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
### Forensic Services Workgroup (established June 2016)

**What were the improvement goals established in 2016?**

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>MDH Response / Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Open 24 inpatient and 24 step-down beds, plus community beds</td>
<td>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.</td>
</tr>
<tr>
<td>2. Increase availability of community crisis services</td>
<td>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.</td>
</tr>
<tr>
<td>3. Expand capacity of the office of forensic services (OFS)</td>
<td>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.</td>
</tr>
<tr>
<td>4. Expand community capacity to support court-involved persons</td>
<td>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.</td>
</tr>
<tr>
<td>5. Centralize forensics services to improve efficiency</td>
<td>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.</td>
</tr>
</tbody>
</table>
How are we expanding MDH forensic capacity?

New Beds in MDH Hospitals, Centers, and Partnerships

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Beds</th>
<th>Completion*</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  Clifton T. Perkins (1)</td>
<td>20</td>
<td>Apr ‘17</td>
<td>10 step-down beds &amp; 10 medium-security beds</td>
</tr>
<tr>
<td>2  Clifton T. Perkins (2)</td>
<td>20</td>
<td>Dec ‘17</td>
<td>Max-security beds for which hiring is under way</td>
</tr>
<tr>
<td>3  Potomac Center (1)</td>
<td>12</td>
<td>Oct ‘17</td>
<td>Transfer dual-diagnosis patients from BHA to DDA</td>
</tr>
<tr>
<td>4  Potomac Center (2)</td>
<td>6</td>
<td>Jan ‘18</td>
<td>Transfer dual-diagnosis patients from BHA to DDA</td>
</tr>
<tr>
<td>5  Eastern Shore Hospital</td>
<td>24</td>
<td>Mar ‘18</td>
<td>Psychiatric inpatient beds</td>
</tr>
<tr>
<td>6  Bon Secours</td>
<td>5</td>
<td>Nov ‘17</td>
<td>Psychiatric evaluations and inpatient services</td>
</tr>
<tr>
<td>7  Adventist</td>
<td>8</td>
<td>Nov ‘17</td>
<td>Psychiatric evaluations and inpatient services</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>95</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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.)
Team Structure

What have we done recently (1 of 2)?

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

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

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

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.
**Automation for Case Management and Bed Management**

*What are we currently focused upon?*

- **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
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

Signed
Key Actor: Judiciary
Key Oppty: Provide clean, actionable orders

Received
Key Actor: MDH (Office of Justice Services)
Key Oppty: Receive electronically

Validated
Key Actor: MDH (Office of Justice Services)
Key Oppty: Implement a proper case-management system

Cleared
Key Actor: DOC & LDCs
Key Oppty: Streamline procedures; keep data up-to-date

Assigned
Key Actor: MDH (Office of Justice Services)
Key Oppty: Implement a proper case-management system

Placed
Key Actor: MDH (Office of Justice Services)
Key Oppty: Implement a proper case-management system

Current Best-Case Business Days

<table>
<thead>
<tr>
<th>Process</th>
<th>Key Actor</th>
<th>Key Oppty</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed</td>
<td>Key Actor: Judiciary</td>
<td>Key Oppty: Provide clean, actionable orders</td>
<td>1</td>
</tr>
<tr>
<td>Received</td>
<td>Key Actor: MDH (Office of Justice Services)</td>
<td>Key Oppty: Receive electronically</td>
<td>1</td>
</tr>
<tr>
<td>Validated</td>
<td>Key Actor: MDH (Office of Justice Services)</td>
<td>Key Oppty: Implement a proper case-management system</td>
<td>1</td>
</tr>
<tr>
<td>Cleared</td>
<td>Key Actor: DOC &amp; LDCs</td>
<td>Key Oppty: Streamline procedures; keep data up-to-date</td>
<td>7</td>
</tr>
<tr>
<td>Assigned</td>
<td>Key Actor: MDH (Office of Justice Services)</td>
<td>Key Oppty: Implement a proper case-management system</td>
<td>7</td>
</tr>
<tr>
<td>Placed</td>
<td>Key Actor: MDH (Office of Justice Services)</td>
<td>Key Oppty: Implement a proper case-management system</td>
<td>4</td>
</tr>
</tbody>
</table>

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.
How are we doing?

