



Behavioral Health Action Team

Exploratory Subcommittee

on

Mental Health Court in St. Mary's County

Report and Recommendations

November 2020

The 2020 Behavioral Health Action Team (BHAT) formed a subcommittee to explore the need/opportunity for a Mental Health Court (MHC) in St. Mary's County, focused on supporting vulnerable adult members of our local community with serious mental illness (SMI): major depression, schizophrenia, and bipolar disorder. The MHC problem-solving court concept is similar to drug court; however, focused on connecting participants with requisite services and the safe assimilation of participants into the community. The goal of MHC is to decrease the frequency of participants' contact with the criminal justice system by providing judicial oversight to improve their social functioning with respect to employment, housing, treatment, and support services in the community. There are currently six MHC's in Maryland. The BHAT subcommittee executed the following methodology over a four-month period: literature review, engaged stakeholders, key informant interviews, data collection, data review and assessment, and draft report. This report summarizes BHAT MHC work and offers findings/recommendations to inform the Healthy St. Mary's Partnership Community Health Assessment process and BHAT efforts moving forward.

Data collection was employed to assess the scope of SMI population needs relative to community resources. The following data pertain. During FY 20 (July 1, 2019 – June 30, 2020) MedStar St. Mary's Hospital (MSMH) reports 1588 patients with SMI diagnoses presented to the Emergency Department. During FY20, the Behavioral Health Unit (BHU) recorded 578 inpatients with SMI and 64 intensive outpatient patients with SMI. From January through August 2020, the St. Mary's County Sheriff's office reports 181 of 495, or 37%, of Emergency Petitions were for individuals with SMI. Of the 25 current-year St. Mary's County drug court cases, 56% or 14 cases have co-occurring diagnoses (9 major depression, 5 bi-polar). And of 344 active probation and parole cases, it is estimated 44 or ~ 13% are individuals with SMI. As of

September 2020, the St. Mary's County Detention and Rehabilitation Center (SMCDRC) reported a current population of 310 (179 inmates and 131 pre-trial offenders); of that population 70 inmates or ~ 23% are diagnosed with SMI and/or exhibit significant adjustment/behavioral concerns. In 2018, 33% of inmates were referred to outpatient treatment or transfer to a mental health facility; in 2019, the referral rate was 20%. The average length of stay for detainees is approximately 30 days. And, regarding inmate recidivism rates, the Deputy Warden states, "We are sadly a revolving door for those with mental health." In addition to quantitative data, qualitative data/relevant case study information was solicited. Pyramid-Walden provided a comprehensive scenario that offers context for the utility of MHC; this case study identifies interdependencies of connecting an individual to myriad services, and articulates negative consequences when they were unable to provide requisite support in a timely manner. In summary, Pyramid-Walden offers, "We believe that a mental health court could spare "Malcolm" and others like him so much additional trauma of re-arrest, incarceration and hospitalization."

Throughout this process, the subcommittee discovered several community agencies and/or case managers (CM) that touch and/or support the SMI population, often in an ad hoc manner. The following pertain: Department of Social Services, Adult Protective Services, Three Oaks, Department of Aging and Human Services, MSMH outpatient CM, Department of Corrections CM, Department of Parole and Probation CM, St. Mary's County Drug Court, On our Own St. Mary's, Pyramid-Walden, Pathways, Project Chesapeake, SMCHD Care Coordinator (and Southern Maryland Community Network). Currently, there is not a single point of contact, process or entity identified that is responsible to coordinate the essential elements of a MHC, such as: planning and administration, target population and eligibility criteria, participant

identification and linkage to services in a timely manner, terms of participation, informed consent, treatment support and services, monitoring adherence to requirements, and sustainability. MHC-related services might include: assessment, case management, mental health treatment (inpatient or outpatient), housing, substance use treatment, enrollment in insurance, etc. There is a recognized paucity of inpatient mental health facilities available in Maryland. The Deputy Warden stated, “One of the greatest challenges is at release to find placement for MH clients. The judge is willing to release them if they have a place to go; however, the reality is the bed space is so limited.” Coordinated efforts, via an interdisciplinary team, are necessary to ensure efficacy, preclude overlap, offer continuity of care and minimize the probability that an individual in need may “fall through the cracks.”

In general, the subcommittee received timely support from stakeholders, to include requests for information and data calls. A constraint experienced throughout the process was limited access to select stakeholders, in particular the Public Defender’s Office and Three Oaks. Thus, tailored information regarding SMI and housing availability (homelessness) is not available. Despite the lack of quantitative data, there is anecdotal information available that links housing challenges associated with SMI individuals; the Pyramid-Walden case study pertains.

Based on this BHAT MHC assessment, there are a number of recommendations provided for consideration; these recommendations are not mutually exclusive. The following pertain:

- Expand the St. Mary’s Drug Court eligible population beyond substance use to accommodate individuals with SMI. Current year Drug Court cases accommodated 14 individuals with co-occurring diagnoses (SMI and substance use disorder). It is estimated MHC services would be required for approximately 20 individuals/year. (responsible office St. Mary’s Drug Court; point of contact Ms. Spates)

- Refine the St. Mary's County Detention and Rehabilitation Center Pre-Trial Services Program for individuals with SMI, and entertain referrals from law enforcement, medical personnel, family members. (responsible office SMCDRC; point of contact Maj Diedrich)
- Enhance the Health Department Care Coordinator position/offering to incorporate oversight of community care coordination; facilitate interdisciplinary CM team meetings. (responsible office SMCHD; point of contact Jaime Barnes)
- Pursue establishment of MHC in St. Mary's County. Disseminate this report and solicit collaboration with court involvement and requisite judicial participation, and State's Attorney and Public Defenders Office contributions as well.

REFERENCES

Improving Responses to People with Mental Illness, The Essential Elements of Mental Health Court dated 2007

Maryland Fiscal Year 2019 Problem-Solving Courts Annual Report

Maryland Mental Health Court Performance Measures; National Center for State Courts January 2019

Montgomery County MHC Planning and Implementation Task Force Report dated January 2016

APPENDIX

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