair)	Associate Judge, Montgomery County Circuit Court
Karen Bushell	Chief Deputy Clerk, Montgomery County Circuit Court
Cari Guthrie-Cho	President and CEO, Cornerstone Montgomery
Raymond Crowel	Chief, Behavioral Health and Crisis Services, HHS Dept., Montgomery Co.
Betsy Davis	Assistant Chief, Mont. County Police Dept./Chief, Field Services Bureau
Scott Davis	Leader, Crisis Intervention Team, Montgomery County Police Department
Robert Green	Director, Department of Correction and Rehabilitation, Montgomery Co.
Thomas Harr	CEO Emeritus, Family Services Agency
Hon. Sidney Katz	County Councilmember; Lead, Behavioral Health in the Justice System
Daphne Klein	Executive Director, On Our Own of Montgomery County
Kathy Knight	Chief, District Court Division, Montgomery County State's Attorney's Office
Sherri Koch	Senior Asst. State's Attorney, Family Violence Div., State's Attorney's Office
Scot Marken	CEO, Mental Health Association of Montgomery County
Linda McMillan	Senior Legislative Analyst, Montgomery County Council
Athena Morrow	Manager, Adult Forensic Services, HHS Dept., Montgomery County
Robert Pointer	Program Manager, Office of Problem-Solving Courts, Maryland Judiciary
Hon. Darren Popkin	Sheriff, Montgomery County
Stephanie Rosen	Executive Director, National Alliance on Mental Illness, Mont. Co. Chapter
Judy Rupp	Court Administrator, Montgomery County Circuit Court
Brian Shefferman	Public Defender, Montgomery County/District 6
Hon. Karla Smith	Associate Judge, Montgomery County Circuit Court
William Sollod	Manager, Montgomery County Division, MD Dept. of Parole and Probation
Michael Subin	Executive Director, Montgomery Co. Criminal Justice Coordinating Council
Hon. Eugene Wolfe	Administrative Judge for Montgomery County, Maryland District Court
Kevin Young	President, Adventist Healthcare Behavioral Health and Wellness Services

SPECIAL ADVISORS TO THE TASK FORCE

Noelle Gunzburg, LCSW-C, JD Analyst, Balt. City MHC.; Supervisory Therapist, MC Crisis Center

Robert Maman, MD, JD Psychiatrist in private practice

The Task Force thanks **Mallory Corrigan** of the State's Attorney's Office for assistance with research, **Craig Dowd** of the Department of Correction and Rehabilitation for assistance with statistics and graphs, **Scott Elwood** of the State's Attorney's Office for assistance with recording panel discussions with the Mental Health Court judges, and **Tammy Jarnagin** of the Montgomery County Circuit Court for administrative assistance.

The Task Force met in the Montgomery County Circuit Court in Rockville on September 9, October 7 and 21, November 4 and 18, and December 2, 9, and 16, 2015.

TASK FORCE PARTICIPANTS

Mary Atwater	Psychologist in private practice
John Bean	Captain, Office of the Sheriff, Montgomery County
Rachel Larkin	Dir., HOPES Program, Mental Health Association of Montgomery County
John Lavigne	Supervising Attorney, Office of the Public Defender, Mont. Co./District 6
Lisa Mandel-Trupp	Chief of Staff, Montgomery County Councilmember Sidney Katz
David Martella	Private defense attorney
Hon. John McCarthy	State’s Attorney for Montgomery County
Mark Sheelor	Admin. Lt., Field Services Bureau, Montgomery Co. Police Department
Anthony Sturgess	Health Service Admin., Mont. Co. Dept. of Correction and Rehabilitation
Angela Talley	Chief, Pre-Trial, Pre-Release & Re-entry, Montgomery County DOCR

The Task Force thanks County Council Health and Human Services Chair and (then) County Council President **George Leventhal**, County Council Public Safety Committee Chair **Marc Elrich**, and the County Council’s Lead Member for Behavioral Health in the Justice System, **Sidney Katz**, for attending and participating in the Task Force meeting on October 21, 2015—a meeting devoted to a two-hour panel discussion with presiding Mental Health Court Judges Patrice Lewis of Prince George’s County District Court, George Lipman of Baltimore City District Court, and Gale Rasin of Baltimore City Circuit Court.

TASK FORCE SUBCOMMITTEES

Eligibility	Resources	Implementation	Evaluation
Gary Bair	Karen Bushell	John Bean	Mary Atwater
Scott Davis	Cari Guthrie-Cho	Raymond Crowel	Thomas Harr
Kathy Knight	Noelle Gunzburg	Robert Green	Robert Pointer
Sherri Koch	Sidney Katz	Linda McMillan	
John Lavigne	Daphne Klein		
Robert Maman	Rachel Larkin		
David Martella	Lisa Mandel-Trupp		
John McCarthy	Scot Marken		
Athena Morrow	Stephanie Rosen		
Darren Popkin	Judy Rupp		
Mark Sheelor	William Sollod		
Brian Shefferman	Kevin Young		
Karla Smith			
Michael Subin			
Anthony Sturgess			
Angela Talley			
Eugene Wolfe			

The Task Force thanks **Mary Atwater, Robert Green, Linda McMillan, Robert Pointer, Judy Rupp, and Brian Shefferman** for coordinating and/or presenting the work of the Task Force Subcommittees.

FREQUENTLY ASKED QUESTIONS ABOUT MENTAL HEALTH COURTS

What is a Mental Health Court (MHC) and what is its purpose?

A Mental Health Court is a problem-solving court with a dedicated docket used to divert certain defendants who have committed crimes because of a mental illness away from prosecution and jail and into a structured, individualized program, including treatment and community services, to help enable them to avoid recidivating and become productive members of the community.

Who is eligible for a Mental Health Court?

Defendants who have committed a crime due to a mental illness, are competent, agree to participate, and are accepted by the MHC Team. Eligibility criteria with regard to offense varies among MHCs.

How many Mental Health Courts are there in the U.S. and in Maryland?

There are more than 300 MHCs in the U.S. The first full-fledged MHC was established in Broward County, Florida in 1997. Four MHCs have been operating in Maryland for years: in Baltimore City District Court since 2003; in Harford County District Court since 2004; in Prince George's County District Court since 2007; and in Baltimore City Circuit Court since 2011.

What is required to establish and operate a Mental Health Court?

A "champion" judge and state's attorney, a supportive public defender, strong relationships with providers of mental health services, establishment of MOUs regarding agency roles and use of confidential health information of MHC participants, funding for a court coordinator and for mental health professionals to work with participants and, in Maryland, approval by the Court of Appeals.

How long are participants in a Mental Health Court program?

Typically 12 to 18 months. Participants must meet the goals of their individualized treatment plan.

Why would defendants who have committed low-level crimes participate in Mental Health Court?

To get access to appropriate treatment/services, and avoid jail or a criminal conviction.

How many people do Mental Health Courts serve?

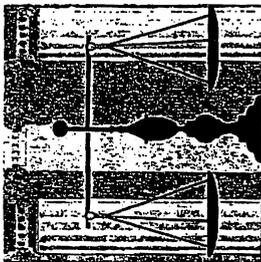
The number varies significantly depending on the size of the jurisdiction and eligibility criteria. Prince George's County Mental Health Court had an average daily client count of 152 in FY15.

What have studies of Mental Health Courts found?

They reduce recidivism by 20–25% or more; improve access of participants to treatment/services.

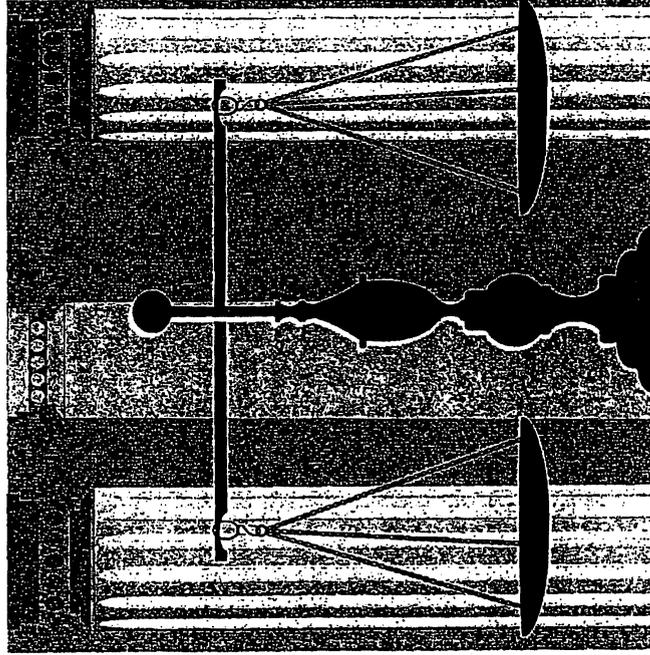
How do Mental Health Courts differ from Drug Courts and Veterans Courts?

All are problem-solving courts. MHCs have more individualized plans for case management than Drug Courts typically have. Almost all people served by a Veterans Court can be served by a MHC.



BALTIMORE CITY MENTAL HEALTH COURT
Baltimore City District Court
John R. Hargrove Sr. Courthouse
700 East Patapsco Avenue
Baltimore, MD 21225
410-878-8300

BALTIMORE CITY MENTAL HEALTH COURT



An alternative approach to offenders with mental illness

The Baltimore City Mental Health Court is a collaborative effort of:

- District Court for Baltimore City
- Circuit Court for Baltimore City, Medical Services Division
- Office of the Public Defender
- Office of the State's Attorney
- Division of Parole and Probation
- Division of Pretrial Detention and Services
- Forensic Alternative Services Team
- Community Forensic Aftercare Program
- Baltimore City Police Department
- Alcohol and Drug Abuse Administration
- Baltimore Mental Health Systems, Inc.
- Baltimore Substance Abuse Systems
- Developmental Disabilities Administration
- Mental Hygiene Administration
- Office of Problem Solving Courts

Referrals

For further information or to make a referral, contact the FAST program at 410-878-8328.

Maryland Judiciary Office of Communications and Public Affairs

L01-006 (Rev. 7/2011)

www.courts.state.md.us/opsc/mhc/index.html

The problem

The large number of offenders with serious and chronic mental illnesses entering the criminal justice system each year creates a growing social problem affecting both the criminal justice system and the public mental health system. These offenders often spend unnecessary time in jail, and, without access to mental health services upon release, tend to be rearrested and cycle through the system over and over again. While incarcerated, mentally ill offenders are at risk of worsening psychiatric symptoms resulting in increased vulnerability and/or increased agitation impacting the stability and safety of the general jail population. The needs of the community are not addressed, the costs to the taxpayer escalate, and the defendant continues to have the same problems and associated risks as before.

The Mental Health Court partner agencies recognize the need to positively impact this alarming trend. We are determined to focus resources, training and expertise on the unique needs of these individuals. Most important, every effort is made to encourage the involvement of the individual in all aspects of the process.

Participants are offered a treatment-based sentencing alternative, which utilizes judicial oversight as a component of the program. A comprehensive approach is taken in order to provide an array of services designed to address the many needs of this population.

