

Please complete and return to maryellen.kraese1@maryland.gov

Agency Name	Beacon of Hope Recovery Community Center
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Data Point	Statistic or Range reported
<ul style="list-style-type: none"> Number or % incarcerated with Serious Mental Illness (SMI)* Types of diagnoses: <ul style="list-style-type: none"> Schizophrenia (N=Number) Major Depression (N) Bi-Polar disorder (N) Co-occurring substance use (N) Average length of time incarcerated (SMI vs general population) SMI Recidivism** rates relative to general population rates Average time between rearrests (SMI vs general population) 	
<ul style="list-style-type: none"> Number or % homeless with SMI Housing availability (capacity) for homeless with SMI 	
<ul style="list-style-type: none"> Emergency Department presentations with SMI 	
<ul style="list-style-type: none"> Behavioral Health services referred (cases): <ul style="list-style-type: none"> Inpatient hospital (N) Intensive Outpatient Treatment (N) Outpatient (N) 	
<ul style="list-style-type: none"> Number or % of Emergency Petitions with SMI 	
<ul style="list-style-type: none"> Substance Abuse Recovery Court and SMI (number of cases) 	
<ul style="list-style-type: none"> Failure to appear in court (N) (SMI vs general population) 	
Other metrics of interest <ul style="list-style-type: none"> 	

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*Definition SMI (serious mental illness) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI. Examples include: major depression, bipolar disorder and schizophrenia.

** recidivism ~ a re-arrest that results in conviction

In addition to soliciting quantitative information, we welcome qualitative input as well. If able, please provide a narrative (~case study) or scenario that might help inform our group. Your case study/story can assist in refining mental health court shaping criteria.

Narrative:

A case study example that stands out from those that the Beacon of Hope Recovery Community Center have supported in the past year is one of mixed success and result. On the positive side, our intervention assisted the gentleman from sleeping outside during the coldest nights of the winter, provided him with basic needs such as clothing and food and even camping out materials, offered him positive social and recovery informational interactions as well as a safe place to be at our center, facilitated substance use treatment assessment, and set him up with referrals for re-entering the outpatient mental health services he needed. On the negative side, this gentleman's serious mental illness and lack of timely access to a mental health appointment in the community as well as needed medication management led to him being rearrested. "Malcolm" is a young man who first came to the recovery community center with limited clothing and supplies, having been removed from the WARM program for inappropriate behavior. Malcolm was unable to stay at Three Oaks, and was not allowed to come back to the Southern Maryland Community Network Crisis House due to behavior when last there. Malcolm was often very courteous, grateful and shy but also appeared to us to be responding to hallucinations and spoke of realities in his mind (i.e. that he had killed Osama Bin Laden) that were delusional. As we established rapport with him and engaged him in recovery center activities, we also discovered a deep history of institutional trauma from hospitals and incarcerations and a fractured family support system. Our program worked alongside WARM leadership and sheltered Malcolm in hotels for several weeks overnight and met with him during the day at the recovery community center. This worked for several weeks, but we could not continue due to damage that Malcolm did to the hotel rooms during episodes in which he responded to delusional thoughts or invited individuals into the hotel room with him who abused substances on site. In the end, the best we could do for him was to help him with materials to sleep out safely, check in and offer him a safe space at the center daily, and await his mental health appointments made on his behalf with the provider of his choice. His substance use issues were strongly secondary to his serious and persistent mental illness. As a result, we was not a good candidate for an inpatient SUD program. Sadly, before we could get him to his mental health providers' appointments, he was re-arrested and incarcerated. We believe that a mental health court could spare Malcolm and others like him so much additional trauma of re-arrest, incarceration and hospitalization.

