



CHANGING
Maryland
for the Better

Update on Forensic Services: Mental Competency & Substance User Disorders

November 2017

All information herein is subject to change

Update on Capacity for
Court Orders for Mental Competency Treatment
(Title 3)

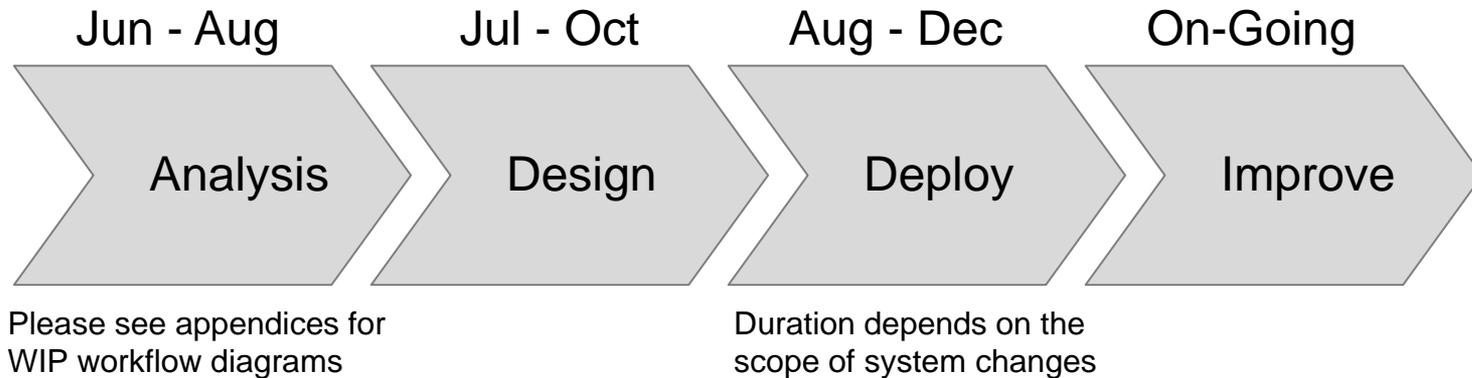
What is the challenge?

Wait Times for Placement to BHA Hospitals

- Objective: Place defendants and inmates into MDH BHA hospitals for mental health services within reasonable time from the date of a court order
- Challenge: Wait times in recent years that have been excessive, largely due to capacity constraints

How are we bringing about change?

Industry-Standard Method for Process Analysis & Change



Identifying and implementing improvements in:

- Workflow
- Work Tools
- Workforce

What were the improvement goals established in 2016?

Forensic Services Workgroup (established June 2016)

Recommendation	MDH Response / Plan
1 Open 24 inpatient and 24 step-down beds, plus community beds	MDH is opening 95 beds of the recommended types from April 2017 through April 2018. (See separate slide.) MDH has also partnered with Way Station (Sheppard Pratt) for 16 step-down beds at MDH Springfield.
2 Increase availability of community crisis services	MDH has completed an assessment and is delivering its recommendations to the legislature in winter 2017 / 2018. For example, MDH is developing its plan to improve the availability, consistency, and quality of hotline services. In sum, the work on crisis services is on-going.
3 Expand capacity of the office of forensic services (OFS)	MDH expanded OFS capacity by seven staff members in 2017. In addition, MDH has assigned an internal consulting team to bring about changes in procedures and systems.
4 Expand community capacity to support court-involved persons	MDH opened the Way Station program cited above; implemented intensive, individualized discharge planning; is engaging providers for feedback and training; and is developing a Choice Provider Network to launch for SUD services in early 2018.
5 Centralize forensics services to improve efficiency	MDH has created a Central Admissions Office (CAO) as a single point of contact for submitting orders and making inquiries. The office handles evaluations and placements for both Title 3 and 850X for all courts; for all hospitals. MDH has also appointed a single Director of Hospitals.

How are we expanding MDH forensic capacity?