Our purpose

The court works to direct eligible offenders with serious mental illness away from incarceration and into appropriate community treatment. The Mental Health Court has four broad purposes:

- To preserve public safety
- To reduce inappropriate incarceration of mentally ill offenders and promote their safety and well being
- To reduce repeated criminal activity by offenders with mental illness (legal recidivism)
- To reduce length and frequency of hospitalization of mentally ill offenders (clinical recidivism)

Who is eligible?

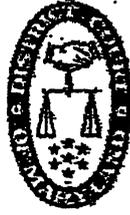
- Must be Baltimore City resident
- Diagnosed with a serious mental illness and/or trauma-related disorder
- Eligible for public mental health services
- Agrees to comply with program requirements
- Charged with a misdemeanor or a felony within the jurisdiction of the District Court
- Has never been convicted of a crime of violence
- Is not charged with a domestic violence crime

Participation is voluntary and is subject to review by the Forensic Alternative Services Team (FAST). Once accepted into the court, the defendant is assisted in developing an appropriate community-based treatment plan that addresses his/her specific behavioral and mental health needs. The treatment plan is presented to the court for approval. If approved, the treatment recommendations are court-ordered as conditions of pretrial release or probation.

Outcomes

The defendant, the clinical court coordinator and the supervising agent attend review hearings to report on progress, along with various members of the treatment team. If noncompliance occurs, the court may adjust the plan to motivate adherence, employ non-jail-based sanctions or order incarceration. Participants who are successful in complying with their treatment plan may be eligible for a nol pros, stet, probation before judgment, probation in lieu of incarceration, or early termination of probation.

BALTIMORE CITY MENTAL HEALTH COURT
 Baltimore City District Court
 John R. Hargrove Sr. Courthouse
 700 East Patapsco Avenue
 Baltimore, MD 21225 410-878-8300



**IN THE DISTRICT COURT OF MARYLAND
FOR BALTIMORE CITY**

STATE OF MARYLAND

CASE NO.:

VS.

SID #:

MENTAL HEALTH COURT AGREEMENT

What is the Baltimore City Mental Health Court?

The Baltimore City Mental Health Court is a special part of the Baltimore City District Court. It is a court-supervised program for Baltimore City District Court defendants who have serious mental health issues, who need treatment and other services, and who choose to participate in the Court program instead of having their case proceed in the regular court process.

What do I have to do?

A treatment plan will be prepared for you based on an assessment of your needs for mental health treatment, substance abuse treatment, developmental disability services, case management, housing and other needs. Read the treatment plan with your lawyer and with anyone else you wish to consult. In order to participate in the Court, you need to comply with the treatment plan and with all terms and conditions of your probation or pre-trial release.

While you are participating in MHC, the judge, the Mental Health Court Team, a probation or pretrial agent, or a clinician from the FAST program will monitor your participation and progress in treatment.

How long will I be involved in the Mental Health Court?

The length of time is dependent on your charges, plea agreement, compliance with the treatment plan and your progress in treatment.

This agreement between _____, the State's Attorney, and the Court is intended to secure the participation of the Defendant in the Mental Health Court (MHC) program.

In consideration for the opportunity to participate in the MHC program, I agree to the following conditions.

- 1) I agree to:
 - i) Waive the right to a jury trial
 - ii) Waive the right to a speedy trial
 - iii) Comply with the terms and conditions of the treatment plan and/or the conditions of the Order of Probation or the Order of Pretrial Release, if I am placed on probation or pretrial release supervision.
- 2) I understand I must be found to have committed the offense charged; to be in violation of probation; or I must agree to the facts that would establish my guilt. If the State has agreed to enter a nol pros upon my successful completion of the program or the judge has agreed to offer probation before judgment, the guilty verdict/plea will be stricken at that time.
- 3) I agree to sign all authorizations for release of information as requested, and as is necessary to coordinate treatment and any other needed services and monitor compliance. If I withdraw from the program, my consent to release information is also withdrawn.
- 4) I understand that a meeting is held with the judge, the State's Attorney, my court monitor and other MHC staff before the afternoon docket of the Mental Health Court. At the meeting, my progress with the services and compliance with the court order may be discussed. I understand that my attorney will be present to represent my interests.
- 5) I agree that if I am required to live in a particular type of housing or in a particular housing facility, I must do so, and I must follow all my housing provider's rules.
- 6) I agree to take all medications as prescribed and to submit to periodic blood tests, if necessary, to determine the presence and levels of the medication. If I have complaints about my medication I must tell my psychiatrist. If I continue to have complaints about my medications, and feel that my psychiatrist is not responding to my concerns, I will contact my court monitor and/or my attorney.
- 7) I agree to participate in all evaluations requested by my treatment providers to assess my treatment needs.
- 8) I understand if I do not comply with MHC requirements and the conditions of probation or pretrial release, or if my treatment needs change, my treatment plan may be adjusted including:
 - i) Increase drug/alcohol testing
 - ii) Refer to another treatment or service provider
 - iii) Increase reporting for supervision
- 9) I agree that if I fail to comply with the conditions of probation or pretrial, release, the Court may impose, but is not limited to the following sanctions: increased drug/alcohol testing; curfew; community service; house arrest; increased progress hearings; extension of probation or supervision length;

- 10) I understand that I am entitled to notice and opportunity for hearing prior to imposition of sanctions by the Court.
- 11) I understand that the MHC program, is voluntary, and I may opt out or withdraw at any time, unless I entered into a plea agreement incorporating my consent to enter and complete the MHC program. If I withdraw from the program, I understand that my case will be handled in the traditional criminal process.
- 12) I agree that the length of any suspended sentence and the length of probation or supervision will reflect my success in treatment; compliance with program conditions; recommended continuing care; criminal record; and threat to public safety.

I have read this entire Agreement and discussed it with my lawyer. I understand what is expected of me, what will happen if I do not follow the rules and what I must do to stay in Mental Health Court. I freely and voluntarily agree to follow the provisions in this Agreement. I request to be accepted in the Baltimore City Mental Health Court and I promise to follow all the rules, terms and conditions of the program.

_____	_____
Defendant	Date
_____	_____
Defense Counsel	Date
_____	_____
Assistant State's Attorney	Date
_____	_____
Judge	Date

Mental Health Diversion Program



Harford County District Court
2 South Bond Street
Bel Air, Maryland
21014

What is the Mental Health Diversion Program?

The Mental Health Diversion Program is designed to address mental illness and substance abuse among individuals who enter the criminal justice system. It is a judicially monitored program that assumes responsibility for managing cases through intensive supervision, mental health treatment, and rehabilitation.

Program Goals:

1. To reduce the number of times offenders with mental illnesses come into contact with the criminal justice system in the future
2. To reduce the inappropriate institutionalization of people with mental illness
3. To develop greater linkages between the criminal justice system and the mental health system
4. To expedite case processing
5. To promote public safety
6. To establish linkages with other county agencies and programs that target offenders with mental illness in order to maximize the delivery of services

What is the time commitment?

MHDP requires the defendant to participate in the program for one year.

Excluded offenses include:

- Violent Assaults, any crime involving weapons, or serious injury to victim.
- Sex offenses
- DWI's
- CDS Distribution or PWID

If the individual judge is not the MHDP judge, there is no guarantee that the individual Judge will consider MHDP as an option. Participation in MHDP must be worked out on a case-by-case basis with the judges involved.

The SAO also reviews the individual's criminal record and makes the decision about whether to accept the candidate on a case-by-case basis. If the SAO rejects the case, then the candidate will not enter the MHDP. The case then proceeds in normal course and any psychiatric treatment may be fashioned into the probation order if the individual is found guilty.

If the SAO agrees to divert the defendant into the MHDP, the information is forwarded to the Office of the Public Defender or defense attorney of record. The defense attorney meets with the client, explains MHDP, reviews all rights with the defendant would waive, and asks the defendant whether he / she wants to be a participant. If the defendant agrees to participate, the judge reviews the case signs an order for a mental health evaluation if deemed appropriate. A psychologist will evaluate the candidate in HCDC or in the community. If the psychologist diagnoses the candidate with a qualifying mental health diagnosis, the client is accepted into MHDP.

How does the MHDP operate?

An assigned forensic case manager links participants to treatment in the community. The case manager tracks participant progress and submits weekly reports to the MHDP team. Core members of the MHDP team (Judge Cooper, Assistant State's Attorney, Public Defender, Parole and Probation Agent, Forensic Case Manager, and Office of Problem Solving Courts Coordinator) meet on the 1st and 3rd Wednesday of the month to review all cases and problem solve.

MHDP Court is held on the 2nd and 4th Wednesday of every month in the District Court house. The Core MHDP team meets at 8:30 am to discuss the cases. MHDP court begins at approximately 9:00 am. During court the Forensic Case Manager and Probation Officer report the participant's status to the court. The Public Defender, Assistant State's Attorney, and the participant also have the opportunity to comment as needed.

Early in the participant's enrollment in MHDP, he/she is generally required to come to court every 2 weeks. Once he/she is successfully engaged in treatment and demonstrating stability, the frequency of court appearances decreases.

The MHDP team also has strategic planning meetings on the 1st Wednesday of every month. Members from the following agencies join the core MHDP team for these meetings: Department of Health and Mental Hygiene, Health Department, Harford County Detention Center, and Core Service Agency.

What Services does MHDP Provide?

- Housing Assistance
- Intensive Case Management
- Psychiatric Rehabilitation
- Substance Abuse treatment
- Vocational Rehabilitation Services
- Education Assistance

With successful participation in the Mental Health Diversion Program, participants can either:

- Have their case place on the stet docket
- Be granted probation before judgment
- Be granted a suspended sentence
- Be granted a split sentence

Target Population:

The Mental Health Diversion Program candidates include Harford County Residents:

- Whose crimes or charges appear to be related to mental illness,
- Whose medical histories include a diagnosis of a major mental illness and meet the medical necessity criteria for Intensive Case Management or Psychiatric Rehabilitation Services,
- and who are competent to stand trial.

Participation in the Mental Health Diversion Program is voluntary.

Referral Process:

Candidates for the mental health diversion program are identified principally at the post-arrest stage while awaiting their first court appearance. All referrals should be directed to the State's Attorney's office. Simply call or email Jenn Bober, ASA. Please include the defendant's name and the case number of an open case.

Phone: 410-638-3231

Email: jmbober@harfordcountymd.gov

Referrals may come from:

- Court Commissioners
- Pre-trial services
- Detention Center Screeners
- Detention Center Medical Staff
- State's Attorney's Office
- Public Defender's Office
- Judges
- Probation Officers
- Law Enforcement
- Defendants
- Family Members
- Community Mental Health Providers

The State's Attorney's Office reviews the statement of charges to see if the crime seems to be driven by mental illness. Good examples of such charges are:

- Trespassing
- Disorderly Conduct
- Destruction of Property

Sanctions and Incentives

The MHDP team seeks to establish a rehabilitative and recovery relationship with the participant by supervising and reinforcing a treatment plan. The MHDP team reviews progress and compliance by discussing reports from treatment providers and case managers. During those case reviews, the team makes plans to reward participant successes and, when necessary, impose sanctions when the participant deviates from the treatment plan.

Examples of Incentives:

- Participant of the Month Award
- Decreased court appearances
- Financial and case management support geared towards pursuing goals such as education, employment, and independent housing.

Examples of Sanctions:

- Writing Assignments
- Community Work Service
- Increased number of contacts with MHDP team members or treatment providers
- Increased court appearances or drug screenings
- Incarceration
- MHDP contract terminated.

