



STATE OF MARYLAND  
**DHMH**

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Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

September 16, 2008

The Honorable Allan H. Kittleman  
James Senate Office Building, Room 420  
11 Bladen Street  
Annapolis, MD 21401

Dear Senator Kittleman:

Thank you for taking the time to attend recent meetings regarding the new Sykesville SETT Unit at the Springfield Hospital Center. I appreciate your interest in the new population and your willingness to have a meaningful conversation regarding the potential impact that this new program will have on the community.

I have asked my staff to respond to the questions you submitted by e-mail on August 28<sup>th</sup>. Responses to your questions follow:

**1. How long do you anticipate that the Forensic Residential Center [FRC] will be at Springfield Hospital?**

Developing a new site to serve the FRC population is a priority for the current Administration. However, it is difficult to estimate when a new facility will be operational as requirements for a new site involves a planning phase, the architectural phase, building costs into the capital budget and then construction time. Thus unfortunately, the Department cannot promise a timeline for relocating the program.

**2. In our meetings, you expressed your desire to build a facility to handle future forensic patients and that this facility would be your top priority. With this in mind, please provide us with your long-term plans for dealing with forensic patients.**

We will continue to have forensic patients in our psychiatric hospitals (MHA) and forensic residents in our Secure Evaluation and Therapeutic Treatment Programs (SETTP) (DDA) as the courts continue to refer individuals to us for treatment. Our goal is to provide the best services to them as well as keep the individuals, the staff and the community safe.

**3. What is the long-term plan for these "residents"? Will they be re-evaluated on an annual/semi-annual basis to determine if the Springfield program is still an appropriate program/placement and what progress, if any, they may be making?**

The courts commit the individual to DHMH after a finding of not competent to stand trial and dangerousness, or a finding of not criminally responsible and dangerous due to mental retardation. Thus, the residents will receive services to address the issue of competency to stand trial and/or address the behaviors that led to a finding of dangerousness. The residents will have on-going assessments by an interdisciplinary team to determine if their mental status has improved so that they are now competent to stand trial or would no longer be a danger to self or others if released to the community with proper services and supervision. Individuals found not competent to stand trial have at minimum a status hearing at the court every six months, and a review hearing at the court on an annual basis. An individual would only be released with the court's permission and with court approved conditions to address the individuals and the public's safety. DDA has placed successfully approximately 20,000 individuals in community placements throughout the State.

**4. With regard to the forensic patients that will be coming to Springfield Hospital from Rosewood, please provide us with the crimes that these persons committed. We do not need to know the names of the patients, but we would like to know what crimes they committed.**

At this time nine individuals have been identified as transferring from the Rosewood Center to the FRC. Six of the individuals are committed as not competent to stand trial, and thus have not been convicted of a crime. Three individuals have been committed as not criminally responsible. The Department is confident with the additional security measures that are being implemented that the administration will be able to address all security needs.

**5. What if the forensic patients are found not to be rehabilitated after a certain period of time? Will they remain in the Springfield program permanently?**

Maryland statute provides for periodic reviews of the status of an individual committed as Incompetent to Stand Trial (IST), and provides a procedure should one be found by the court as not able to be restored to competency. See Criminal Procedures Article § §3-106 – 3-108, Ann. Code of Maryland. The individual may stay at the FRC as long as the court finds IST, dangerous and restorable, or not criminally responsible and dangerous. If one is found by the court to be not able to be restored, the individual will remain at the Sykesville SETTP

**6. How will local authorities, elected officials, & citizens be notified of any attempted or successful "outbreak"? Will DHMH institute an "Alert Notification Protocol"? If so, how will it be implemented and who will be notified?**

The security provisions at Springfield Hospital Center and the Sykesville SETT Unit are designed to safeguard patients/residents, staff and the surrounding community. Springfield Hospital Center has had a harmonious relationship with the City of Sykesville for 113 years. The Department is committed to continuing that relationship with the addition of the Sykesville SETT Unit on the hospital center campus.