New Beds in MDH Hospitals, Centers, and Partnerships

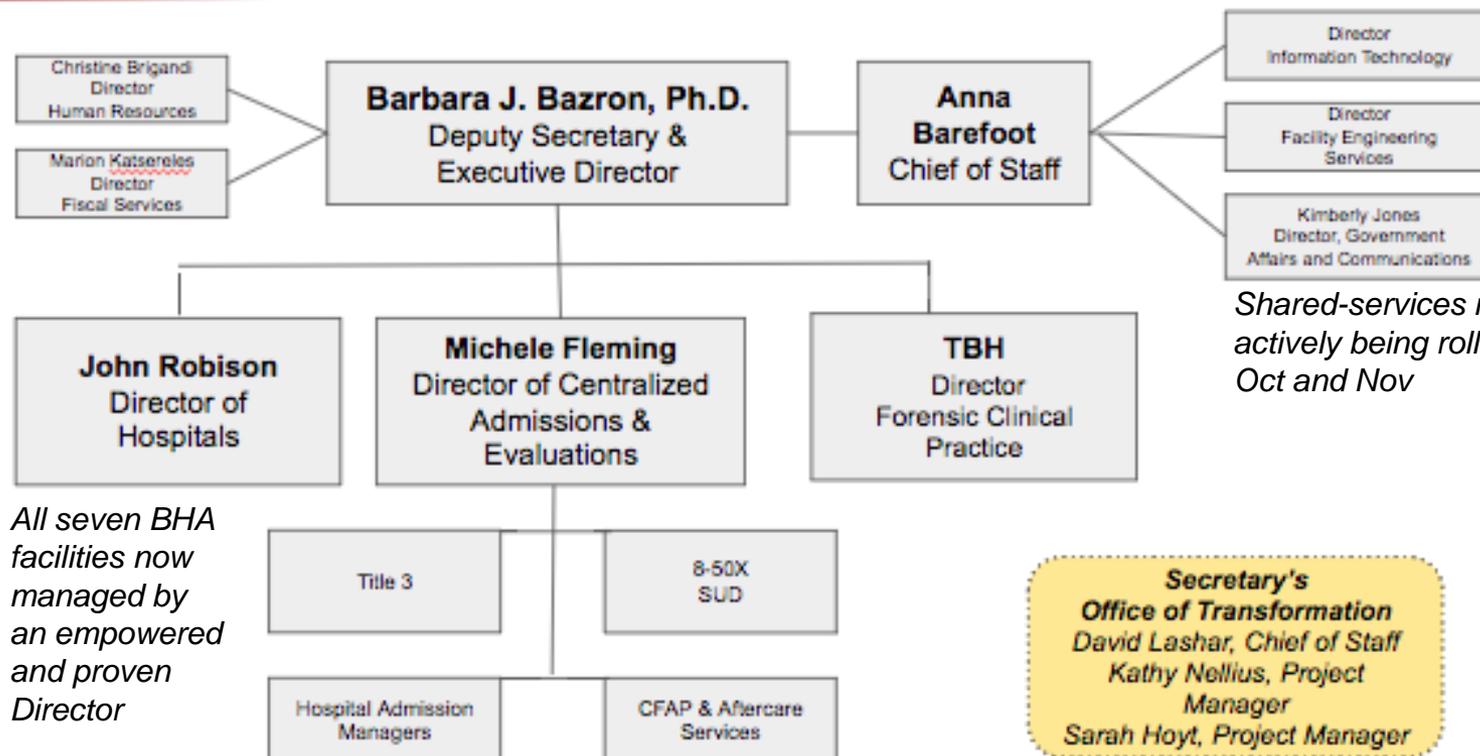
Hospital		Beds	Completion*	Comments
1	Clifton T. Perkins (1)	20	Apr '17	10 step-down beds & 10 medium-security beds
2	Clifton T. Perkins (2)	20	Dec '17	Max-security beds for which hiring is under way
3	Potomac Center (1)	12	Oct '17	Transfer dual-diagnosis patients from BHA to DDA
4	Potomac Center (2)	6	Jan '18	Transfer dual-diagnosis patients from BHA to DDA
5	Eastern Shore Hospital	24	Mar '18	Psychiatric inpatient beds
6	Bon Secours	5	Nov '17	Psychiatric evaluations and inpatient services
7	Adventist	8	Nov '17	Psychiatric evaluations and inpatient services

95 Total

*Currently estimated dates. Investment, hiring and negotiation is under way for all of the above. For expansions in late 2017 and early 2018, the completion date for the last bed in each facility depends on the pace at which hiring and training occur. The expectation and plan is that most all of the planned beds will be operational by Jan/Feb 2018. If pace of hiring is slower than expected, then the last of the beds might not become operational until Mar/Apr 2018, especially for Eastern Shore Hospital Center. (Note: In addition to the foregoing beds for treatment services, MDH signed an agreement with Bon Secours in September for four (4) beds for diversion services as an innovation for service capacity.)