MHDP is a collaborative effort of:

Alliance, Inc.
Department of Health and Mental Hygiene-
Core Service Office of Mental Health
Division of Parole and Probation
District Court of Maryland in Harford County
Harford County Health Department
Harford County Detention Center
Harford County Sheriff's Office
Harford County Dept. of Community Services-
Office of Drug Control Policy
Office of Problem Solving Courts
Office of the Public Defenders
Office of the State's Attorney

Revised 9/26/14

PROGRAM DESCRIPTION:

The Prince George's County Mental Health Court (MHC) is a community-based judicial program established for defendants with mental illness that integrates treatment into the resolution of criminal cases. The program uses a specialized court docket to institute a problem-solving approach rather than the traditional, adversarial court processes.

In order to graduate, each client must successfully complete all court obligations and treatment goals. Depending on a client's progress, he/she will attend MHC hearings, on average, every 2-8 weeks. MHC relies on individualized case plans, ongoing judicial monitoring, and close coordination with team members and community service providers to support our client population in this endeavor.

The Judge plays an integral role in the problem-solving model, and may use a variety of sanctions and incentives to encourage program compliance. Lastly, MHC Case Managers work with clients and treatment providers to establish post-graduation supports through which long-term success for both the participant and the larger community may be achieved.

The Prince George's County Mental Health Court is a collaborative effort of:

- The Prince George's County District Court
- Office of Problem-Solving Courts Administrative Office of the Courts
- The Office of the State's Attorney
- The Office of the Public Defender
- The Department of Community Supervision Support

Prince George's County Department of Family Services Mental Health and Disabilities Administration
Prince George's County Department of Corrections

Prince George's County Police Department

Prince George's County Commissioners Office

Office of the Sherriff for Prince George's County

Prince George's County
Mental Health Court
14735 Main Street, Room 345B
Upper Marlboro, MD 20773

Marilyn Bailey
Mental Health Court Coordinator
Marilyn.Bailey@mdcourts.gov
(301) 298-4101

PRINCE GEORGE'S COUNTY DISTRICT COURT

MENTAL HEALTH COURT

A THERAPEUTIC APPROACH TO CRIMINAL JUSTICE



Honorable Tiffany H. Anderson
Administrative Judge

Honorable Patrice E. Lewis
Coordinating Judge

MISSION STATEMENT

The Mental Health Court of Maryland Prince George's County strives to humanely and effectively address the needs of individuals with mental disorders who enter the Prince George's County criminal justice system. The court project is committed to providing access to resources, training, and expertise to address the unique needs of these individuals. All participating agencies offering services have agreed to collaborate for the purpose of improving outcomes for this special population while increasing public safety.

GOALS

- Identify defendants with mental illness
- Improve access to public mental health treatment service
- Improve the quality of life for people with mental illness charged with certain crimes
- Reduce criminal recidivism
- Improve collaboration between the criminal justice and behavioral health systems
- Make more efficient use of limited criminal justice and behavioral health resources
- Expedite case processing
- Improve public safety

OUR PURPOSE

This Court works to direct eligible offenders with mental illness away from incarceration and into appropriate community treatment. Our purpose is to:

- Reduce inappropriate incarceration of individuals with mental illness
- Promote their safety and well-being of individuals with mental illness
- Slow the "revolving door" of criminal recidivism for individuals with mental illness
- Decrease the length and frequency of psychiatric hospitalization for individuals with mental illness

WHO IS ELIGIBLE?

In order to be accepted into the Mental Health Court Program, a defendant must be:

- At least 18 years of age
- Charged with a crime in the jurisdiction of the District Court
- Diagnosed with a mild to severe mental illness, developmental disability, or trauma-related disorder
- Willing and able to participate in treatment services
- A voluntary participant

REFERRALS

Referrals to the MHC come from a variety of sources, including Judges, state or defense counsel, Commissioners, family members, or medical staff at the County Correctional Facility.

LINKS TO TREATMENT

MHC Case Managers may refer participants to both clinical and non-clinical support services. Clinical referrals include individual therapy, medication management, substance abuse treatment, or group/family counseling. Participants may also be connected to a variety of non-clinical community services depending on need such as job training / education programs, case management or housing

THE MENTAL HEALTH COURT TEAM

The MHC program offers a unique team approach to criminal justice. The court and participating agencies are committed to collaborating for the purpose of improving outcomes while increasing public safety. Members of the MHC team include a Judge, state's attorney, public defender, parole/probation and other monitoring personnel, MHC case managers, county core service agencies, and community treatment providers.

DISTRICT COURT OF MARYLAND, PRINCE GEORGE'S COUNTY
 MENTAL HEALTH COURT
 14735 Main Street
 Upper Marlboro, Maryland 20772
 Telephone Number: (301) 952-5822/4242

Defendant Status Check Form

Case #(s): _____

Defendant Name: _____ **Date:** [Click here to enter a date.](#)

Diagnosis: _____ **Case Manager:** Choose One

TREATMENT PROGRAM(S): _____	
<input type="checkbox"/> None Reason: _____	
RELEASE: <input type="checkbox"/> Pre Trial <input type="checkbox"/> Personal Recognizance <input type="checkbox"/> Probation/Parole	
Is this defendant actively engaged in a treatment program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the defendant prescribed MH medication?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the defendant compliant with medication regimen?	<input type="checkbox"/> YES <input type="checkbox"/> NO
What type of medication is the defendant taking? _____	
DRUG TESTING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Did the defendant test positive during reporting period? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If so, what for? _____ Levels: _____	
NA/AA REQUIREMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are 12-step meetings included in the defendant's Case Plan?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If so, how many times per week? _____	Is the defendant compliant? <input type="checkbox"/> YES <input type="checkbox"/> NO
TELEPHONE CHECK-INS	
Is this defendant adhering to weekly check-ins?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Check-in numbers this reporting period: _____ check-ins in _____ weeks	

Proposed New Date: [Click here to enter a date.](#)

Comment: _____



Problem Solving
Courts

DISTRICT COURT OF MARYLAND
District Five

14735 Main Street
Upper Marlboro 20772

To (Provider): <u>Salvation Army Adult Rehabilitation Treatment Center</u> Contact Person: _____ Counselor _____ Phone #: <u>301-277-7878</u> Fax #: <u>301-277-8708</u> Email: _____	From: <u>District Mental Health Court, PG County</u> Case Manager: _____ Phone #: <u>301-298-4105</u> Fax #: <u>301-298-4109</u> Email: _____
---	--

Status/Progress Report Form

Client Name: Last: _____ First: _____ MI: _____
 Case #(s): _____
 Intake Date: _____ Next Court Date: 3-19-15

Client Information

Diagnosis: Clinical Disorder DOB: _____ Age: _____
 Address: _____ Phone #(s): _____

Status Report

Reporting Period: From: 1-29-15 To: 3-19-15

Please answer the following questions for the above reporting period. This information will be used to monitor the client's cooperation and compliance with conditional release.

Treatment Compliance

- How frequently was the client scheduled during the reporting period?
 Daily 2x/week Weekly Monthly Quarterly Other _____
- Number of appointments kept during the reporting period? _____
- Dates of missed appointments: _____ : _____ : _____ : _____ : _____ : _____
 If missed appointments, were they excused? Yes No If yes, explain: _____

Were they rescheduled? Yes No Explain: _____

- Does client take medication as prescribed? Yes No
 If no, explain: _____

- Any known and/or reported alcohol or other substance abuse? Yes No
 If yes, explain: _____

Current Mental Health Status

- Has the client exhibited signs of recurrence of mental disorder? Yes No
 If yes, describe major symptoms: _____
- To your knowledge, was the client hospitalized during the reporting period? Yes No
 If yes, where and when? _____

Service Plan: _____

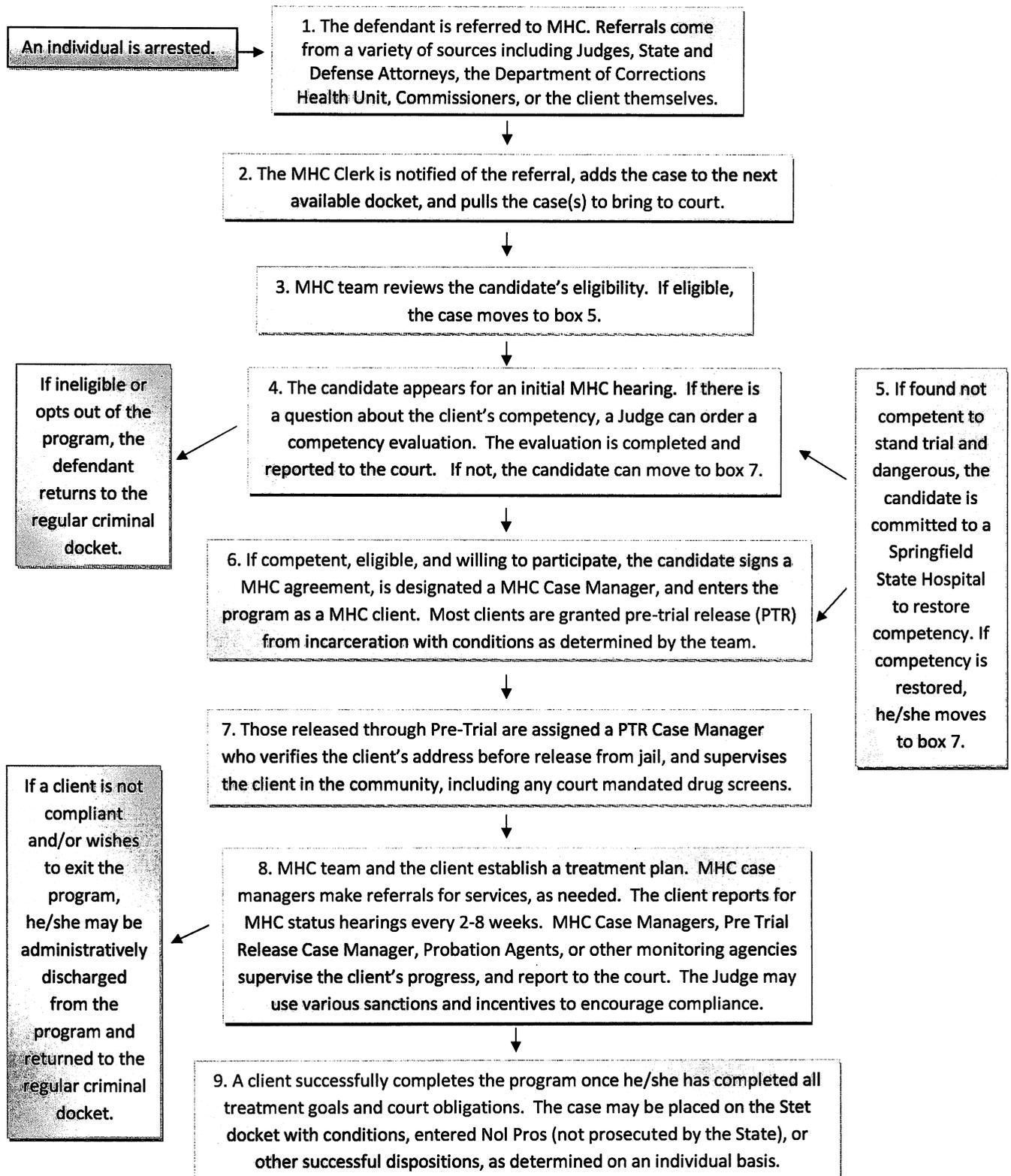
Treatment/Activities

- Client's daily activities:
 Employed Psychosocial Day Program Other _____ # Hours per week: _____
- Name, address, phone number and email address of primary treatment provider(s):

