

Behavioral Health Action Team
Exploratory Subcommittee
on
Mental Health Court in St. Mary's County
Report and Recommendations
2024 Update

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Acronyms

BHAT - Behavioral Health Action Team

HSMP - Healthy St. Mary's Partnership

MSMH - MedStar St. Mary's Hospital

SMCDRC - St. Mary's County Detention and Rehabilitation Center

SMCHD - St. Mary's County Health Department

SMCSO - St. Mary's County Sheriff's Office

ACT Team - Assertive Community Treatment Team

CM - Case Managers

iHIP - In-Home Intervention Program

LEAD - Law Enforcement Assisted Diversion Program

MHC - Mental Health Court

MOU - Memorandum of Understanding

PATH - Project Assistance in Transition From Homelessness

PRP - Psychiatric Rehabilitation Program

SMI - Serious Mental Illness

TCM - Targeted Case Management

Introduction

In 2023, the Healthy St. Mary's Partnership's (HSMP) Behavioral Health Action Team (BHAT) reconvened its previously established exploratory subcommittee to continue the need/opportunity for a Mental Health Court (MHC) in St. Mary's County. Its focus would be on supporting vulnerable adult members of our local community with serious mental illness (SMI), such as major depressive disorder, schizoaffective disorder, and bipolar personality disorder.

Maryland has six mental health courts: Prince George's, Montgomery, Frederick, Harford, Baltimore County, and Baltimore City. The MHC problem-solving court concept focuses on connecting participants with requisite services and safely assimilating 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. Refer to Figure 1 of Appendix C for an illustrative framework of the Mental Health Continuum of Care.

The BHAT Mental Health Court Subcommittee executed the following methodology over eight months: key informant interviews, data collection, review and assessment, and final report. This report provides a data update from its 2020 report, summarizes BHAT MHC work, and offers findings/recommendations to inform the St. Mary's County District Court and BHAT efforts moving forward.

Data Collection

Data collection was employed to assess the scope of SMI population needs relative to community resources.

MedStar St. Mary's Hospital Data

During the fiscal year 2023 (FY23) (July 1, 2022 – June 30, 2023), MedStar St. Mary's Hospital (MSMH) reported 1,647 patients in the Emergency Department who received a psychiatric evaluation. 26% of these patients were admitted. ED psychiatric evaluations have increased since FY21, with 1,577 completed in FY21 and 1,598 completed in FY22. There was a similar increase in partial hospitalizations/Intensive Outpatient Program admissions, with 30 in FY21, 39 in FY22, and 45 in FY23. In contrast, the number of inpatient admissions has decreased slightly over the past several fiscal years, with MedStar St. Mary's Hospital reporting 588 admissions in FY21, 520 in FY22, and 469 in FY23. Refer to Table 1 in Appendix A.

St. Mary's County Detention Center Data

As of September 2023, the St. Mary's County Detention and Rehabilitation Center (SMCDRC) reported a current population of 303 (209 incarcerated individuals and 94 community corrections justice-involved individuals); of that population, 57, or 19%, are diagnosed with SMI and/or exhibit significant adjustment/behavioral concerns. Refer to Table 2 in Appendix A. This proportion is relatively consistent with BHAT's 2020 MHC Report, which was at 23%. In 2021, 10% of incarcerated individuals were referred to outpatient treatment or transferred to a mental health facility; in 2022, the referral rate was 12%. This change is a significant drop from the previous referral rates of 33% in 2018 and 20% in 2019. The average length of stay for detainees is approximately 229 days, a 16% increase from 2020 (198 days). Regarding incarcerated individual recidivism rates in 2023, the Warden states, "Jails and prisons have become defacto mental health institutions."

Additionally, there is a waiting list for individuals awaiting admission to a state hospital. As of March 2024, the Warden reports nine court-ordered individuals are waiting for admission, a number higher than Montgomery County.

St. Mary's County Sheriff's Office Data

From January to August 2023, the St. Mary's County Sheriff's Office reported 353 Emergency Petitions (EPs), a 29% decrease from 2020 (495). Refer to Table 3 in Appendix A. This number may also reflect court-ordered EPs that SMCSO does not initiate but serves at the court's direction. It is also important to mention that unless an individual discloses that they have an SMI, SMCSO does not collect information on individuals with SMI who become emergency petitioned.

Community Partners and Providers

Throughout this process, the subcommittee discovered several community agencies and/or case managers (CM) that touch or support the SMI population, often in an ad hoc manner. The following pertain: Department of Social Services, Adult Protective Services, Three Oaks Center, 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 Healthcare, Pathways, Project Chesapeake, and St. Mary's County Health Department (SMCHD) Care Coordinator. Currently, there is not a single point of contact, process, or entity identified that is responsible for coordinating the essential elements of an 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 lack of inpatient mental health facilities available in Maryland. The Deputy Warden stated, “One of the greatest challenges at release is finding placement for mental health 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.”

