Support Letter SB449.pdf

Uploaded by: Tracy Varda

Position: FAV

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OFFICE OF THE STATE'S ATTORNEY FOR BALTIMORE CITY

February 9, 2024

The Honorable William C. Smith, Jr., Chairman
Senate Judicial Proceedings Committee
2 East, Miller Senate Office Building
Annapolis, MD 21401

RE: SB449 – Criminal Procedure – Incompetency to Stand Trial Dismissal

Dear Chairman Smith and Members of the Senate Judiciary Committee,

The current version of CP 3-107 puts the public at unnecessary risk by requiring that dangerous incompetent defendants charged with murder have their charges dismissed after five years.

Prior to 2012, CP 3-107 required incompetent defendants who were charged with murder to have their charges dismissed after 10 years as a result of 2006 amendments to the statute. In 2005, numerous public interest groups (including the Office of the Public Defender (OPD) and the Maryland Disabilities Law Center (MDLC)) participated in workgroups that involved long discussions and compromise to balance the rights of defendants with disabilities against society's interest in public safety resulting in significant amendments to CP Title 3.

In 2012, when the death penalty was repealed the term "capital case" was stricken from all of the statutes. Therefore, with no discussion or consideration of the consequences, the time period for dismissal of charges in CP 3-107 for dangerous incompetent defendants charged with murder was inadvertently reduced to five years from ten years thus reversing the hard work of the numerous public interest workgroups.

Requiring the charges of defendants who are charged with murder to be dismissed after five years allows dangerous defendants to be released unsupervised into the community. If an incompetent defendant has an intellectual disability and is dangerous, once his charges are dismissed the only option for the court is to commit him to the Developmental Disabilities Administration (DDA) for 21 days to determine if he is eligible for services. DDA cannot consider him dangerousness.

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They will assess whether he qualifies for DDA services and **offer** such services to him. The services are not mandatory and he is under no court order to accept the services. If he refuses the services, he is released into the community with no supervision. If an incompetent defendant has a mental illness and is dangerous, once his charges are dismissed, if he meets certain criteria, the court can civilly commit him to the Maryland Department of Health (MDH). However, there is no oversight and once the hospital determines the defendant is no longer dangerous (which may be a lower threshold that the court), the defendant will be released into the community with no supervision and no requirement to continue mental health treatment.

Allowing the charges to be open for 10 years will allow more time for the dangerous defendant to be restored to competency and will allow additional time for him to receive treatment and services minimizing the risk to public safety.

SB 449 will help protect our most vulnerable victims - children and individuals with disabilities.

Often times, the victims of crimes committed by incompetent individuals are either children or other individuals with developmental disabilities. Because of the vulnerability of these victims, they are easy targets and less able to defend themselves against such violent acts.

Case in Point-In Baltimore City, an incompetent defendant who was charged with murder after he admitted to killing his girlfriend was released into the community with no services. He tortured the victim over a two day period where he tied her up, beat her about her entire body and knocked out her front teeth, broke her nose, poured boiling water on her, and heated a poker on the stove which he used to burn her about her body and sexually assault her.

After he was charged, he was diagnosed with a mild intellectually disability and found incompetent to stand trial. He was in a community DDA program the last eleven months of his five year incompetency status.

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At the five year mark, the State filed a petition for extraordinary cause requesting his charges be extended. The director of his DDA program testified that he was receiving court ordered 1:1 services (an aide who is trained to work with individuals who have behavioral issues and stays within arm's length of them to deescalate dangerous behavior) 24 hours a day seven days a week and without his 1:1 aide, he would be a threat to those around him.

She testified how he needed to be redirected daily and physically kept away from their vulnerable population for their safety. The court found that because of *Ray v. State,* 410 Md. 384 (2009), she could not find extraordinary cause existed and dismissed his charges. Despite his DDA program attempting to convince him to retain their housing and services, he left the program immediately. He is now somewhere unsupervised in the community.

The passing of SB 507 will not violate the rights of incompetent defendants.

One of the reasons for the 2006 amendments to CP 3-107 was a law suit filed by the Maryland Disability Law Center on behalf of incompetent defendants claiming their rights were violated because they could be indefinitely institutionalized, they could be committed for longer than the maximum sentence had they been convicted and there were no court reviews of the commitments.

The 2006 amendments provided that there would be no indefinite commitments, a defendant could not be committed longer than the criminal penalty of the crime for which he was charged, and regular court reviews were required. Passing SB 507 will continue to protect these rights and will not affect these three changes to the statute. Another reason for the 2006 amendments was the holding in *Jackson v. Indiana,* 406 U.S. 715 (1972).

The *Jackson* court found that it was a violation of due process to commit someone longer than reasonably necessary to determine if they could be restored to competency but specifically declined to make a ruling about whether an incompetent defendant's charges should be dismissed. When discussing *Jackson*, commitment to an institution and dismissal of charges should not be conflated. SB 507 is consistent with the holding in

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Jackson. Furthermore, the statute requires that every 6 months the court reassess competency and if an individual is found to be unrestorable to competency, the charges will be dismissed. This safeguard will prevent individuals who are committed as incompetent from being held longer than is reasonably necessary to be restored to competency.