Next Appointment: _____

Date Report Completed: _____
 Completed By: Name: _____ Phone #: _____ Email: _____

Prince George's County District Mental Health Court (MHC) Case Flow Chart





*Problem Solving
Courts*

**DISTRICT COURT OF MARYLAND
District Five**

14735 Main Street
Upper Marlboro 20772

MENTAL HEALTH COURT AGREEMENT

NAME: _____

CASE #(S): _____

Defendant petitions for acceptance into Mental Health Court and agrees:

1. I agree that during my participation in Mental Health Court, the presiding Judge may impose sanctions and/or order termination from Mental Health Court for non-compliance.
2. The Court may impose sanctions or terminate Mental Health Court participation. If the Court orders my termination from Mental Health Court, I understand I could be remanded into custody pending sentencing or a show cause hearing to revoke probation.
3. I agree to successfully complete the diagnostic evaluation as ordered by the Court and to successfully complete the treatment program to the satisfaction of the treatment provider, probation officer and Court.
4. I agree to sign an authorization for the release of any medical, treatment or social service records requested to facilitate the Mental Health Court process. I realize that this condition is necessary to coordinate treatment and any other needed services and to monitor compliance.
5. I agree to abide by the conditions of pre-trial release ordered by the Court.
6. I agree that any violation of mental health pre-trial release terms including but not limited to drug use, new criminal activity, noncompliance with treatment, failure to appear in court, or any failure to abide by the terms of this agreement may result in sanctions including but not limited to incarceration, modification of the treatment program or termination from Mental Health Court. I agree to report any new contact with law enforcement to the Court.
7. I understand that a failure to appear for a court date may result in an immediate bench warrant.
8. I agree that the Court may extend probation to allow me to successfully complete my requirements.
9. I agree to keep the treatment provider, probation officer, case manager, and the Court advised of my residential and mailing addresses including telephone number(s) at all times during my participation in Mental Health Court. I will report changes within twenty-four (24) hours.
10. I understand that I will be required to provide frequent and random urine or other samples as a condition of my participation in the Mental Health Court program.
11. I agree that I cannot consume any alcoholic beverages, use, possess or otherwise ingest any illegal controlled substances, nor may I associate with those who do, while I am a participant in the Mental Health Court program.

I have read and understand this petition and hereby knowingly and voluntarily give up the rights listed on this petition, petition the Court for acceptance into Mental Health Court, and enter into this agreement. Being duly sworn to tell the truth, I, the undersigned, do hereby swear that I am eligible to participate in the Prince George's County Mental Health Court Program and I meet the eligibility requirements listed in this agreement

Participant's Signature

Date



CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____
City/County

Located at _____ Case No. _____
Court Address

STATE OF MARYLAND

vs. _____
Defendant DOB

Address

City, State, Zip Telephone

CONSENT TO DISCLOSE PROTECTED HEALTH INFORMATION

I, _____, DOB _____, authorize
Print Name

- Court Pretrial agent My defense attorneys
- Court clinical staff Probation agent Other _____

to obtain my protected health information ("PHI")/confidential clinic/hospitalization/clinician/service provider records regarding previous treatment received and/or treatment I am currently receiving from:

Name and Address of Agency of Provider

Specific records requested:

- Social history (personal, family, and legal history).
- Treatment plans.
- Progress notes (current and past treatment progress, lack of progress, or change in condition).
- Psychiatric assessment (report by psychiatrist including psychiatric history, current functioning, medical history, mental status examination, and diagnostic formulation).
- Psychological assessment (report by psychologist including psychological history, current functioning, medical history, mental status examination, and diagnostic formulation).
- Discharge summary (recap of hospital/clinical course and recommendations for follow up).
- Aftercare plan (information on problems requiring hospitalization, medications, diagnoses, and treatment recommendations for continuing care).
- Medical assessment (physical exam, medical history, and treatment recommendations).
- Immunizations.
- Diagnostic results (most recent labs, which could include HIV test results, blood alcohol levels, and illicit substance abuse levels).
- School records (including GED programs).
- Court records (Evaluations for Competency and/or Criminal Responsibility, Pre-sentence Investigations, Psychiatric Evaluations, Charging documents, Regional Hospital aftercare plans, Developmental Disabilities Administration Forensic Center aftercare plans).
- Other: _____

CC-DC-CR-110 (Rev. 09/2014)

I consent to the release of the records requested, records developed by the health care/treatment provider, and records the provider received from another health care provider, unless otherwise prohibited by the other provider.

The purpose of obtaining the requested records and any re-disclosure deemed necessary is to develop and implement an appropriate mental health, substance abuse, and social service treatment plan, as well as to monitor the plan and make adjustments when needed.

I understand that any records relating to treatment of an alcohol or substance abuse problem are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and my medical records, including mental health records, are protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as well as Maryland's Confidentiality of Medical Records Act (Md. Code Ann., Health-Gen. §§ 4-301 through 4-309), and cannot be disclosed without my written consent unless otherwise provided for in the law.

I understand that persons and organizations I authorize to receive and/or use my PHI are not subject to the federal or State health information privacy laws, and that they may further disclose my PHI, and thus, my PHI may no longer be protected by the health information privacy laws.

I understand that my health care and payment for my health care will not be affected if I do not sign this form for requested use and disclosure of information.

I understand that I may revoke this authorization in writing at any time except to the extent that action has already been taken in reliance upon it. If I do not revoke it, this authorization is valid for the duration of the Court's supervision/monitoring period in the above-captioned case.

I have had full opportunity to read and consider the contents of this Consent to Disclose Protected Health Information and I confirm that the contents are consistent with my intent.

Name

Date

Witness

Date

Chapter VI. Behavioral Health Services for Justice-Involved Individuals in Montgomery County

Montgomery County residents can receive behavioral health services as a result of being “justice-involved”, which typically means that an individual is or has been incarcerated, but can also include other individuals who have interacted with law enforcement. Inmates in prisons and jails have a constitutional right to adequate health care, including behavioral health care,¹ and evidence indicates that a significant proportion of justice-involved individuals suffer from behavioral health disorders. One study, which collected data between 2002 and 2006 from five jails in New York and Maryland, including the Montgomery County Correctional Facility (MCCF), estimated that 14.5% of male inmates and 31% of female inmates suffered from serious mental illness.²

Within the County Government, the Montgomery County Police Department (MCPD), the Department of Correction and Rehabilitation (DOCR), and the Department of Health and Human Services (DHHS) are involved in the provision of behavioral health services to justice-involved individuals. Additionally, the Montgomery County Circuit Court Adult Drug Court Program provides substance abuse services to justice-involved adults. The State’s Attorney’s Office, and the Office of the Public Defender, and the Sheriff’s Office are also involved in addressing the needs of this population. At the State level, the Department of Public Safety & Correctional Services (DPSCS) and the Department of Juvenile Services (DJS) provide behavioral health services to individuals in their custody.

This chapter summarizes the behavioral health services provided in Montgomery County by County and State agencies at different points in the criminal and juvenile justice processes. The Sequential Intercept Model, which is a framework designed to help jurisdictions organize strategies to address the behavioral health needs of justice-involved individuals, identifies five “intercepts” or stages in the justice process at which opportunities exist to link individuals to behavioral health interventions if appropriate and potentially prevent further justice involvement.³ This chapter is organized based on those five intercepts as follows:

- **Section A. Law enforcement (intercept 1):** prior to a potential arrest, including when a 911 dispatcher receives a call about the individual and when the police interact with the individual.
- **Section B. Initial detention/initial court hearings (intercept 2):** after an individual has been detained up through the individual’s initial court appearances.
- **Section C. Jails/prisons/courts (intercept 3):** after initial court appearances, including time in jail, prison, or forensic hospitalization, and further court proceedings in non-specialty courts or specialty courts (such as a drug court or mental health court).
- **Section D. Reentry (intercept 4):** the transition from jail, prison or forensic hospitalization to the community.
- **Section E. Community corrections and community support (intercept 5):** following reentry, including community corrections (parole or probation) and interactions with community behavioral health providers.⁴

¹ Cohen F, Dvoskin J, "Inmates with mental disorders: a guide to law and practice," *Mental and Physical Disability Law Reporter* 16:339–346, 1996.

² Steadman, H.J., Osher, F. C., Robbins P. C., Case, B., and Samuels, S., “Prevalence of Serious Mental Illness Among Jail Inmates,” *Psychiatric Services* 60 (6), June 2009, p. 764, < <https://www.pacenterofexcellence.pitt.edu/documents/PsySJailMHStudy.pdf> > accessed 12/23/2014

³ Griffin, Patty, “A Tool for Systems Transformation: Sequential Intercept Mapping,” SAMHSA’s GAINS Center for Behavioral Health and Justice Transformation (presentation), March 14, 2013, < <http://gainscenter.samhsa.gov/cms-assets/documents/103893-516686.sim.pdf> > accessed 12/23/2014

⁴ Substance Abuse and Mental Health Services Administration (SAMHSA) GAINS Center for Behavioral Health and Justice Transformation, “Developing a Comprehensive Plan for Behavioral Health & Criminal Justice Collaboration: the Sequential

A. Law enforcement

Prior to potential arrests of individuals with suspected behavioral health issues, jurisdictions can employ pre-arrest diversion, which links individuals to behavioral health services in the community as an alternative to arrest. In Montgomery County, the MCPD Crisis Intervention Team (CIT) is a group of police officers who have completed a voluntary 40-hour training program on handling crisis mental health situations, including de-escalation techniques and diversion of individuals (who would otherwise be arrested) to community resources. CIT officers are decentralized, with the aim of having at least one CIT officer in every shift in each district. The Emergency Communications Center, which answers 911 calls, is responsible for assessing whether a call involves a person with mental illness and for dispatching CIT officers as appropriate. CIT officers can employ any of the following strategies as alternatives to arrest, or “diversions”:⁵

- **Petition for Emergency Evaluation:** If the individual meets criteria established in State law for a Petition for Emergency Evaluation, including posing a danger to self or others, the police officer must transport (with assistance of MCFRS – Fire and Rescue Services - as appropriate) the individual to the nearest emergency room, where an evaluation will determine whether the individual meets the criteria for involuntary admission to a psychiatric hospital (if not, the individual must be released within 30 hours).⁶
- **Referrals and/or voluntary transport to facilities:** police officers, with an individual’s consent, can provide referrals or transportation (with assistance of MCFRS as appropriate) to shelters or mental health facilities, such as the Montgomery County Crisis Center.
- **Referral of minors to DHHS Juvenile Justice Services:** Police can refer minors for screening, who are being charged with a misdemeanor offense and are first-time offenders, to the Juvenile Justice Services program of DHHS. This program is a voluntary alternative to formal juvenile justice system involvement through the Maryland Department of Juvenile Services (DJS). DHHS conducts behavioral health assessments and drug screenings and makes treatment recommendations for referred youth who meet program eligibility requirements.
- **“Contact only”:** police officers can provide the individual and/or the individual’s family with information about community resources for meeting the individual’s behavioral health needs.