What have we done recently (1 of 2)?

Team Structure



Shared-services model actively being rolled out in Oct and Nov

All seven BHA facilities now managed by an empowered and proven Director

Secretary's Office of Transformation
David Lashar, Chief of Staff
Kathy Nellius, Project Manager
Sarah Hoyt, Project Manager

Internal consulting team deployed to BHA Forensics for transforming processes, tools, and performance

What have we done recently (2 of 2)?

Centralized Admissions Office

Centralized Admissions Office Mission

The Maryland Department of Health (MDH) has created a Centralized Admissions Office that will process all court orders that commit patients to MDH for evaluation or treatment services for substance use disorders or mental health issues.

The Centralized Admissions Office will serve as the single point of contact for submitting all court orders to MDH and making any inquiries on such orders. Send all court orders by e-mail or fax.

CONTACT INFORMATION

Centralized Admissions Office Main Number: 410-402-8422

E-mail: mdh.admissions@maryland.gov

Fax: 443-681-1035

Questions:

Michele Fleming, LCSW-C

Director, Central Admissions Office: 410-916- 1215 (cell)



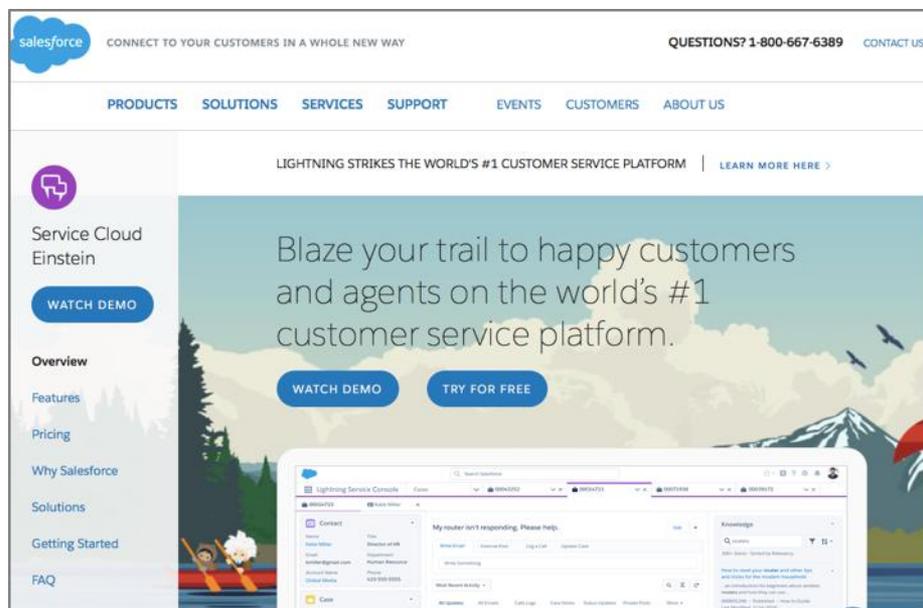
MARYLAND
Department of Health

BHA formally launched and announced its Centralized Admissions Office on October 13. The above information card has been sent via email to the courts, the detention-center administrators, and other key stakeholders



What are we currently focused upon?

Automation for Case Management and Bed Management



- **Title 3 Bed Management:** Real-time automated report for MDH beds to go live by early November
- **Title 3 Case Management:** Existing system being refined and, more important, re-deployed with training in October / November
- **850X Case Management:** Existing system updated on October 13 to accommodate changes to statute (i.e., to report on the 21-day requirement); new system based on Salesforce.com to be procured and configured in October / November (screenshot above)
- **850X Bed Management:** Targeted for 2018

How are we doing?

Status as of October 18

- Waitlist / Backlog of court commitment orders
 - June / July: 40-50
 - September: Mid-20s
 - October / November: 10-20 → 13 as of Monday, November 3
- Cycle Times: Our current focus
 - Improved ability to collect data (from MDH bed-management system)
 - Improved ability to report data
 - Expect to be ready to share reports at next quarterly meeting
- Contempt Finding (Sept. 28)
 - MDH has been vigorously expanding capacity, accelerating throughput, and improving service, as described above
 - MDH is filing an appeal and seeking a stay

Update on Progress for Justice Reinvestment Act (JRA)

Health General Article 8-505: SUD Evaluation Services

Health General Article 8-507: SUD Treatment Services

What is the challenge?

