Criminal Justice Coordinating Council



Opening:

The Criminal Justice Coordinating Council was called to order at 8:03 a.m. on December 10, 2024 by Lauren Phillips, Assistant Deputy Administrative Officer for Public Safety.

Voting CJCC Members Present:

Honorable Dorothy Wilson, Walt Pesterfield, Mark Millspaugh, Maria Fields, James Dills, Scott Shellenberger, Dr. Lucy Wilson, and Ari Blum were present.

Attendees:

Rebecca Young, Lauren Phillips, Aimee Bollinger-Smith, Elise Andrews, Tanya Smith, Joy Roberts, Chinelo Osakwe, Meg Ferguson, David Greer, Brittany Jackson, Jennifer Magin, Amy Park, Chief Deputy Sheriff James Black, Rick Hearn, Mark Bell, Lt. Kathyrn Greenbeck, Alee Marschke, Tanya Smith, Hilary Siakor-Sirleaf, Kevin Ledford, Colonel Chris Kelly, Captain Brian Edwards and Kelly La Valley were present.

Welcome Remarks:

Lauren Phillips, Assistant Deputy Administrative Officer for Public Safety, welcomed and thanked the members for attending.

Updates:

N/A

Approval of Minutes

Minutes for the October 8, 2024 meeting were presented. Motions were made, seconded and carried to adopt the minutes for both meetings

Committee Reports:

o <u>Domestic Violence Coordinating Council – Aimee Bollinger-Smith:</u>

• At the November Domestic Violence Coordinating Council meeting a presentation was given on allowing pets to enter DV shelters with their owners. DVCC will be pursuing avenues that previously were not known existed or not well connected, for persons to be able to take their pets with them into the DV shelters. Service Animals are allowed with their owners into the DV shelters at this time.

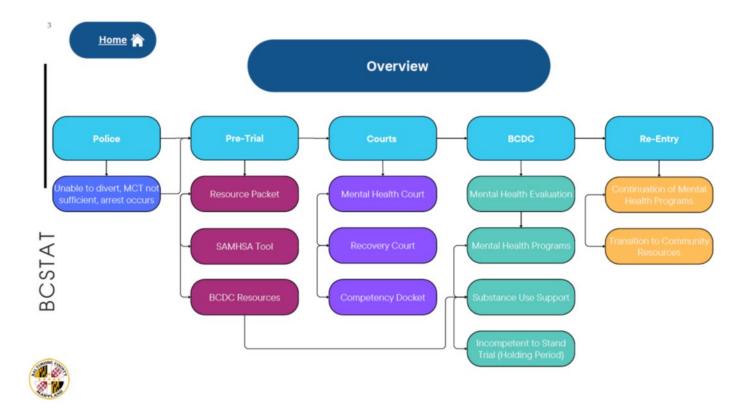
o Forensic Mental Health Workgroup – Tanya Smith:

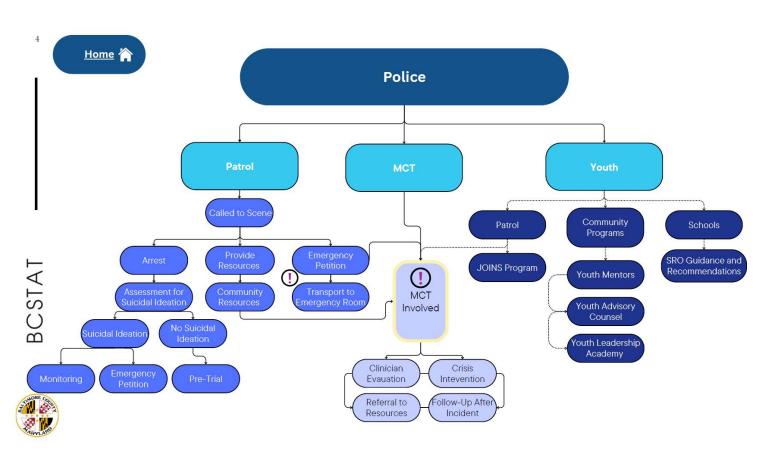
- Meeting was on November 13, 2024 representation from the Department of Health and their participation will be ongoing to obtain information of the situations with hospitals.
- There are 17 people awaiting transfers to beds.
- In 2025 the Workgroup will be inviting speakers to the attend meetings from different programs, as well as some former participants about the challenges they have encountered after being released.