CIT officers work closely with the Mobile Crisis Team of the Department of Health and Human Services, which provides emergency behavioral health services in the community including crisis evaluations and stabilization, facilitation of hospitalization where necessary, and recommendations regarding further treatment and community resources. Additionally, the Montgomery County Fire and Rescue Service (MCFRS) may be dispatched along with police and can assist in transporting individuals to a hospital.

MCPD does not track the number of individuals who are diverted from the criminal justice system by CIT officers. Staff report that over a one year period, over 5,000 calls for police involved behavioral health issues, and of those about half resulted in a formal report. DHHS tracks data, shown on Table 28, on

Intercept Model,” (pamphlet), < <https://www.nami.org/Template.cfm?Section=cit2&template=/ContentManagement/ContentDisplay.cfm&ContentID=101341> > accessed 12/23/2014

⁵ *Montgomery County Master Facilities Confinement Study*, RicciGreene Associates and Alternative Solutions Associates, January 15, 2014, p. 254, < <http://www.montgomerycountymd.gov/COR/Resources/Files/PDF/MasterFacilitiesConfinementStudy-01-15-2014.pdf> > accessed 1/11/2015

⁶ Md. Code Ann., Health-General § 10-622 (a), § 10-622 (b), § 10-620 (d), § 10-624 (a), and § 10-624 (b)

juveniles who receive services through its Juvenile Justice Services program. An average of 49 youth were diverted from involvement with the Maryland Department of Juvenile Services (DJS) each month in 2014.

Table 28. Number of Youth Served by DHHS Juvenile Justice Services, 2014

# of Individuals	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Monthly Average
Received behavioral health screens	75	62	83	97	78	64	80	53	91	92	66	97	78
Diverted from DJS	50	23	53	63	42	42	51	41	68	48	52	52	49
Treatment/drug education referrals	68	59	69	88	75	62	64	45	66	81	60	90	69
# with co-occurring disorders	9	12	9	18	12	14	18	3	13	23	11	20	14

Source: DHHS Monthly Trends Report

B. Initial detention/initial court hearings

If an individual has been arrested, further opportunities exist to decrease criminal justice system involvement through post-booking diversion. Additionally, individuals can receive screening and assessment of behavioral health disorders and treatment within the criminal justice system.

DOCR and DHHS services. The Montgomery County Detention Center (MCDC) of the Department of Correction and Rehabilitation (DOCR) is responsible for the booking, intake, and holding for up to 72 hours of adults⁷ who have been arrested, and provides behavioral health screening, assessment, and diversion services. Within the MCDC, the Central Processing Unit (CPU) conducts processing, which consists of fingerprinting and photographing of individuals and verifying their identification, prior arrests and outstanding warrants. After processing, the District Court Commissioner, located in the Central Processing Unit, is responsible for determining whether to release until trial an individual charged with a crime on their own recognizance, or on the condition that the individual makes a bail payment, or to detain an individual who has been charged with a crime.

For individuals who cannot meet bond conditions, CPU correctional officers fill out a screening form on suicide risk, history of mental illness or self-destructive behavior, and use of psychotropic medications, and nursing staff provide a basic mental health screening if officers observe signs of mental illness. Individuals released by the District Court Commissioner do not receive a formal screening or assessment of behavioral health conditions prior to being released.

The Clinical Assessment and Transition Services (CATS) unit, located at the MCDC conducts full evaluations of all inmates identified by correctional staff, outside providers, families or other interested parties, who require a mental health evaluation. The purpose of the evaluation is to identify and minimize risk of self-harm and providing alternative community-based resources to the court at the time of bond review. CATS staff make diversion recommendations to Pre-Trial Assessment Unit (see below), arrange for expedited transports to MCCF for those who cannot be safely housed at MCDC due to elevated risk of harm (see page 47 on the MCCF Crisis Intervention Unit), make referrals to the correctional psychiatrist and mental health staff and provide full assessment information to the next receiving provider.

⁷ Youth under the age of 18 who are arrested are generally held in juvenile detention facilities managed by the Maryland Department of Juvenile Services (DJS). However, youth may be charged as adults under certain circumstances, and in these cases they may be detained in adult facilities, including the MCDC. Refer to "Department of Juvenile Services: Overview of the Youth Charged as Adults Population," Maryland Department of Juvenile Services, December 2012, <http://www.djs.maryland.gov/docs/DJS_Report%20on%20Youth%20Charged%20as%20Adults.pdf> accessed 12/30/2014.

Behavioral Health in Montgomery County

The Pre-Trial Assessment Unit (PTAU) located at the MCDC conducts assessments of individuals who are not released by the District Court Commissioner. Assessments are used to make a recommendation to the judge at bail review hearings, which reexamine the District Court Commissioner's decision on the bail set for an individual. The assessment includes questions about prior hospitalizations, prescribed medications and prior suicide attempts.

In cases where there is an indication of a mental health problem, including if PTAU staff believe that the individual may be incompetent to stand at the bail review hearing due to a mental illness⁸, the Clinical Assessment and Transition Services (CATS) program of DHHS conducts an official evaluation. At the bail review hearing, the judge receives the results of the CATS evaluation and, where appropriate, a recommendation of release until trial with options for inpatient or outpatient treatment in the community. CATS will only recommend diversion in this manner if the individual has been assessed by the PTAU to meet diversion/release criteria if there is an agreement between PTAU and DHHS. Additionally, appropriate treatment options must be available in the community. Table 29 displays data on services provided by the CATS program. Alternatively, if the individual is found to be incompetent to stand trial and presents a danger to self or others, the court may commit the individual to a facility designated by the Maryland Department of Health and Mental Hygiene (see page 46).

Table 29. Screening and Assessment Services Provided by CATS, 2014

# of	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Monthly Average
Individuals Oriented/Screened	678	519	636	685	624	598	640	625	625	611	535	537	609
Assessments	194	146	168	189	181	190	191	183	197	206	152	167	180
Community Treatment Placements	69	34	49	62	77	90	86	69	79	83	60	65	69

Source: DHHS Monthly Trends Report

The Pre-Trial Supervision Unit (PTSU), located in Rockville, supervises individuals who have been charged with a crime and released to the community awaiting trial with a condition of pre-trial supervision. In collaboration with DHHS staff, the PTSU conducts intake screening and assessment, including a behavioral health assessment, to determine the appropriate level of supervision, and provides behavioral health treatment referrals. Within the PTSU, the Intervention Program for Substance Abusers (IPSA) provides substance abuse treatment during pre-trial supervision to individuals with substance use disorders who meet certain conditions and have been referred by the State's Attorney's Office. The program includes an intensive treatment track for individuals with co-occurring mental health disorders. Prosecution is delayed for individuals participating in IPSA, and their criminal records may be expunged if they complete the program.

⁸ Incompetence to stand trial means that a defendant is unable to understand or participate rationally in a court process due to a mental health disorder or mental retardation.

Incompetence to stand trial and verdicts of not criminally responsible

State law establishes the processes for assessing whether defendants in criminal cases are competent to stand trial and whether they are criminally responsible for criminal conduct. A determination that a defendant is incompetent to stand trial or is not criminally responsible for criminal conduct can lead the court order that the defendant be committed to a psychiatric facility.

Incompetence to stand trial means that a defendant is unable to understand or participate rationally in a court process due to a mental health disorder or mental retardation. If a defendant in a criminal case appears or claims to be incompetent to stand trial, the court may order the Department of Health and Mental Hygiene to conduct an examination in order to make a competency determination. If a defendant is found to be incompetent to stand trial and, “because of mental retardation or a mental disorder, is a danger to self or the person or property of another,” the court may order the defendant to be committed to a facility designated by the Department of Health and Mental Hygiene until the defendant is competent to stand trial or is no longer dangerous. If the defendant is not dangerous, the court has the option to set bail for the defendant or release the defendant under the condition that the defendant return when summoned.⁹

A verdict that a defendant is *not criminally responsible for criminal conduct* means that, due to a mental health disorder or mental retardation at the time a crime was committed, the defendant lacked capacity to understand that the act was a crime or the capacity to act within the limits of the law. If a defendant in a criminal case files a plea of not criminally responsible by reason of insanity, the court may order the Department of Health and Mental Hygiene to conduct an examination in order to determine whether the defendant was criminally responsible and to provide a report of its findings to the court. If the jury reaches a verdict of “not criminally responsible”, the law states that the court must commit the defendant to the Department of Health and Mental Hygiene for inpatient care. However, if the report of the Department of Health and Mental Hygiene finds that, “the person would not be a danger, as a result of mental retardation or mental disorder, to self or to the person or property of others if released,” then the court has the option to order that the defendant be released, and can set conditions for the defendant’s release.¹⁰ Additionally, a person who has been committed to the Department of Health and Mental Hygiene may be released if it is determined that the individual would not present a danger to themselves, others or to the property of others, and the court may also set conditions for the individual’s release in these cases.¹¹

DJS Services. The Maryland Department of Juvenile Services (DJS) manages intake and detention of children accused of committing delinquent acts (crimes committed by juveniles). DJS operates seven secure juvenile detention facilities in Maryland, including the Alfred D. Noyes Children’s Center located in Montgomery County. During the initial detention and court hearings phase, DJS provides behavioral health screening, assessment, diversion and treatment services.

After a child is arrested, DJS initiates the intake process to assess the merits of a juvenile complaint, determine whether judicial action is appropriate, and determine whether to release or detain the child. As part of the intake process, the intake officer completes the Maryland Comprehensive Assessment and Service Planning (MCASP) Intake Risk Screen, which includes “social history” questions related to mental health, substance use, home life, peer relationships and education. This tool generates a delinquency history score, a social history score, and a recommended intake decision.

If the intake officer determines that the case can be resolved outside of the court system, the officer can close the case or refer the child to 90-day Informal Adjustment, which is a form of community supervision that functions as a diversion of the child from the juvenile justice system. An Informal Adjustment agreement may require the child to receive mental health or substance abuse counseling or other treatment in the

⁹ Md. Code Ann. Criminal Procedure § 3-101 (f), § 3-104, § 3-105, and § 3-106

¹⁰ Md. Code Ann. Criminal Procedure § 3-109, § 3-110, § 3-111, § 3-112

¹¹ Md. Code Ann. Criminal Procedure § 3-114

community, to pay restitution and/or to complete community service hours. If the case proceeds to the court system instead, the child may be released to the custody of his/her parents or placed in detention while awaiting hearings in court. Detention can consist of detention in a DJS facility, detention in a non-secure facility in the community (shelter care), detention at the child's home with the requirement to report daily to a reporting center, or community detention.¹² DJS facilities provide behavioral health screening, assessment and treatment services to detained children.¹³ Table 30 displays data on DJS intake decisions for Montgomery County youth between FY12 and FY14.