Sheriff’s Office Mental Health Liaison

Within the St. Mary’s County Sheriff’s Office, The Mental Health Liaison has a unique role within the agency. Responsibilities include following up with individuals with prior contact with law enforcement to provide connections to mental health resources. Officers provide referrals to the mental health liaison for follow-up; however, all calls must have a mental health component or a need for connection to resources. Some examples of the types of calls that receive follow-up are emergency petition calls, welfare calls, mental subject calls, domestic no-assault calls, and attempted suicide calls. See Table 4 in Appendix A for the total number of follow-ups for 2023. Despite performing follow-ups, the mental health liaison has no caseload and does not case manage. In about 80% of the cases, no crime was committed or charges filed relating to the call.

Qualitative Data

In addition to quantitative data, MHC subcommittee members received information on a relevant case study and attended a mental health docket session in a neighboring county. Beacon of Hope Recovery and Wellness Community Center provided a comprehensive scenario of a woman named Judy, whose story offers context for the utility of MHC (see Appendix B). Judy’s

case study identifies a need for a centralized point of contact for individuals with serious mental illness in the court system and to be provided the resources needed to connect with community-based support. In a summary of her circumstances, Beacon of Hope concludes, “Judy’s challenges would be much more supported if we had a mental health court or docket system in place.”

Calvert County Mental Health Docket

On December 20, 2023, five subcommittee members attended two Calvert County Mental Health Docket sessions, each one hour long. Individuals were called to the stand, their charges stated, and the public defender provided updates on case management, compliance with treatment, and competency to stand trial. Judge Saunders, the presiding judge for the docket, orchestrated care swiftly between the court and community agency case managers for follow-up treatment. Cornerstone Montgomery was the preferred referral agency, with 3-4 representatives present for each session. Examples of some of the charges were trespassing, disorderly conduct, obstruction, driving under the influence of alcohol, intoxication/public disturbance, and violation of probation. Calvert County’s approach to care coordination aligns with St. Mary’s County Health Department’s (SMCHD) LEAD program.

Parole and Probation Behavioral Health Assessments

Parole and probation assesses for behavioral health at intake, but unfortunately, they do not track this measure. However, they can provide how many individuals are court-ordered to receive an assessment/evaluation and complete recommendations, as this would be a condition of their court order. Since 2013, 18 individuals have been court-ordered to receive assessment/evaluation and follow recommendations. Additionally, there are cases where there are special conditions such as completing and paying for any required cost for any and all

evaluations, treatment programs, testing, and aftercare as directed by the Division of Parole and Probation, which may include substance abuse, mental health, anger management, parenting, domestic, violence, and other issues. However, this information cannot be sorted, and data is unavailable as this is not a tracked measure.

Recommendations

Based on this assessment, the Behavioral Health Action Team recommends that St. Mary's County District Court consider the implementation of a Mental Health Docket that meets once a month, consisting of the District Court Judge, Public Defender, and States Attorney, and operates similarly to the Calvert County Mental Health Docket sessions. SMCHD has the capacity to support a Mental Health Docket program in St. Mary's County in several ways. The agency offers various behavioral health services, including mental health and substance abuse services, expanding the entire continuum of care. Refer to Figure 1 in Appendix C for an illustration of the mental health care continuum and examples in St. Mary's County.

SMCHD's Law Enforcement Assisted Diversion (LEAD) Program

Law Enforcement Assisted Diversion (LEAD) is a pre-booking diversion program developed with the community to address low-level drug and prostitution crimes. The program allows law enforcement officers to redirect low-level offenders to community-based services instead of jail and prosecution. By diverting eligible individuals to services, LEAD is committed to improving public safety and public order and reducing the criminal behavior of people who participate in the program. SMCHD can fulfill the care coordination or peer recovery specialist role by attending the mental health docket proceedings, working with the individual to complete intake, and being the point of contact for linking to behavioral health and social support resources.

Detention Center Collaboration with PATH Program

Project Assistance in Transition From Homelessness (PATH) provides care coordination services to incarcerated individuals located at the St. Mary's County Detention Center. Individuals have to have targeted mental health diagnoses and identify as being homeless. The detention center will provide referrals to the care coordinator, who will complete an intake assessment and offer follow-up services for 3-6 months to ensure the individuals connect to behavioral health wrap-around services upon their release. The program will assist with connecting individuals to housing services such as residential group homes, residential substance use services, local shelters, permanent supported housing, and permanent housing through partner collaborations with the Department of Human Services (DHS), Three Oaks Center, and the Housing Authority as well as outpatient case management and treatment services. The coordinator will also offer additional referrals to Peer Support, Adult Care Coordination, and the SOAR program (SSI/SSDI, Outreach, Access & Recovery) to apply for disability benefits.