The Sykesville SETT Unit will be guarded 24/7. A risk assessment of each resident is conducted at the time of admission. In some cases, a risk assessment determines if a resident requires 1 to 1 staffing. The risk assessment is also an important tool for determining the appropriate level of staffing for the entire unit. The Muncie Building currently has many security features and more are being added. The entrance will have two locked doors that are accessible by key card only. All other doors are being replaced with more secure doors. Windows have a special treatment so that they cannot be broken out. There will be security cameras to provide better visualization down the two hallways inside the facility. A very tall security fence, which is curved at the top with fine-mesh will secure the courtyard. Two guards will be on duty 24/7 and the individuals residing in the facility will have no unsupervised grounds privileges on the Springfield Hospital Center campus.

The existing security measures in place for Springfield Hospital Center patients will remain in place. Individuals committed to the hospital for mental health treatment will be given grounds privileges as their clinical presentation improves. Individuals who are court ordered for evaluation or who are civilly admitted from a detention center are not given grounds privileges. The SETT will also have security measures in place. Their residents will not have grounds privileges.

The Springfield Hospital Center has an existing elopement policy. The policy exists to identify report, analyze and prevent patient elopements. Each patient is assessed for risk of elopement. Elopement precautions are taken for those patients determined to be at risk for elopement. The goal of the policy is to safeguard patients who are clinically assessed to be at risk for eloping. The Springfield Hospital Center Police follow guidelines regarding community notification regarding elopements that may involve an individual potentially dangerous to the community. The SETT will also have an elopement policy and will coordinate with Springfield on elopements and notifications.

**7. We have serious concerns over the judiciary's ability to order where forensic patients are housed. We believe that DHMH should have the responsibility to determine the placement of forensic patients. Would you support legislation that would prohibit the judiciary from specifying the placement of forensic patients?**

Right now the statute states that the judiciary can commit an individual to the Department. The Department has taken the position that it is in the best position to make the clinical determination of the most appropriate facility (psychiatric or SETTP) that meets the clinical and security needs of the individual. The Courts have deferred to our judgment. The Department evaluates hundreds of individuals a year without incident. At this time, the Department is not proposing any change to the statute.

**8. How many of these forensic patients are eligible for "work release"? How will they be transported and at what cost? Do they all go to the same job? What safety measures are in place to ensure they don't "walk off" while working?**

At the current time work release options are not available to individuals assigned to the SETTP.

**9. How will visitations (by family members) be supervised? In the same "secure" environment? If so, how is the safety of the visitors ensured?**

All visitors are subject to the security rules of the SETTP. This includes inspecting for items that are prohibited on the unit. Appropriate supervision is assigned to each person depending on the guidelines established by the multidisciplinary team for each individual.

**10. How will the facility be maintained? How often will safety inspections occur and how will violations be reported and to whom?**

The facility is licensed by the Office of Health Care Quality, and will receive surveys as necessary as deemed appropriate by OHCQ. In addition, staff will be assessing daily the security and habilitation needs of each person on the unit. This includes routine safety and environmental inspections. Violations will be immediately noted for corrective action. The FRC's program director is responsible for ensuring corrective action is taken, and that the Director of DDA informed of incidents and corrective action including an analysis of data as well as quality improvement strategies.

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**11. What types of parameters are in place for reporting violent incidents (among the residents)?**

Incidents that involve injury are reported up through DHMH and to the court. In addition, incidents that involve permanent injury or death are reported to the Office of Health Care Quality.

**12. Will staffing patterns fluctuate with the change in numbers of residents being served? More security? Nursing staff? Therapists?**

Yes. It will fluctuate based on numbers of residents served as well the assessment of the resident's needs at admission.

**13. What is the maximum number of forensic patients that will be housed at the FRC at Springfield Hospital?**

Twenty-two.

**The current emergency regulations specify that the administrator is responsible for keeping the patients safe and secure. Will you agree to modify the permanent regulations to include a requirement to take actions to keep the community safe?**

As requested, the Department is amending the regulations to include language that states the administrator of the FRC shall ensure a safe and secure setting for the individuals, staff and the public.

Again, thank you for your interest in the new Sykesville SETT Unit. I share your commitment to the safety of the Sykesville community and look forward to working with you to ensure that the harmonious relationship between the City of Sykesville and the Springfield Hospital Center campus continues for years to come.

Sincerely,



John M. Colmers  
Secretary

cc: The Honorable Susan Krebs  
Arlene Stephenson  
Michael Chapman  
Susan Steinberg