Table 30. DJS Intake Decisions in Montgomery County, FY12-FY14

Decision	FY12	FY13	FY14
Authorized Formal Petition (court system)	45%	44%	46%
Informal Adjustment	28%	26%	27%
Resolved/No Jurisdiction (case closed)	27%	31%	28%
Total Complaints	2,808	2,441	1,696

Source: Maryland Department of Juvenile Services Data Resource Guide, FY 2014, p. 80

C. Jails/Prisons/Courts

Following initial detention and/or court hearings, additional opportunities exist to divert individuals from the justice system and provide linkages to treatment, and individuals can receive treatment during incarceration. Diversion and treatment can be provided in collaboration with state and local health departments via correctional systems and court systems.

DOCR and DHHS services. The DOCR Montgomery County Correctional Facility (MCCF) is the County's jail and houses individuals who have been arrested, are awaiting trial, and have not been released on personal recognizance or by posting bail, as well as individuals who have been convicted of a crime and are serving sentences of 18 months or fewer.¹⁴ Within MCCF, the Mental Health Services section and the Crisis Intervention Unit (CIU) of DOCR as well as the Jail Addiction Services (JAS) program of DHHS provide behavioral health treatment to MCCF inmates.

The Mental Health Services section provides mental health and psychiatric assessments, crisis intervention, brief counseling, skills groups and medications to treat mental health disorders to individuals with less severe mental illnesses who are housed in the general population. The Mental Health Services section is also responsible for coordinating commitments of incarcerated individuals to state psychiatric hospitals for individuals who present a danger to self or others and for facilitating court-ordered competency screenings, used to determine whether an individual is competent to stand trial (see page 46). The Crisis Intervention Unit (CIU) serves up to 40 males and 15 females with severe chronic or acute mental health conditions who cannot be housed in the general population, providing medication management, counseling services, and intensive group and individual therapy. Finally, JAS, an eight-week state-certified addiction treatment and education program staffed by DHHS employees, followed by ongoing aftercare while the individual is incarcerated, for individuals with substance abuse disorders. JAS participants are housed in a dedicated unit

¹² Community detention allows children to live at home and participate in school or work, but DJS provides supervision through telephone and face-to-face contacts as well as unannounced visits to school or work.

¹³ *Data Resource Guide Fiscal Year 2013*, Maryland Department of Juvenile Services, December 2013, pp. 17-18, 93 < http://www.djs.maryland.gov/drg/Full_DRG_With_Pullouts_2013.pdf > accessed 12/31/2014

¹⁴ *Legislative Handbook Series 2014 Volume VIII: Maryland's Criminal and Juvenile Justice Process*, Department of Legislative Services, 2014, p. 55 < <http://mgaleg.maryland.gov/Pubs/LegisLegal/2014-legislativehandbookseries-vol-8.pdf> > accessed 1/2/2015.

Behavioral Health in Montgomery County

and are assigned a State Care Coordinator who provides recovery support for individuals transitioning out of incarceration. Table 31 displays data on individuals served by the JAS program.

Table 31. Individuals Served by DHHS Jail Addiction Services, 2014

# of Individuals	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Monthly Average
Oriented / Screened	31	52	45	24	12	5	63	30	63	43	46	52	39
Treated	92	95	106	91	83	70	68	87	86	119	99	73	89
Successful Completions	10	16	21	13	17	13	11	24	18	27	24	22	18

Source: DHHS Monthly Trends Report

Services of the Maryland Department of Public Safety and Correctional Services. The Maryland Department of Public Safety and Correctional Services (DPSCS) operates 20 correctional facilities across the state that house individuals who are serving sentences of 12 months or more. The DPSCS Office of Treatment Services' Mental Health and Substance Abuse Units oversee the delivery of behavioral health services to inmates including behavioral health screening, assessment and treatment services.

DPSCS operates two administrative centers that receive newly sentenced inmates. DPSCS uses a case management process to identify and assess inmate needs and classify each inmate to a security level. The assessment process includes a substance abuse assessment and can also include psychological assessments or evaluations.¹⁵ A reclassification hearing occurs for each inmate at least annually in which staff examine different variables including drug or alcohol abuse and behavior in order to make a determination as to the appropriate security level for the inmate. In some cases, inmates may be segregated from the general population for mental health reasons through "administrative segregation."¹⁶

DPSCS contracts with health providers to provide medical services, including mental health services, to inmates through a managed care program for all facilities. DPSCS psychologists in each region work with contracted providers to ensure that mental health services are appropriate. Additionally, many correctional facilities offer structured substance abuse treatment programs.¹⁷

Many behavioral health services for DPSCS inmates are delivered at the Patuxent Institution, which is an independent agency of DPSCS and a maximum security correctional treatment facility with a 1,113 bed capacity (primarily for men) that receives inmates from all regions in the State. Three types of inmates are housed at the Patuxent Institution, which is located in Jessup:

1. *"Eligible" persons*: general population inmates with at least three years remaining on a sentence who have an intellectual deficiency or emotional imbalance, are likely to respond favorably to the institution's treatment programs, and can be better remediated at the Patuxent Institution than by other types of incarceration.
2. *Youthful offenders*: individuals under the age of 21 at the age of referral (including violent juvenile offenders waived to adult criminal courts) who also meet the criteria for "eligible" persons.

¹⁵ COMAR 12.02.24.04 and *Legislative Handbook Series 2014 Volume VIII: Maryland's Criminal and Juvenile Justice Process*, Department of Legislative Services, 2014, p. 177

¹⁶ *Legislative Handbook Series 2014 Volume VIII*, p. 171

¹⁷ *Division of Correction Annual Report Fiscal Year 2013*, < <http://www.dpccs.state.md.us/publicinfo/publications/pdfs/DOC2013AnnualRpt.pdf> > accessed 1/14/2015

3. *General population inmates*: inmates housed at the Patuxent Institution while awaiting assessment or evaluation, to participate in a specific program located at the Patuxent Institution, or to receive inpatient mental health treatment.

To determine whether an individual can be admitted as an “eligible” person or as a youthful offender to the Patuxent Institution, a team of staff conducts a six-month evaluation that includes psychiatric and psychological testing and a social history review. Once admitted, treatment teams composed of a multi-disciplinary staff that can include social workers, psychologists and psychiatrists are responsible for implementing individualized treatment plans for individuals in these two categories. During treatment, individuals can progress through four levels of a system that promotes socially acceptable behavior using communications and learning theory. In progressing to the next level, individuals are accorded additional privileges and responsibilities.

General population inmates housed at the Patuxent Institution do not participate in the treatment system described above, but many receive behavioral health services at the Patuxent Institution. The Correctional Mental Health Center at the Patuxent Institution is DPSCS’s inpatient mental health unit, which has a 192-bed capacity in the acute and sub-acute units combined. Additionally, the Step-Down Mental Health Unit has a 32-bed capacity for inmates unable to function in the general population due to substance abuse problems or life skill deficiencies. This unit provides a structured environment to help inmates develop skills and ultimately return to the general population.

Montgomery County Circuit Court Adult Drug Court Program. Certain courts in Maryland operate “problem-solving” court programs that aim to relieve overcrowded dockets, expedite cases and prevent recidivism by addressing underlying issues faced by offenders. Two different types of problem-solving court programs that specifically target behavioral health issues exist in Maryland:

- **Drug courts:** specialized dockets that handle drug and dependency-related cases through judicial intervention, intensive monitoring, and substance abuse treatment.
- **Mental health courts:** specialized dockets that coordinate treatment services for individuals with psychiatric disabilities to promote rehabilitation and reduce recidivism.

No mental health courts exist in Montgomery County. Judge John Debelius, Administrative Judge of the Montgomery County Circuit Court, recently established the Mental Health Court Planning and Implementation Task Force, which will issue a report by the end of 2015, with the goal of establishing a mental health court in the Circuit Court in 2016. Additionally, the Circuit Court operates the Adult Drug Court Program, which provides coordinated substance abuse interventions with judicial oversight. State law allows the State’s Attorney to enter into agreements with criminal defendants whereby the State’s Attorney either dismisses charges or indefinitely postpones a trial if the defendant completes a drug or alcohol abuse treatment program. Defendants who have been convicted of a violent crime within the previous five years are not eligible. In order for the defendant to qualify, the Department of Health and Mental Hygiene or a private licensed provider must find that the defendant is amenable to treatment and recommend an appropriate treatment program.¹⁸

The Adult Drug Court Program lasts a minimum of 20 months and consists of four phases, each of which includes treatment, drug testing, case management, and regular court attendance.¹⁹ In FY13, 134 individuals

¹⁸ Md. Code Ann. Criminal Procedure § 6-229

¹⁹ *Adult Drug Court Policies and Procedures Manual*, Montgomery County, Maryland, June 2012, <http://www.montgomerycountymd.gov/circuitcourt/Resources/Files/drugcourt/Adult_Drugcourt_Policies_and_Procedures_Manual.pdf> accessed 1/2/2015.

received outpatient treatment through the Drug Court program. Of those, 49 individuals received intensive outpatient treatment. 26 individuals graduated from Drug Court in FY13.²⁰

DJS Services. If a juvenile court determines in an adjudication hearing that a child has committed a delinquent act (an act that would be a crime if committed by an adult), the court, with guidance from DJS, will then determine how to manage, supervise and treat the child. "Treatment" can include behavioral health services, and in some cases certain behavioral health services can be used as an alternative to more restrictive options. During a disposition hearing, which follows the adjudication hearing, the court can:

1. Commit the child to the custody of DJS for treatment in an out-of-home placement;
2. Place the child on probation under DJS supervision; and/or
3. Order restitution (monetary compensation to the victim).

Either before or after the disposition hearing, DJS staff examine the child's delinquency history, educational records, clinical assessments, and whether any other state agency is involved with the youth. Staff also complete the Maryland Comprehensive Assessment and Service Planning (MCASP) Risk Needs Assessment, which is a tool to assess a child's risk and needs. For children being considered for an out-of-home placement, a Multidisciplinary Assessment and Staffing Team (MAST) that includes a psychologist, social worker, community case manager, detention facility case manager, supervisor, resource specialist, Maryland State Department of Education (MSDE) representative, and others as needed is responsible for assessment.

DJS staff use the assessment to develop a Treatment Service Plan, which is a recommended plan required by State law to be presented to the court. The plan must include the recommended level of supervision for the child, specific goals for the child and the child's family, any changes that the child's parent or guardian must make to reduce risk for the child, a statement of services to be provided, and any other relevant information to guide the court's decision with respect to the appropriate care of the child.²¹

Children in out-of-home placements can receive behavioral health services such screening, assessment and treatment services, including suicide prevention, crisis intervention and stabilization, medication evaluation and monitoring, brief therapy (individual, group or family), and crisis counseling within their placements. Specific services depend on the type of placement. Out-of-home placement types include:²²

1. *Traditional and Treatment Foster Care Homes:* Placements of children with families in the community; in treatment foster care homes, families are recruited, trained, and closely supervised to provide youth with treatment and intensive supervision at home, in school, and in the community.
2. *General Service Group Homes or Therapeutic Group Homes:* Residential programs licensed by the State to provide 24-hour supervised out-of-home care for 4 or more youth, including a formal program of basic care, social work, and health care services, or more depending on the group home type. Therapeutic group homes provide diagnostic and therapeutic mental health services to children who are moderate- to high-risk and have emotional or developmental disabilities.
3. *Residential Treatment Centers (RTCs):* A mental health facility for children and adolescents with long-term serious emotional, behavioral, and psychological problems.