We recommend developing a Memorandum of Understanding (MOU) between SMCHD and St. Mary's District Court, which would include the ability to participate in court proceedings once the participant receives the release of information to provide general reports to the courts of progress with court orders.

Appendix A - Data Tables

Table 1. MedStar St. Mary's Hospital ER Admissions Data for FY 2021-2023.

	FY 2021	FY 2022	FY 2023
In Patient Admissions	588	520	469
Partial Hospitalizations/Intensive Outpatient Program (PHP/IOP) Admissions	30	39	45
Emergency Room (ER) Evaluations	1577	1598	1647

Table 2. St. Mary's County Detention Center Data for September 2020 and September 2023.

	September 2020	September 2023
Current population	310	303
Incarcerated individuals	163	209
Number of inmates diagnosed with SMI or exhibit significant adjustment/behavioral concerns	70 (23%)	57 (19%)
Community corrections justice-involved individuals		
Pre-trial offenders (2020 report)	131	79
Day Reporting (formerly Home Detention)	16	15
Referral rate for incarcerated individuals to outpatient treatment or transferred to a mental health facility	2018 - 33% 2019 - 20%	2021 - 10% 2022 - 12%
The average length of stay for detainees in days	198	229

Table 3. St. Mary's County Sheriff's Office Data on Emergency Petitions for 2020 and 2023.

	2020 (January 1 - August 30)	2023 (January 1 - August 30)
Number of Emergency Petitions (Adults and juveniles)*	495	353

*This number may also reflect court-ordered EPs that SMCSO does not initiate, but serves at the direction of the court.

Table 4. SMCSO Mental Health Liaison's Total Number of Follow-Ups in 2023.

	Phone	Email	Mail	Face-to-Face	Total
January to December	638	66	270	79	1053

Appendix B - Case Study provided by Beacon of Hope

“Judy” was first engaged by Behavioral Health Hub staff who saw her standing outside with bags in the early fall of 2023. Members of the Harm Reduction team brought her to Beacon of Hope to assist her find resources for homelessness, such as basic needs and shelter while also recognizing she seemed to be struggling with behavioral health issues. With navigational support from the Beacon of Hope team and returns to the Behavioral Health Hub for medical care, Judy was willing to accept help with her primary concern of housing. She stated that she had come from Long Island attempting to connect with family in the area and reported having “the police called on her” by her cousin. She had lost her NY identification and was thus unable to cash a hard check for the social security she had been carrying. Judy was able to initiate electronic payment of her Social Security funds and access shelter referrals through DSS. Beacon of Hope provided her daily transportation to the center and assisted her with hotel shelter while awaiting a shelter bed. A physically disabled woman with panic symptoms who was unfamiliar with the area, Judy also appeared to display symptoms of an undetermined diagnosis of what the Beacon team believed was serious and persistent mental illness, even though she denied having mental health issues. She was not a candidate to live in a tent on her own. With the companionship and structure of the daily support of peer specialists and her basic needs met, her mental health seemed to stabilize. When approached periodically about getting mental health services, Judy declined a mental health program—fearing being institutionalized as she reported being in NY.

Several weeks later, Judy was placed in an emergency women’s shelter at Three Oaks Center. Initially, she settled in well and began attending the Beacon of Hope services more sporadically and continued to work on her ID, hampered by not having a birth certificate and

stating she was born in Mexico. Judy also had court appearances due to what she stated was trespassing. When she missed a hearing, she was placed in the St. Mary's County Pre Trial Program.

In January 2024, Three Oaks also contacted Beacon of Hope stating that she was in the process of being evicted from the shelter for unsociable and unhygienic behaviors. She ultimately was evicted and was on the street by January 23rd, when deputies sought refuge for her during the dangerous temperatures and she was hospitalized and treated for somatic concerns but not treated for her mental health or seen by psychiatric staff. While at the hospital, she reached out for help from Beacon of Hope. Working together, Beacon of Hope and Pre Trial Care Coordinator discovered that DSS currently considered her unshelterable due to her behaviors at Three Oaks, which were likely the result of her untreated mental illness. Judy agreed to Beacon of Hope's condition that Judy participate in mental health treatment and seek stabilization and once again became a daily daytime guest at Beacon. The Pre Trial program agreed to let Beacon of Hope try to find her a placement and assist with crisis hotel shelter in very short-term, as without a place to live Judy would be violating the terms of the Pre Trial program which risked incarceration.