Case in Point- In Baltimore City, a defendant with an intellectual disability was charged with raping a 6-year-old girl over a period of months until the girl's mother walked in on them. He was charged with Rape and Sex Offense of a Minor and committed to a State facility for individuals with developmental disabilities. While at the inpatient program, pursuant to CP 3-106, a community treatment plan was developed to allow him to reside in the community on pretrial status. Currently, he resides in a community residential treatment facility receiving numerous services and daily activities to include trips to the YMCA, gym to workout, community park, various grocery stores, movies, and Walmart.

SB 507 will only allow an extension of the time period for mandatory dismissal of charges for those defendants who are dangerous and a threat to public safety.

SB 507 will not affect the court's ability under 3-107 (b) to dismiss the charges at *any time* if the court believes resuming the charges would be unjust.

Sincerely,

Tracy Varda

Tracy Varda
Chief Assistant State's Attorney for Baltimore City

CVR - IST - testimony - senate - 2024 - MCASA FWA
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Working to end sexual violence in Maryland

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Testimony Supporting Senate Bill 449 with Technical Amendments
Lisae C. Jordan, Executive Director & Counsel
February 9, 2024

The Maryland Coalition Against Sexual Assault (MCASA) is a non-profit membership organization that includes the State's seventeen rape crisis centers, law enforcement, mental health and health care providers, attorneys, educators, survivors of sexual violence and other concerned individuals. MCASA includes the Sexual Assault Legal Institute (SALI), a statewide legal services provider for survivors of sexual assault. MCASA represents the unified voice and combined energy of all of its members working to eliminate sexual violence. We urge the Judiciary Committee to report favorably on Senate Bill 449 with Technical Amendments.

Senate Bill 449 – Crime Victim Rights – Right to Petition to Extend Charges Based on Extraordinary Circumstances and Continued Supervision of IST Defendants
Maryland law correctly limits the length of time a person may be detained after a finding that they are incompetent to stand trial (IST). If the defendant was charged with a felony or a crime of violence under § 14-101 of the Criminal Law Article, the court must dismiss the charge after the lesser of the expiration of five years or the maximum sentence for the most serious offense charged. For all other defendants, the court must dismiss the charge after the lesser of the expiration of three years or the maximum sentence for the most serious offense charged. Both the State's Attorney and the victim must be notified of the contemplated dismissal, however, only the State's Attorney may file a motion to continue charges based on extraordinary cause. **This bill would grant victims the right to petition the court to extend the time to dismiss a charge regarding a defendant who has been found incompetent to stand trial. Senate Bill 449 also expands the maximum period of supervision when there are charges of sexually assaultive behavior or first degree murder to 10 years.**

Continued charges and supervision protect victims and the community when a defendant is both IST and dangerous. It is critical to understand that if charges are not continued, the defendant will no longer have supervision. Last session, this bill was introduced following the unreported opinion, *MO v. State*, filed by the Court of Special Appeals, March 24, 2021, and submitted with this testimony. In this case, a known and dangerous sex offender was approaching the 5 year limit on his IST status and a motion to dismiss charges was filed. The State's Attorney failed to file a motion to continue the charges, although they did oppose the motion to dismiss. The victim presented compelling testimony regarding the danger the defendant posed.

In the case prompting this bill, Terrell Nowlin was charged with two counts of Second-Degree Sex Offense and one count of Sodomy. The incident occurred on February 28, 2011 when the victim, J.O., and Mr. Nowlin participated, as athletes, in a Special Olympics event. Mr. Nowlin was found incompetent to stand trial. In reviewing the motion to dismiss charges, the court made a number of findings regarding the risk the defendant poses:

> Because of this case, [the Defendant] is also subject to an order that creates heavy supervision and structure designed to mitigate the risk that Defendant Nowlin presents to public safety. Despite this significant structure and supervision in a residential setting that specializes in supporting those with developmental disabilities, Defendant has, in the past, been in contact with the victim and victim's family. Because this Defendant has made prior threats to the victim, the contacts have caused severe distress to the victim and his family in violation of the conditions of the supervision order.
>
> Also, in direct violation of Defendant's release conditions and the structure in his residential program, in the past Defendant was able to create and function with many social media accounts and he was able to download and view large amounts of pornography. Viewing of pornography on the internet creates an increased risk that Defendant Nowlin may sexually assault someone else. To mitigate that risk, the [c]ourt required 24/7 supervision of Defendant. After the 24/7 supervision requirement, Defendant Nowlin made no more contact with the victim's family and had no more exposure to pornography.
>
> In terms of the risk that Defendant Nowlin may sexually victimize someone in the future, the [c]ourt must consider that before Defendant Nowlin sexually assaulted the victim in this case, he was convicted of forced sexual assault upon someone else. With two convictions for forced sexual assault, the [c]ourt must conclude that Defendant Nowlin presents a future risk to others. Even with a prior conviction for forced sexual assault, Defendant Nowlin, with his disabilities, was not supervised adequately to prevent the sexual attack that resulted in this case. Another compelling circumstance that enhances the public safety risk is that because of Defendant's own developmental disabilities, Defendant lives with and is in programs with other developmental disabled and uniquely vulnerable individuals.