²⁰ *Fiscal Year 2013 Annual Report*, Montgomery County Core Service Agency, March 3, 2014, p. 8

²¹ Md. Code Ann. Courts and Judicial Proceedings § 3-8A-20.1

²² *Data Resource Guide Fiscal Year 2013*, p. 121 and "Treatment Programs," Department of Juvenile Services website, <<http://www.djs.maryland.gov/out-of-home-treatment.asp>> accessed 1/5/2015

4. *Intermediate Care Centers for Addictions (ICFAs)*: the most intensive level for residential substance abuse services providing drug and alcohol abuse assessment, treatment, and/or education for moderate-to-high risk youth.
5. *DJS-operated Youth Centers*: four facilities located in Western Maryland that provide treatment services to male children in a staff-secure setting, meaning that children's movements are managed through staff supervision.
6. *Secure Confinement (both DJS-operated and privately contracted)*: treatment facilities for children who pose safety risks to themselves or others and have significant behavioral health needs; these facilities are hardware-secure, meaning that in addition to staff supervision, hardware such as locks, bars and fences are used to manage children's movements.

Children placed on probation under the supervision of DJS and children committed to the custody of DJS in an out-of-home placement may also receive behavioral health services in the community. DJS contracts with a limited number of providers that offer community-based services, but also refers children to services that are funded outside of DJS or accessed through insurance. The array of community-based services varies by jurisdiction. One category of services often used to divert children from out-of-home placements as well as for children on probation is Evidence-Based Services (EBS), which includes the following types of family therapy:

1. *Functional Family Therapy*: A short-term (3-4 months) intervention focusing on family interactions, communications, problem-solving, parenting skills and pro-social interactions.
2. *Multisystemic Therapy*: An intensive 3 to 5-month treatment program for chronic and violent juvenile offenders aged 12-17 and their families, in which a therapist meets with a family frequently (potentially more than once a week) and is available 24 hours a day.
3. *Family-Centered Treatment*: A flexible in-home treatment model for children at risk of out-of-home placements or children returning home from placements that aims to help at-risk families learn and adopt positive behavioral patterns through services such as counseling, skills training, trauma treatment, community resource coordination, and wraparound services.²³

D. Reentry

At the reentry stage, individuals prepare to return to the community from jails, prisons or commitment in a psychiatric hospital. For individuals with behavioral health disorders, opportunities exist to plan for a smooth transition from receiving behavioral health services during incarceration to receiving services in the community.

DOCR and DHHS services. The County provides reentry services at both the Montgomery County Correctional Facility (MCCF) and the County's Pre-Release Center (PRC).

DOCR and DHHS provide several types of re-entry services at MCCF. The Re-Entry Collaborative Case Management Group meets on a bi-weekly basis to identify service needs for individuals who are close to their release date, including substance abuse treatment, mental health treatment, family reintegration, and housing, and to plan and coordinate care. Where relevant, community behavioral health service providers

²³ *Maryland Department of Juvenile Services Residential and Community-Based Services Gap Analysis*, Department of Juvenile Services, December 2013, pp. 9-10 < http://www.djs.state.md.us/docs/2013_GAP%20analysis.pdf > accessed 1/6/2015.

are included in meetings, which aim to match individuals with the most appropriate services and plan to initiate service delivery as soon as possible.

Additionally, the Clinical Assessment and Transition Services (CATS) program of DHHS conducts discharge planning at MCCF for individuals with behavioral health disorders housed in the Crisis Intervention Unit (CIU) and the Jail Addiction Services Unit (JAS), in order to link them to community-based behavioral health treatment providers. CATS also provides linkages to psychiatric providers in the community for general population inmates receiving psychotropic medications or who otherwise require psychiatric services. Table 32 displays data on transition services provided by CATS. Finally, the Projects Assisting Transition from Homelessness (PATH) program, jointly funded by the State and the federal government, also provides discharge planning for incarcerated individuals with chronic mental illness.

Table 32. Individuals Served by CATS Transition Services, 2014

# of Individuals	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Monthly Average
Oriented / Screened	82	56	100	79	87	75	78	96	104	90	84	86	85
Eligible for Services	49	36	56	54	53	51	45	62	74	56	52	58	54
Cases Assigned	38	35	46	60	36	32	34	23	49	51	35	31	39
Released from DOCR	43	24	39	41	26	40	29	35	33	24	26	32	33

Source: DHHS Monthly Trends Report

The DOCR Pre-Release and Re-entry Services (PRRS) Division provides re-entry services at the Pre-Release Center (PRC) for eligible soon-to-be released individuals in local, State and Federal correctional facilities. Individuals must volunteer and apply to participate. PRRS services provide an alternative to secure confinement for individuals nearing the end of their sentences, either through a residential program at the PRC or through home confinement with PRRS supervision, including the use of electronic monitoring.

PRRS has a consulting psychiatrist available five hours per week for medication management and provides referrals to providers in the community for counseling, and the Jail Addiction Services (JAS) coordinator provides drop-in services and runs aftercare groups at the PRC. Additionally, PRRS provides programs and classes at the PRC, including Thinking for Change (T4C), a cognitive behavioral change program aimed at changing criminal thinking. However, the 2014 Master Facilities Confinement Study produced for DOCR reports that many PRRS services are not designed specifically for individuals with mental illness; individuals with a “serious psychological or medical problem” that would inhibit full participation are not eligible for PRRS services, thereby excluding many individuals with behavioral health disorders.²⁴

DPSCS Services. The Maryland Department of Public Safety and Correctional Services (DPSCS) develops a discharge plan for every offender and, where relevant, provides linkages to community-based services, including residential substance abuse treatment. For individuals with serious medical or mental health needs, social workers provide release planning services including pre-release counseling and group therapy, and apply for benefits for which the individual is eligible in anticipation his or her release.²⁵

²⁴ *Montgomery County Master Facilities Confinement Study*, 2014, p. 275; and *Pre-Release and Reentry Services (PRRS) Division Program Guidebook*, Revised August 18th, 2014, Montgomery County Department of Correction and Rehabilitation, pp. 12, 54, < <http://www.montgomerycountymd.gov/COR/Resources/Files/PRCGuidebook.pdf> > accessed 1/11/2015

²⁵ *Legislative Handbook Series 2014 Volume VIII*, p. 178-179

Additionally, the Patuxent Institution houses two programs for individuals with behavioral health disorders who are nearing release to the community: (1) the Mental Health Transition Unit at the Patuxent Institution provides assessment, inpatient and outpatient treatment, and aftercare planning for mentally ill inmates nearing release to the community; and (2) the Regimented Offender Treatment Center at the Patuxent Institution is a four-month treatment and transition program for men with substance abuse problems preparing for parole or release that includes cognitive behavioral therapy, relapse prevention, anger management and transition planning.²⁶

DJS Services. The Maryland Department of Juvenile Services (DJS) provides re-entry services for children who were adjudicated delinquent and committed to treatment in out-of-home placements. DJS case managers are responsible for assessing the child's progress during treatment and linking children and their families to services, including community-based behavioral health services, when treatment is completed. Throughout the process, case managers use the Maryland Comprehensive Assessment and Service Planning (MCASP) Risk Needs Assessment to aid decision-making.²⁷

E. Community corrections and services in the community

After an individual is released from jail or prison, or while an individual is on probation (community supervision used as an alternative to incarceration), opportunities exist to provide behavioral health services in the community that may prevent repeated involvement in the justice system.

DOCR and DHHS services. Staff report that, after individuals with behavioral health disorders are released from DOCR custody, limited resources are available to ensure that they receive the services they need. The Projects Assisting Transition from Homelessness (PATH) program follows a small number of individuals with severe and persistent mental illness for three to six months after they have been released to ensure an effective transition to the community. Additionally, DOCR and DHHS have been awarded a federal grant for a 24-month demonstration project to create a Forensic Assertive Community Treatment (FACT) team. The FACT team will provide intensive case management to individuals with co-occurring mental health and substance abuse disorders beginning before they are released from MCCF and continuing after release. The program will also provide temporary housing at the Pre-Release Center (PRC) as well as permanent housing location services.²⁸

DPSCS Services. The Maryland Department of Legislative Services reports that DPSCS has partnerships for aftercare transition, residential substance abuse treatment, institutional-based programs and services, and community-based programs and initiatives for individuals who are being released from DPSCS custody.²⁹

DJS Services. The DJS Community Services subdivision is responsible for monitoring children in the community who have completed treatment in out-of-home placements (a period called "aftercare") as well as children placed on probation by the juvenile court, and linking them to appropriate services. For children in aftercare, DJS links the child and family to appropriate services, including mental health and substance abuse treatment, monitors the child's adjustment to the community, and ensures compliance with court directives as relevant. For children placed on probation, DJS conducts a social history investigation and completes the Maryland Comprehensive Assessment and Service Planning (MCASP) Risk Needs Assessment, in order to

²⁶ *Ibid.*, p. 198

²⁷ *Data Resource Guide Fiscal Year 2013*, p. 18

²⁸ PRRS Quarterly Chief's Report, 3/6/2014, Department of Correction and Rehabilitation, < <http://www.montgomerycountymd.gov/COR/Resources/Files/prrs/ChiefsReport3-6-14.pdf> > accessed 1/15/2015

²⁹ *Legislative Handbook Series 2014 Volume VIII*, p. 179

develop a Treatment Services Plan (TSP) and link the child to appropriate services. As noted on page 51, DJS contracts with a limited number of providers that offer community-based services, but also refers children to services that are funded outside of DJS or accessed through insurance. The array of community-based services varies by jurisdiction.³⁰

Additionally, the Violence Prevention Initiative provides intensive supervision for children on probation or in aftercare believed to be at high risk for violent offending or victimization, including facilitating and case managing referrals to drug treatment.

³⁰ *Data Resource Guide Fiscal Year 2013*, Maryland Department of Juvenile Services, p. 19

MARYLAND JUDICIARY

JUDICIAL CONFERENCE COMMITTEE ON PROBLEM-SOLVING COURTS

Application & Plan for Proposed Problem-Solving Court Program

Informational Materials and Application

Office of Problem-Solving Courts
2011-D Commerce Park Drive
Annapolis, Maryland 21401
dtcc@mdcourts.gov
(410) 260-3615

Revised 11/08/11

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Section 1. Purpose

The purpose of this application is to provide a formal process for planning problem-solving courts to become operational and be recognized by the Court of Appeals as such. Applicants are expected to provide a completed application and any supporting materials that would provide the most accurate detail of the proposed problem-solving court. The contents of any Application to be submitted must comply with Maryland Rule 16-206 and Chief Judge Bell's Administrative order dated June 17, 2010.

The approval of this application by the Court of Appeals does not imply any financial support for the operational problem-solving court. Requests for funding or other resources should not be included in this application.

Section 2. Background

Maryland's drug treatment court movement started in the early 1990's as a response to the surge of drug-related cases, which overwhelmed dockets and caused enormous trial delays. Maryland's first drug treatment court began in March 1994, in the District Court for Baltimore City.

The Drug Treatment Court Commission of Maryland became active in 2002, pursuant to an order of Chief Judge Robert M. Bell. The Commission was recognized as the lead agency in the State's effort to operate and maintain drug treatment court programs for the State of Maryland. Commission members included: Circuit Court and District Court Judges, Legislators, representatives from the Department of Health and Mental Hygiene, the Department of Juvenile Services, the Department of Public Safety and Correctional Services, State's Attorney's Offices, the Office of the Public Defender, the Governor's Office of Crime Control and Prevention, providers of addition treatment services, and community leaders.