Cycle Times for Placement to SUD Treatment Facilities

- Objective: Place forensically involved individuals evaluated to suffer SUDs into community facilities for SUD services within 21 days from the date of a court order (effective October 1, 2017 per JRA)
- Challenge: Cycle time for 8-507 SUD placements was 80 – 100 days in the year from July 1, 2016, to June 30, 2017

Communications & Training

JUSTICE REINVESTMENT ACT: ALCOHOL AND DRUG TREATMENT

Health General Commitments (Md. Health General Code Ann. ("HG") §§8-505 and 8-507)

Evaluation: (HG §8-505)

- MDH shall complete within 7 days (subject to extension)
- If the evaluator recommends treatment the report shall
 - Name program immediately able to provide recommended treatment; and
 - Give estimated date when program can begin the treatment

Commitment for Treatment: (HG §8-507)

Timing – may be ordered:

- As a condition of release;
- As a condition of probation; or
- During a period of incarceration
 - Can be requested and ordered even if Defendant did not file timely request for modification, or prior request was denied

Prerequisites:

- Defendant must consent to treatment;
- Court must order and consider an HG §§8-505/8-506 evaluation;
- Court must find the recommended treatment appropriate and necessary;

Bench card with requirements and leading practices for judicial orders for 8505 evaluations and 8507 placements delivered to the judiciary on August 18 under sponsorship of Judge Cox ... which is part of a summertime re-commitment to Department engagement with key stakeholders, notably DPSCS, the BHA Advisory Council, and BHSB

What are we currently focused upon?

Accelerated Throughput to Achieve 21-Day Target

		Current Best-Case Business Days
Signed	Key Actor: Judiciary Key Oppty: Provide clean, actionable orders	1
Received	Key Actor: MDH (Office of Justice Services) Key Oppty: Receive electronically	1
Validated	Key Actor: MDH (Office of Justice Services) Key Oppty: Implement a proper case-management system	1
Cleared	Key Actor: DOC & LDCs Key Oppty: Streamline procedures; keep data up-to-date	7
Assigned	Key Actor: MDH (Office of Justice Services) Key Oppty: Implement a proper case-management system	7
Placed	Key Actor: MDH (Office of Justice Services) Key Oppty: Implement a proper case-management system	4

The overall challenge is to reduce a process that has taken 80-100 calendar days on average over the last year to 21 calendar days by this fall for orders w/out detainers / holds

Status as of October 11

- Placement Pipeline as of Oct. 18

- Total Received: 30
← As compared to ~90 in May; 75 on June 16; 44 on July 17
- Orders w/ Issues: 0
← Issues with court order (discussed below)
- Orders in Process:
 - Scheduled for Placement: 19
← 81% scheduled for placement by e.o.m.
 - Cleared: 1
 - Received as LOIs: 1
 - Court-Requested Hold: 6

- Placements vs Capacity (Aug. 25)

- Total capacity with providers: 245
 - Current placements with providers (Aug 10): 185
 - Available capacity with providers: 57
- } Indicates more of a through-put problem than a capacity problem



