

**Forensic Services Workgroup  
Minutes – Meeting 1  
June 23, 2016**

**Workgroup Facilitator:** Dr. Stephen Goldberg

**Members in Attendance:** Laura Cain, Delegate Dumais, Lauren Grimes, Roger Harrell, Paula Langmead, Dr. Helen Lann, Captain Michael Merican, Dale Meyer, Judge John Morrissey, Randall Nero (representing Pat Goins-Johnson), Clarissa Netter, Judge Michael P. Whalen (representing Judge Sheila Tillerson Adams), Mary Pizzo, John Robison, Rick Rock, and Crista Taylor

**DHMH Representatives in Attendance:** Dr. Barbara Bazron, Shauna Donahue, Kathleen Ellis, Rachael Faulkner, Chris Garrett, Dr. Gayle Jordan-Randolph, Daniel Malone, Cathy Marshall, Secretary Van Mitchell, James Pyles, Dr. Erik Roskes, and Allison Taylor

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**Opening Remarks from Secretary Van Mitchell**

Dr. Barbara Bazron, Executive Director for the Behavioral Health Administration began introductions and introduced Secretary Van Mitchell.

Secretary Mitchell thanked everyone for participating and referenced that a final report would be issued in August of this year. In addition, Secretary Mitchell described the significant change in the population of individuals being served in our hospitals over the past 15 years. He provided a history of forensic services for individuals with mental health disorders, including the Department's (DHMH) work to improve data collection and communications and the dramatic change in the state hospitals' forensic population, which is now over 90%.

Secretary Mitchell then made assurances that the Department is addressing this issue and will fix the problems identified.

Finally, Secretary Mitchell introduced the Workgroup's facilitator, Dr. Stephen B. Goldberg, and provided background on Dr. Goldberg's career history and expertise in mental health.

Dr. Goldberg provided the Workgroup with additional information on his career history, which includes experience working in mental health forensic services, both the public and private sections (including state and national). Dr. Goldberg then referenced that the Department is very serious about addressing this issue and developing recommendations from the Workgroup.

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**Opening Remarks from Facilitator**

Dr. Goldberg began a PowerPoint presentation and asked the Workgroup members to introduce themselves and provide their affiliation.

Additional topics covered by the presentation were:

- A description of the meeting work flow and what members could expect with regard to closely following the agenda.

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- The goal of developing short and long term recommendations. This included a statement that the Workgroup would address issues beyond adding more hospital beds to the system. This was followed by a short discussion of what kinds of beds throughout the system are necessary.
- A disclaimer that he currently has a financial interest in a correctional healthcare company that has operations in Maryland, but that he has no current influence in the company's operations.
- A "parking lot" method would be applied in order to track issues.
- There is no opportunity to hear public comments during meetings, but that the public could submit comments through the Workgroup's website.
- Meeting minutes would be sent out to Workgroup members for review prior to the next meeting.

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**Defining the Problem - Top 3 Concerns**

Dr. Goldberg requested that the members identify their top three concerns with the current mental health forensic system. Concerns identified by the membership's area of professional/personal expertise included:

- Judiciary
  - Individuals who are committed to the Department are not admitted immediately
  - Competition among counties and courts for available bed space
  - Adherence to statute
- Public Defenders / Prosecutors
  - People who need treatment should get treatment
  - Treatment be delivered outside of detention
  - Timely release with appropriate aftercare
- Detention / Public Safety
  - Timely doctor certification, transfer from corrections
  - CIT diversion to hospitals go to detention due to lack of hospital admissions
  - Managing the assignment by county/city to State hospitals and availability of beds per hospital
- Community Providers
  - Inadequate access to higher levels of care, short of hospitalization, such as crisis beds for people who have a history of violence
  - Workforce-higher education/in-service to focus on working with a forensically involved, higher risk population in the outpatient setting
  - The need for services on the front and back end of system for mental health and substance use including crisis/urgent care, hotlines, and sobering stations
- Advocates / Consumers
  - Educating public regarding stigma
  - Centralized management of existing resources and tools
  - Timely limit for competency restoration
  - Discharge stalled from hospitals due to not having aftercare plan

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- DHMH
  - Health and safety of patients and staff
  - Timeline for evaluations-quality vs. timeliness
  - Relying on institutional level of care - no community-based competency restoration system
- Additional Concerns
  - Lack of peer respite
  - Counties assuming costs
  - Restrictive housing (segregated) in corrections is being redefined by Congress with serious ramifications for managing high acuity persons in a correctional setting
- Additional notes from Workgroup members during the *Top Concerns* portion of the agenda included:
  - There is a rate structure issue between hospitals and community providers, which was identified as a solution, not a concern (Helen Lann, Beacon Health Options)
  - Forensic population has gone from 38% to 96%; Springfield is not designated as forensic hospital and staff is not paid to provide forensic services (Paula Langmead, Springfield Hospital Center)
  - The Workgroup membership should include a State’s Attorney representative (Delegate Dumais)
  - Asked Dale Meyer to provide Information on pre-arrest system components (i.e., emergency petitions, etc.) prior to the next meeting
  - Additional items were put forward by members, but they were later identified as recommendations

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**Flow of Court Involved Persons in Current System**

The members were asked to assist in developing a flow chart depicting the path a court-involved person would go through. The completed chart will be transposed to paper for the next meeting.

It was agreed that the process begins at arrest, at which time a person transfers to a hospital or to intake. Following intake, they are sent to the District Court Commissioner, where they are either released or sent to detention. Once in detention, they are seen by a judge for bail review, which leads to a release or further detention. Following this, an individual is screened followed by a resolution of the case. At any time during this process, a person could be referred for a mental health evaluation, usually due to concerns about the individual’s competency to proceed.

During the work flow discussion there were questions about the involuntary commitment process for the police. Captain Merican agreed to share the process using the Forensics Workgroup’s website prior to the next meeting. Dr. Goldberg placed involuntary commitment and its process in the “parking lot” for future discussion.

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**Identification of “Bottle-Necks”**

Due to time constraints, Dr. Goldberg requested that members submit identified “bottle-necks” by Close of Business Monday, June 27, 2016 through the public comment section of the Forensic Workgroup’s website. Examples of possible “bottle-necks” included: no aftercare programs within the community thus people are in the hospital longer than what is necessary, a delay in getting someone a court ordered evaluation in a timely manner and/or delay in return to court because of an inadequate aftercare plan.

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**Wrap-up/Questions/Assignments**

Dr. Goldberg emphasized that he needs workgroup participation as he cannot do this alone. Completing “bottle-neck” homework is an important step for the next workgroup discussion. He closed the meeting by announcing a change to the 4<sup>th</sup> meeting date from July 28<sup>th</sup> to August 4<sup>th</sup>. Finally, it was announced that minutes would be shared with the Workgroup by close of business Tuesday, June 28<sup>th</sup>, and asked the Workgroup to review the minutes prior to the next meeting on June 30<sup>th</sup>.

Rachael Faulkner, staff to the Workgroup, requested that all comments from Workgroup members and the public submit public comments through the Workgroup website.

Chris Garrett, DHMH Director of Communications, mentioned that he was available to provide information to members of the media who were in attendance.

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