In December of 2006, Chief Judge Robert M. Bell issued an administrative order establishing the Standing Committee on Problem-Solving Courts. These courts, such as drug treatment and mental health courts have grown as public and other branches of state government look to the courts to help solve the problem of crime through non-traditional methods.

On June 17, 2010, Chief Judge Bell issued an administrative order proscribing the procedure to be followed for the approval of new Problem-Solving Court Programs in the Circuit and District Courts, and setting forth the requirements for any application for a proposed problem-solving court program.

Section 3. Application and Submission Information

Application Specifications

The application must be submitted utilizing either Microsoft Word or WordPerfect, Times New Roman font set at 12, or by using the online application available through the Office of Problem Solving Courts website. Do not use staples or bind the signed applications. Do not modify the application format in any way. The application submission must have proper signatures to be considered.

All or select portions of the application may be requested to be resubmitted if the application is not complete, clear, and concise. Fully explain and describe all acronyms or terms used.

Signed applications and all attachments should be forwarded to the State Court Administrator at the following address:

**State Court Administrator
Administrative Office of the Courts
580 Taylor Avenue
Annapolis, Md. 21401**

Copies of the application and all attachments should be forwarded to:

**Honorable Robert M. Bell
Chief Judge, Maryland Court of Appeals
361 Rowe Boulevard
Annapolis, Md. 21401**

**Judicial Conference Standing Committee on Problem-Solving Courts
c/o Gray Barton, Executive Director
Office of Problem-Solving Courts
2011-D Commerce Park Drive
Annapolis, Maryland 21401**

Technical Assistance

For additional technical assistance in relation to this application, please contact the Office of Problem-Solving Courts at:

**Office of Problem-Solving Courts
2011-D Commerce Park Drive
Annapolis, Maryland 21401
(410) 260-3615
dtcc@mdcourts.gov**

Section 4. Review and Approval of Application

Initial Review of Application

Chief Judge Bell's Administrative Order requires that prior to submitting an Application & Plan for a Proposed Problem-Solving Court Program, the applicant should confer with the Office of Problem Solving Courts and each State, local, or federal agency or official whose participation in the program will be required under the plan.

Additionally, the Judicial Conference Committee for Problem-Solving Courts will review the application to determine whether the program is comprehensible; identify potential program weaknesses or areas of concern, and whether the application has adequate facilities, staff, and management capacity. The Chair of the Judicial Conference Committee may appoint a representative(s) to conduct an on-site visit to determine whether all requirements for approval have been met. The Committee may request clarification and offer recommendations or corrections as necessary.

Approval Process

Once submitted to the State Court Administrator, the Judicial Conference Committee for Problem-Solving Courts shall review the plan and forward its recommendations regarding the prospective problem-solving court application to the State Court Administrator.

Upon receipt of the recommendations from the Judicial Conference Standing Committee on Problem-Solving Courts, the State Court Administrator shall review the Application & Plan to assure compliance with Maryland Rule 16-206, make such investigations and acquire such additional information as the Administrator deems appropriate, consult with the submitting judge and the Judicial Conference Standing Committee on Problem-Solving Courts. Within four (4) months after submission of the Plan, unless extended by the Chief Judge of the Court of Appeals, the State Court Administrator will file with the Court of Appeals a Report containing the Application & Plan, amendments to the Plan, if any, and any written comments and recommendations from the State Court Administrator and the Judicial Conference Standing Committee.

Upon receipt of the State Court Administrator's Report, the Court of Appeals will schedule a review of the Plan for approval.

Section 5. Application Requirements

Chief Judge Bell's Administrative Order requires that the Application & Plan contain the following:

- I. Explicit statements regarding the nature and purpose of the program, including
 - a. the target population to be served by the program;
 - b. the estimated number of persons in that target population expected to participate in the program on an annual basis; and
 - c. the services to be provided by the program and which agencies or officials will be responsible for providing those services;

- II. A clear statement of the proposed structure of the program, including: the duties and functions of judges, other judicial personnel, and non-judicial personnel or agencies expected to participate in the program;

- III. Whether a judge or master proposing to preside over a program has completed the following educational courses:
 - a. Introduction and Orientation to Drug Court/Mental Health Court/Truancy Court (as appropriate); and
 - b. Judicial Roles Training;

- IV. Specific protocols and requirements regarding referrals and entry of participants into the program, including:
 - a. eligibility criteria for participation in the program, and the methods by which eligibility will be determined and participants will be approved for the program;
 - b. whether self-represented participants will be accepted and, if so, how any right to the assistance of counsel will be protected;
 - c. the form and content of any written agreement a proposed participant will be expected to sign and a clear statement of how such an agreement will be presented and explained to the participant and a finding made that the participant understands the agreement and enters into it knowingly and voluntarily;

- V. A clear description of how the program will operate, including:
 - a. the expected role of counsel in the program;
 - b. the criteria by which a participant's success will be measured;
 - c. the kinds of requirements and restrictions that will be imposed on participants;
 - d. the methods and procedures for measuring a participant's satisfaction of those requirements, restrictions, and criteria;
 - e. the nature of any rewards and sanctions to which a participant may be subject and the procedures for implementing rewards and imposing sanctions; and

- f. criteria for both satisfactory and unsatisfactory termination of a participant's participation in the program and the procedures for determining and implementing such terminations;
- VI. An estimated budget for the program approved by the submitting judge and a description of the expected funding sources; and
 - VII. Such other provisions required by Rule 16-206 or as reasonably directed by the Office of Problem-Solving Courts or the State Court Administrator.

Application & Plan for Proposed Problem-Solving Court Program

Section I – Court Information

Court Jurisdiction _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Administrative Judge _____

Problem-Solving Court Judge (if different) _____

Program Contact Name and Information _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Section II – Problem Solving Court Description

Type of Problem Solving Court

Adult Drug Court DUI/Drug Court Family Recovery Court

Juvenile Drug Court Mental Health Court Re-Entry Court

Truancy Court Other _____

Program Summary:

The Program Summary should provide a concise summary of the proposal and briefly describe the components of the proposed Problem-Solving Court, including the type of cases that can be accepted, the treatment strategies and modalities that will be used.

What is the proposed length of the Program? _____

Estimated projected program capacity: _____

Projected number of participants to be admitted to the program,

During the first fiscal year: _____

During the second fiscal year: _____

Who is allowed to participate in the problem-solving court program? (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Adults Males | <input type="checkbox"/> Offenders with a Mental Illness or disability |
| <input type="checkbox"/> Adult Females | <input type="checkbox"/> Juveniles |
| <input type="checkbox"/> Repeat Offenders | <input type="checkbox"/> Non-Violent Offenders |
| <input type="checkbox"/> Probation Violators | <input type="checkbox"/> First-Time Offenders |
| <input type="checkbox"/> Offenders with a Substance Addiction (Controlled or Otherwise) | <input type="checkbox"/> Parole Violators |
| | <input type="checkbox"/> Other |

If Other, please explain:

Please describe any criteria for eligibility or ineligibility for a prospective participant, including whether self-represented participants will be accepted and if so, how any right to the assistance of counsel will be protected:

Please explain how participants are identified and referred to the problem-solving court program.

Will a prospective participant be expected to sign a written agreement upon entry into the program?

- No Yes (attach a copy of the written agreement)

If yes, describe how the agreement will be presented and explained to the participant and steps to be taken by the Court to determine whether the participant understands the agreement, and enters into it knowingly and voluntarily:

Please explain how participants are assessed and referred to the appropriate level of treatment and/or other essential services. Identify any screening and assessment tools that will be used and why.

Provide a description of your target population and what local data is being used to support that decision.

Does the problem-solving court have phases? No Yes (describe below)

Phase	How Long?	Phase	How Long?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe the frequency and nature of judicial involvement and interaction with the participants:

Describe the methods of supervision and monitoring that will be utilized:

Please explain how program participants may exit the problem-solving court program, including criteria for graduation.

Section III - Available Services

What services are available to problem-solving court participants? (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> AA/NA/CA | <input type="checkbox"/> Intensive Outpatient |
| <input type="checkbox"/> Academic/GED/Vocational | <input type="checkbox"/> Job Training |
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Life Skills |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> Methadone Treatment (Medically Supervised) |
| <input type="checkbox"/> Cognitive Behavioral/Restructuring | <input type="checkbox"/> Other Support Groups |
| <input type="checkbox"/> Co-occurring Treatment | <input type="checkbox"/> Outpatient Treatment |
| <input type="checkbox"/> Day Reporting | <input type="checkbox"/> Parenting Class |
| <input type="checkbox"/> Day Treatment | <input type="checkbox"/> Primary Health/Dental Care |
| <input type="checkbox"/> Detoxification | <input type="checkbox"/> Probation Residential Services |
| <input type="checkbox"/> Developmental Disabilities Support Services | <input type="checkbox"/> Relapse Prevention |
| <input type="checkbox"/> Early Recovery | <input type="checkbox"/> Substance Abuse Residential |
| <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Three-quarter House |
| <input type="checkbox"/> Group Counseling | <input type="checkbox"/> Other (List) |
| <input type="checkbox"/> Half-way House | _____ |
| <input type="checkbox"/> Housing | _____ |
| <input type="checkbox"/> Individual Counseling | _____ |
| <input type="checkbox"/> In-patient Treatment (up to 28 days) | _____ |
| | _____ |

Please list all TREATMENT or SERVICE Providers associated with your problem-solving court program:

<u>Company/Agency</u>	<u>Type of Treatment</u>	<u>Point of Contact</u>	<u>Phone</u>
------------------------------	---------------------------------	--------------------------------	---------------------

Provide information on what partnerships are being established. Please attach documents and Memorandums of Understanding as appropriate.

Section IV – Funding

Describe the total amount of funding the program has received, or anticipates receiving this fiscal year. (Fill ALL that apply, explain as needed and enter the total annual funding amount):

<u>Funding Source</u>	<u>Funding Amount</u>
A. Federal Government	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
B. State Government	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
C. Local Government	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
D. Private Sources (i.e. Grants, donations from businesses or foundations, and other charitable organizations)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
E. Other	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Describe your plan and/or goals to financially sustain the program as a valuable and cost effective service to the community:

Section V - Statistical Data and Evaluation

How is data to be collected and compiled?

- Automated Manually Both

Describe the method in which the problem-solving court plans to collect and then use the data and statistics to effectively determine whether the program is meeting its goals and objectives.

Section VI - Problem-Solving Court Personnel

Please list all personnel associated with your problem-solving court program (i.e. judge, coordinator, prosecutor, defense counsel, probation, etc.)

<u>Name</u>	<u>Role</u>	<u>Phone</u>	<u>E-Mail Address</u>
-------------	-------------	--------------	-----------------------

Has this problem-solving court judge received formal training in establishing a problem-solving court? If the answer is Yes, please list who provided the training and when it was provided.

- No Yes
- By Whom & When _____
- By Whom & When _____
- By Whom & When _____

Signing Authority

This Application & Plan for Proposed Problem-Solving Court Program has been authorized for submission by:

Signature of Administrative Judge

Date

Signature of Problem-Solving Court Judge (If Different)

Date