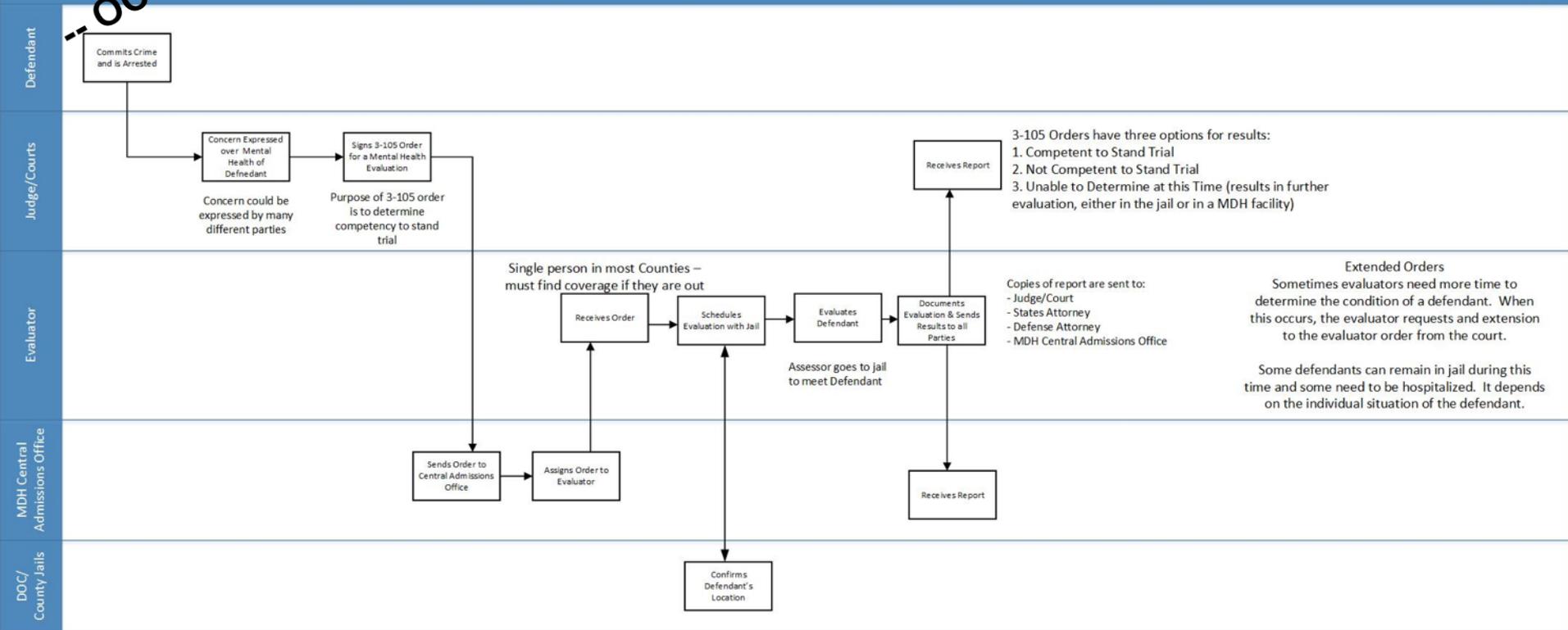
Appendix 1

PROCESS FLOW DIAGRAMS

Title 3: Incompetency Process 1

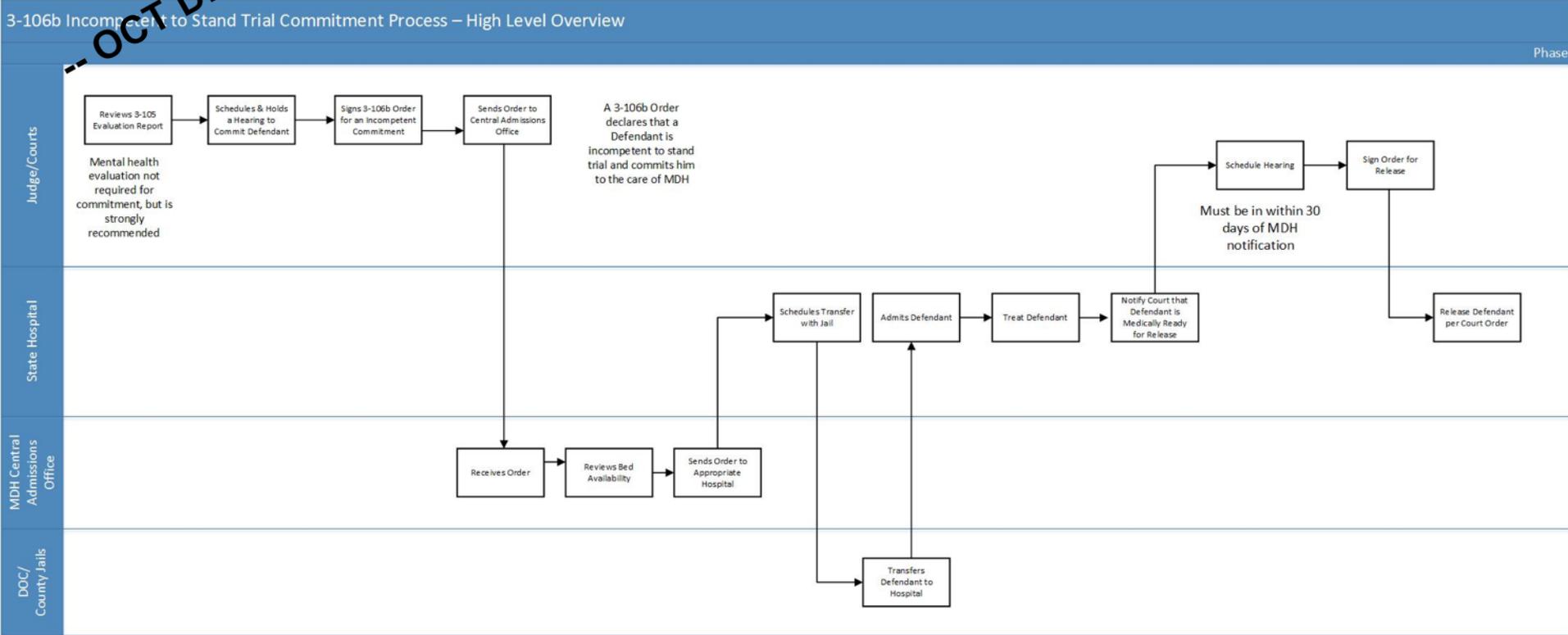
3-105 Mental Health Evaluation Process – High Level Overview