As of the date of this summary, Judy was provisionally accepted into Porter House for admission in three more days. Beacon of Hope was able to seek assistance from the Behavioral Health Hub, as a referral from a licensed clinical mental health worker is required for Porter House. She agrees to participate in mental health evaluation and stabilization while there and is being sheltered by Beacon of Hope via a crisis hotel until then. Porter House staff has already expressed concern to Beacon of Hope staff on the challenges of finding a residential placement once her stay at Porter House ends. Beacon of Hope and Pre Trial Care Coordination is hoping to

build on any mental health stabilization she achieves while at Porter House to assist her in a longer-term housing program and avoid incarceration.

Appendix C - Mental Health Continuum of Care

The Mental Health Continuum of Care

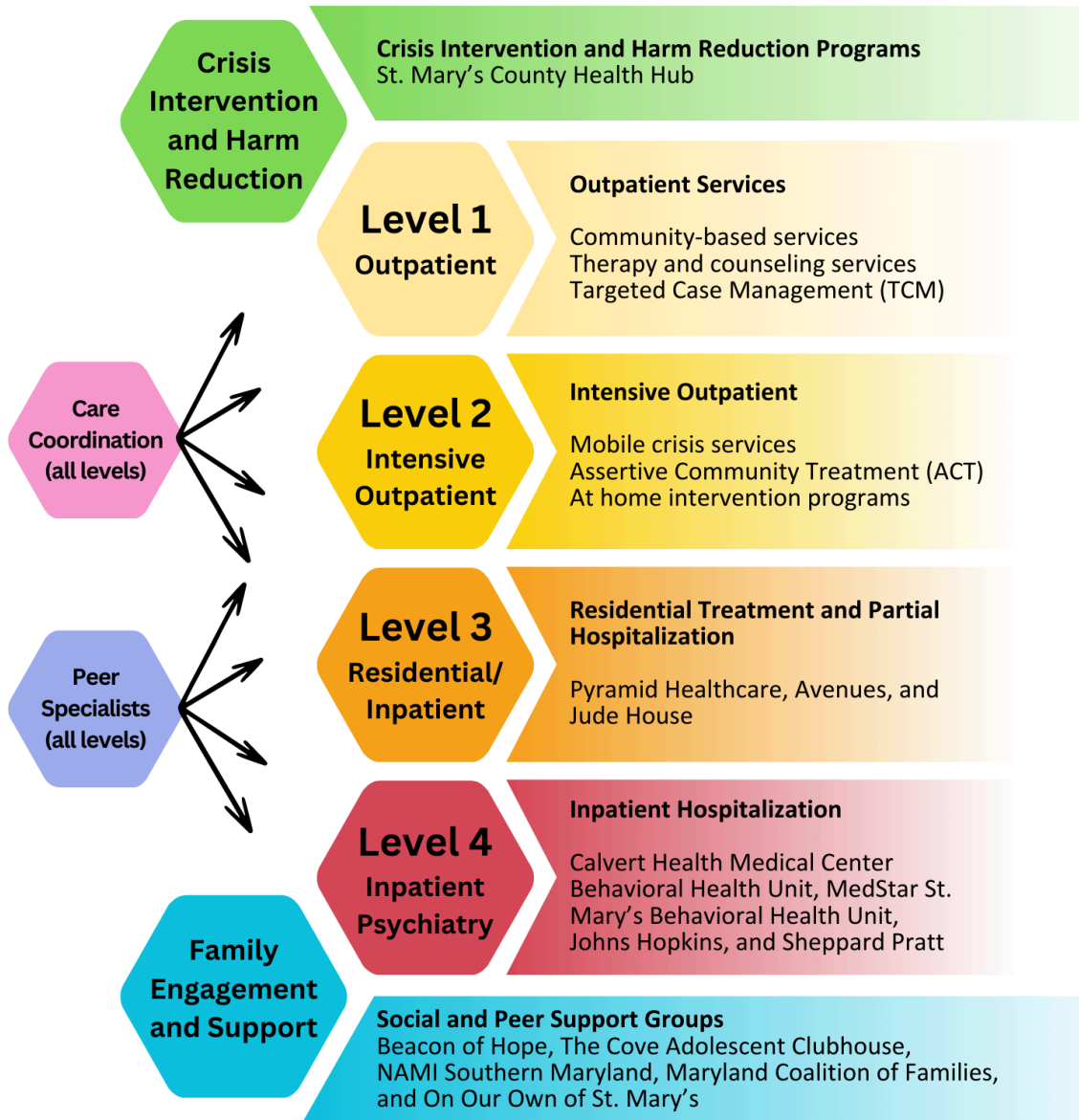


Figure 1. This graph illustrates the mental health continuum of care and examples in St. Mary's County.

Appendix D - Subcommittee Members and Contributing Members

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Laura Stewart Webb, Pyramid Healthcare
Maryellen Kraese, St. Mary's County Health Department
Shan Chen, St. Mary's County Health Department
Tammy Loewe, St. Mary's County Health Department