Presentations:

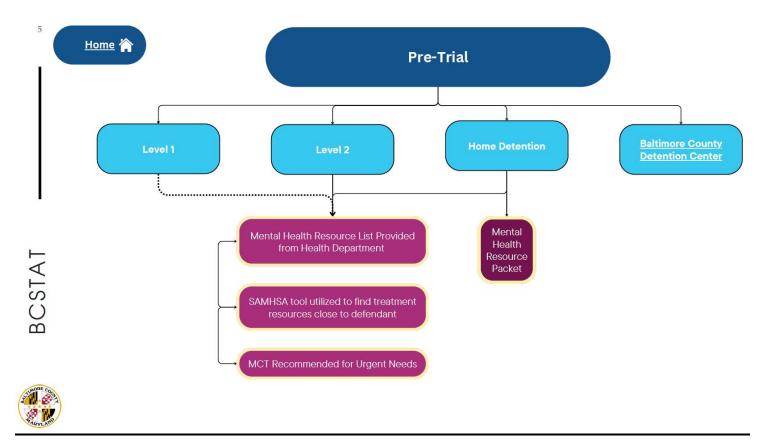
<u>BCSTAT presentation on Mental Health Services Intercept Map – Criminal Justice System – Joy Roberts, Allee Marschke:</u>

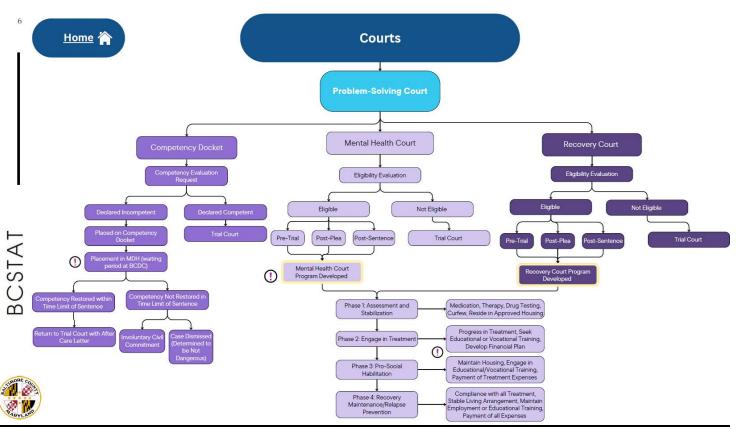
- Mapping of mental health services that are available for individuals who become involved in the mental health system.
- In the following presentation the focus is on "Adults".
- This tool provides an overview of the ways in which an individual can receive mental health resources as they interact with the Baltimore County Criminal Justice System.
- The home page of this tool contains buttons that navigate to each specified page
- Each page has a button to return to the home screen
- Exclamation symbols indicate aspects of the criminal justice system that are in need of additional support/capacity
- Highlighted boxes indicate a mental health resource
- A star indicates need for more research