Status as of October 11

• Placement Pipeline as of Oct. 18
  – Total Received: 30
  – Orders w/ Issues: 0
  – Orders in Process:
    • Scheduled for Placement: 19
    • Cleared: 1
    • Received as LOIs: 1
    • Court-Requested Hold: 6

  As compared to ~90 in May; 75 on June 16; 44 on July 17
  Issues with court order (discussed below)
  81% scheduled for placement by e.o.m.

• 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 Incompetency Process – High Level Overview

Defendant

- Concerns Cited and is Arrested
- Concern expressed over Mental Health of Defendant
- Purpose of 3-105 Order is to determine competency to stand trial

Judge/Courts

- Signs 3-105 Order for a Mental Health Evaluation
- Receives Report
- 3-105 Orders have three options for results:
  1. Competent to Stand Trial
  2. Not Competent to Stand Trial
  3. Unable to Determine at this Time (results in further evaluation, either in the jail or in a MDH facility)

Evaluator

- Single person in most Counties – must find coverage if they are out
- Receives Order
- Schedules Evaluation with jail
- Evaluates Defendant
- Documents Evaluation & Sends Results to all Parties
- Assessor goes to jail to meet Defendant

MDH Central Admissions Office

- Sends Order to Central Admission Office
- Assigns Order to Evaluator
- Receives Report

DOC/County Jails

- Confirms Defendant’s Location

Extended Orders

- sometimes evaluators need more time to determine the condition of a defendant. When this occurs, the evaluator requests and extension to the evaluator order from the court.
- Some defendants can remain in jail during this time and some need to be hospitalized. It depends on the individual situation of the defendant.
3-106b Incompetent to Stand Trial Commitment Process – High Level Overview

Phase

Judge/Courts

Mental health evaluation not required for commitment, but is strongly recommended

Schedules & sets a Hearing to Commit Defendant

Signs 3-106b Order for Incompetent Commitment

Sends Order to Central Admissions Office

A 3-106b Order declares that a Defendant is incompetent to stand trial and commits him to the care of MDH

Sign Order for Release

Must be in within 30 days of MDH notification

Schedule Hearing

DOC/County Jails

Receives Order

Reviews Bed Availability

Sends Order to Appropriate Hospital

Transfers Defendant to Hospital

Release Defendant per Court Order

MDH Central Admissions Office

Schedules Transfer with Jail

Admits Defendant

Treat Defendant

Notify Court that Defendant is Medically Ready for Release

State Hospital
Health-General 8-505 Process

8-505 Drug or Alcohol Treatment Evaluation Process – High Level Overview

**Defendant/Defendant's Attorney**
- Request an 8-505 Evaluation
- Evaluates 8-505
- Sends Order to MDH
- ISSUES #1 & 3
- 7 Day Deadline Starts Here

**Judge/Defendants**
- Reviews Order for Complete & Correct Information
- Must determine location of defendant and whether or not the Defendant has other outstanding cases that could hinder placement in a community program.
- ISSUES #2, 3, 4 & 5
- ISSUE #6
- Investigates Defendant's Status for Clearance

**MOC/Justice Services**
- Notify all Parties of Issue with Clearance
- Schedule Evaluation

**DPS/Court Jails**
- Each assessor uses the Electronic Medical Record (EMR) available to him to document evaluations. Results in different report formats, which can be confusing for Judges and MDH. State-wide EMR could help solve this issue.

**Assessor**
- Evaluate Defendant
- Documents Evaluation & Sends Results to all Parties

**7 Day Deadline Ends Here**
Health-General 8-507 Process

8-507 Drug or Alcohol Treatment Commitment Process—High Level Overview

Phase

Defendant/Defendant

Repular

Order ends here,
without placement,
unless court takes further action

Request for Drug or Alcohol
Treatment is initiated by Defendant

Judge/Courts

Evaluate 8-507
Receive & Signs Order

21 Day Deadline Starts Here

ISSUES # 1 & 3

Orders may have incomplete/incorrect Case numbers, defendant information, etc. Must contact court to get correct information.

Must determine location of defendant and whether or not the Defendant has other outstanding cases that could hinder placement in a community program.

MDH Justice Services

ISSUES # 2, 3, 4 & 5

Issue with Clearance

Notify all parties of clearance

Schedule Placement

ISSUES # 7 & 8

21 Day Deadline Ends Here (with placement)

DPSD/County Jails

Process Defendant’s Release & Schedule Transportation

Transport Defendant to Treatment Facility

Admit Defendant

Treatment Radity

Receive Notice of Issue with Clearance

- 19 -

MARYLAND Department of Health