Phase



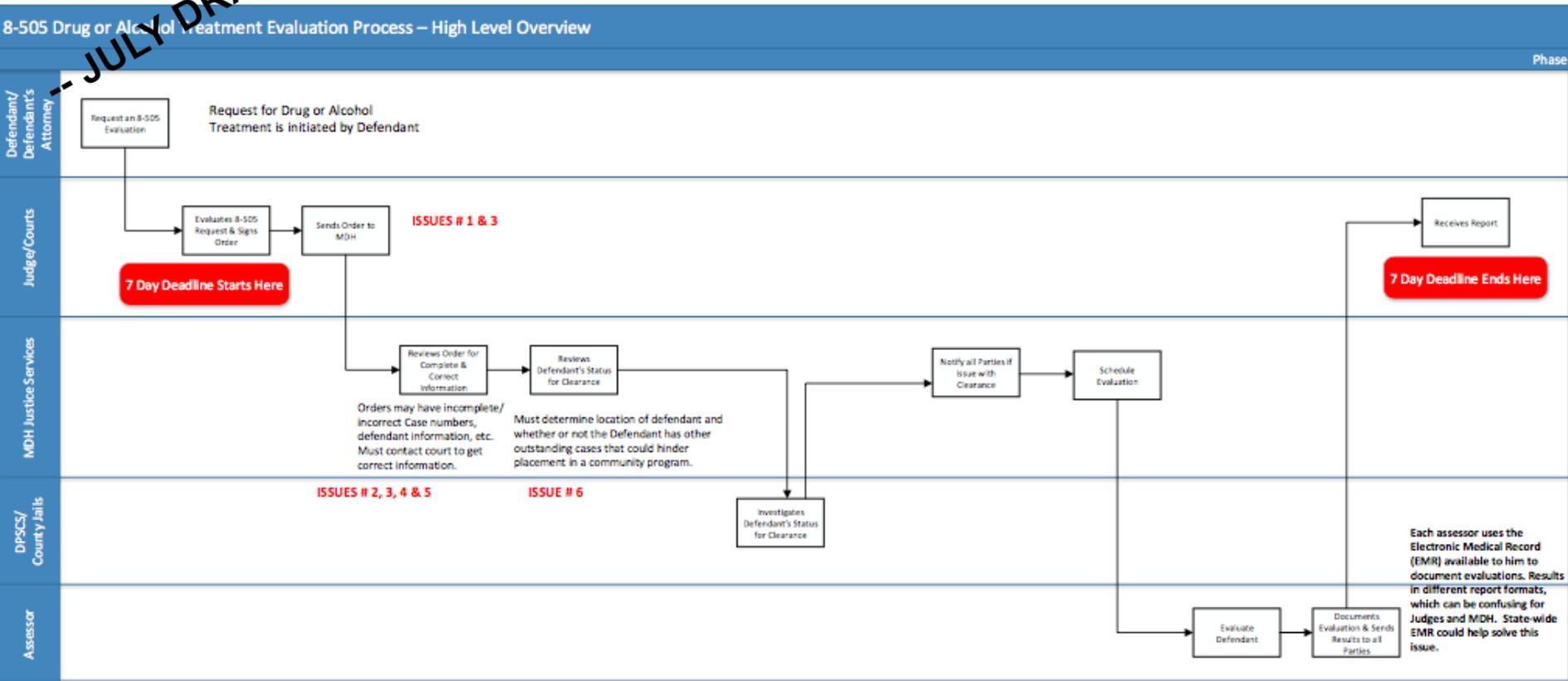
Title 3: Incompetency Process 2

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Health-General 8-505 Process

JULY DRAFT --



Health-General 8-507 Process

JULY DRAFT --