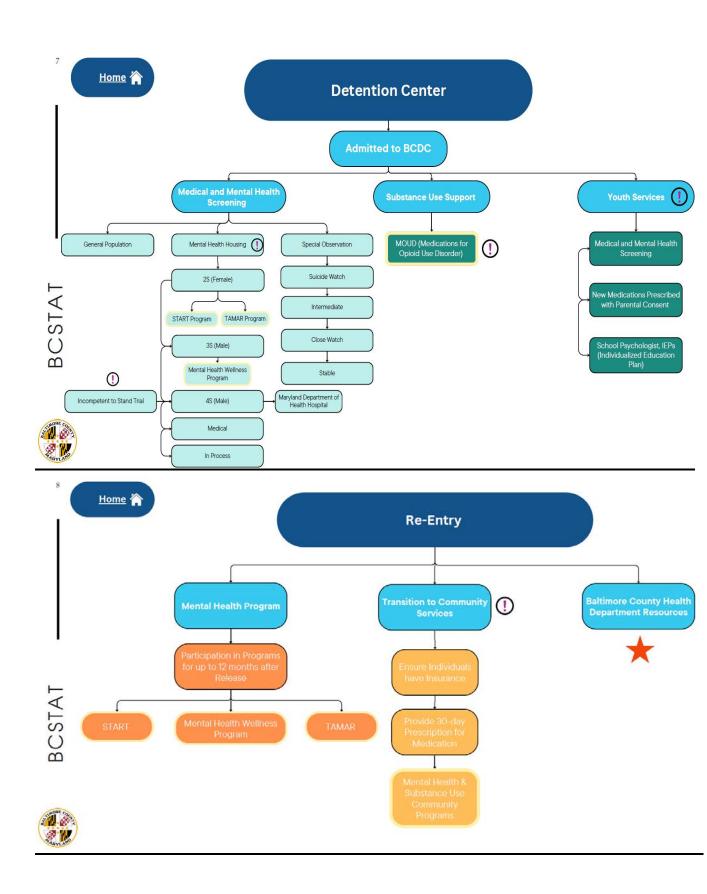


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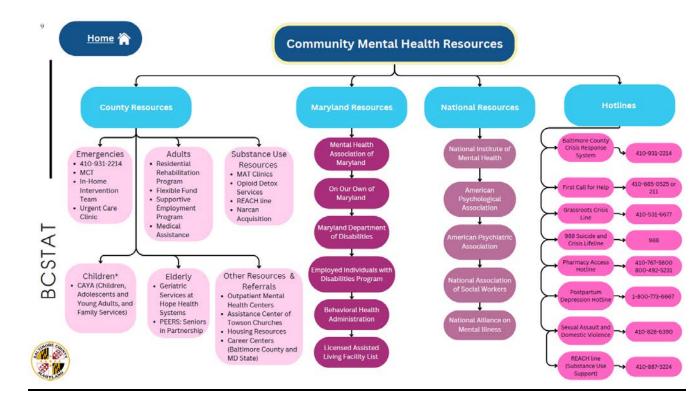




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Baltimore County Police Department & BCCRS (Baltimore County Crisis Response System) – Response to Mental Health Crises – Lt. Kathryn Greenbeck – Behavioral Assessment Unit Commander:

- MOBILE CRISIS TEAM:
 - ➤ Police officer paired with a licensed social worker.
 - Clinical staff provided by Affiliated Santé
- PATHWAYS:
 - > 911

Call Center Clinician (C3)

➤ BCCRS 24-hour hotline 410-931-2214

To MRT (Mobile Response Team)

To MCT (Mobile Crisis Team)

To Police Patrol

> Referrals

Emails to County entities

Emails to Department

- CLIENTS:
 - Acute crises range from "I'm feeling sad" to behavioral issues (MI, IDD, substance abuse) to dementia.
 - > Chronic mental illness

Managed

High utilizers

- > Adults and children
- ► Case Example Acute
 - \rightarrow XW 34 YO female:

Two 911 calls: "not feeling well"; locked out of apartment

- o Patrol and EMS responded
- > MCT observations:

Disoriented, confused walking up and down stairwell, manic

Bipolar, depression, possibly Rx complaint

o Decided to EP – uncooperative

Steps!

Tried to push past.

Held onto railing

Fearful and confused

Admitted inpatient to St. Joseph's Hospital

- ► Case example Chronic #1:
 - ➤ MK 71 YO Female

Paranoid delusions

Retired psychiatric nurse.

Increase to calls over three years; escalating behavior

Fixated on neighbor, screaming, blocking driveway

Refuses to talk to MCT

August 2024 – MCT EP'd due to escalation; Released

September 2024 - charged by Community Outreach Officer

- Harassment
- Telephone Misuse
- · Disturb the Peace

Competency Hearing scheduled for January 2025.

- **★** Current Status:
 - Neighbors still calling
 - MK still engaging in behaviors related to delusions
 - · Precinct Community Outreach still working with Michelle Fuller.
- ► Case Example Chronic #2:
 - > JT 28 YO male

Extensive MCT/BCCRS history back to 2016.

· Lives with parents

- · Congenital brain defect, impulse control, neurological issues...
- · Wants help, but incapable of engaging in treatment on his own behalf.

"Suicidal" = "I feel sad"

Fixates on certain people (hotline, police officer)

EP'd many times, always released; refuses to engage.

August 15, 2023 hospital incident

- Charged with trespassing
- Sent to Spring Grove

Subsequent Telephone Misuse charge.

★ Current Status:

- In home assistance, case management
- · Affiliated Santé supervisor working to link him to targeted case management, day program.
- Still calling hotline and 911
- · Clinical opinion: he needs guardianship, TCM group home setting, day program.

Questions and Comments:

- Lt. Greenbeck wanted to know if there is a female wing for those deemed incompetent in the Baltimore County Detention Center (BCDC) (Answer was Inaudible) time stamp 28:00.
- ➤ If a person was never actually incarcerated prior to their competency hearing and was found incompetent, would they go back home to await the next steps or be remanded to BCDC? It would be up to the judge to determine e.g., a dangerousness determination.
- In the case of emergency petitions, when they get to the hospital will they eventually be released? They are released almost every time within a few hours from their admission.
- In the case of an emergency petition what is the process that determines when they will be released? Cannot answer definitively, but it is believed that the reason they are released so soon is because there are no open beds because of a shortage of mental health beds.
- ➤ Is the decision to release a person from the hospital based on whether they are a threat to themselves or others? This cannot be fairly answered because there is no representative from a hospital at this meeting.
- > CJCC needs to discuss further and put pressure around the state for other outlets i.e.; stabilization centers, as opposed to criminalizing mental health.
- ➤ Is the lack of inpatient mental health beds the biggest obstacle in helping people in need of those services and getting them to the right resource? It was opined that yes this is one of the biggest issues because many don't want to take on mental health issues.
- ➤ If there was a big push made to get more beds for instance in Spring Grove, will there be legitimate pushback asserting that not all people need to be hospitalized? If someone has a mental health issue that medication can't help and a stay in the hospital isn't going to resolve, what is the response that will be given? There needs to be a significant increase in the quality and quantity of programs and options for people who have persistent mental health illness to live in their communities successfully. It is not the intention of the system to institutionalize people long-

- term, unless they are at the most significant level.
- Mark Millspaugh commented that we are approaching this from a "transactional" model, when treating mental health is a long-term process. Our system does not provide the continuum of care needed in an approachable and accessible manner."

Roundtable Updates

- The Honorable Dorothy Wilson stated that Baltimore County has joined four other counties to be a Maryland Central Regional Veterans Treatment Court participant. Participating will be Baltimore City, Harford County, Carroll County and Howard County. There will be a centralized place where defendants can be referred who have had any type of military service, for treatment on substance abuse and mental health. They will be referred to Baltimore City and Baltimore City judges, prosecutors and public defenders. Services are directed to help people transition and stabilize free of returning to the criminal justice system.
- ➤ Chief Justice Fader, Chief Justice Morrissey and the Honorable Marina Sabett will be heading a statewide summit on behavioral health in 2025, for which they need participants from Baltimore County. This will bring together participants around the state to collaboratively work on mental health issue of veterans.

Next Steps:

The next CJCC meeting will be held on February 11, 2025. The topic for February will be on Frederick County's Crisis Care Center model. Andrea Walker, Director of Frederick County Behavioral Health Services and Suzi Borg, Director of Frederick County Family Support Services Division will be presenting.

Adjournment:

• Motions were made, seconded and carried for adjournment. Meeting was adjourned at 9:08 a.m. The next meeting will be held on February 11, 2025, at 8:00 a.m., Room #118, Historic Courthouse in Towson, Maryland.