The Court also highlighted the effect the dismissal of charges has on supervision of the IST defendant, noting:

> After dismissal of this case, the [c]ourt has little confidence that the 24/7 supervision will continue. The [c]ourt, therefore, would have found (if the statute did not prevent this action) that dismissal of this case creates a significant safety risk that this Defendant will sexually victimize someone else in the future (and perhaps multiple people).

Both the trial court and the appellate court noted that the Courts' hands are tied because the statute does not permit the Court to accept the victim's petition to extend the time to dismiss charges and the State's Attorney filed to file the appropriate motion. Senate Bill 449 corrects this deficiency in the statute and helps make the promise of crime victim rights a reality. Senate Bill 449 does not mean the Courts will grant a crime victim's request, but it will give victims the ability to ask the Court for needed relief in extraordinary cases.

Amendments (technical)
Senate Bill 449 incorrectly includes language regarding Not Criminally Responsible (NCR) defendants. Since NCR is a disposition, there is no longer a case to be dismissed. MCASA respectfully suggests deleting page 2, lines 20-28.

The Maryland Coalition Against Sexual Assault urges the
Judicial Proceedings Committee to
report favorably on Senate Bill 449 with Technical Amendments

testimnony SB 0449 .pdf
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Maryland Crime Victims' Resource Center, Inc.

Continuing the Missions of the Stephanie Roper Committee and Foundation, Inc.
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TESTIMONY SB 449 SENATE JUDICIAL PROCEEDING COMMITTEE FEBRUARY 9th, 2024

"Let the public safety be the highest law" – Cicero – 54 BCE or two thousand and seventy seven years ago, Cicero first set this critical thought to paper. It should be a guiding principle for all we do in the realm of criminal justice. Preservation of rights sometimes demand a higher priority, but then the safety of the public should come next.

Our organization has been involved in a number of cases regarding those who have been determined to be incompetent to stand trial after being accused of heinous acts. This bill pours ten gallons of common sense on several problems with the law regarding incompetency.

The first measure of common sense is to allow the victim the opportunity to move for the extension of time for dismissal of charges as opposed to merely the State's Attorney. We have been down this road before. In a recent case, we had the Assistant State's Attorney actually admit to us that she was not concerned to move to extend the time for dismissal, because the Defendant intended to move far outside her county, where he would not be her problem any longer. This kind of attitude is shocking, but not rare. We could get lost in a conversation of other problems within the system that cause prosecutorial frustration levels so high as to take such a callous position openly. But the best remedy to the situation is allowing the victim to independently move for the extension of time for dismissal of the charges.

The second dose of common sense is extending the period of time after which dismissal is required for serious cases. Again, our organization has been down that road, as well. When an accused violent sex offender murderer stands to have their charges dismissed after five years of incompetency, this is a serious mistake in Maryland's current criminal statutes. There need be no showing that the person is no longer a danger to society, only a showing that five years have passed. This law would extend that period to a reasonable amount. However, we do not believe that this law goes far enough and should include all "crimes of violence". There are many violent offenses remaining under the lower five-year standard. Nonetheless, an expansion of ten years for Murder First and all of the sex offenses in is a positive step for victims.

Our State's Attorneys overall are very good at what they do, within the system in which they operate. But that system is exceedingly fast-paced, and requires most of their energy to focus of the tidal wave of new cases facing them every day. It is difficult for them to swim back upstream to address five-year-old issues. This is one of the reasons that it is important to allow the victims to move for extension of the time to dismissal as well. Please give a favorable report to SB 0449. Thanks so much to Bishop Senator Muse for this refreshing assistance to a fundamental problem.

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Executive Director
For all Crime Victims
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Victim's Right Attorney
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SB449 - JP- HOSP- Letter of Opposition.pdf
Uploaded by: Jason Caplan
Position: UNF

DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 9, 2024

The Honorable William C. Smith, Jr.
Chair, Senate Judicial Proceedings Committee
Room 2 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill 449 – Criminal Procedure – Incompetency to Stand Trial Dismissal

Dear Chairman Smith and Committee Members,

The Maryland Department of Health (Department) respectfully submits this letter of opposition for Senate Bill (SB) 449 - Criminal Procedure – Incompetency to Stand Trial Dismissal. Under current law, when a defendant is charged with a felony or a crime of violence, is found Incompetent to Stand Trial (IST), and is not resorted to competency, the Maryland Judiciary must dismiss the charges after the individual has remained incompetent for the lesser of five years, or the passage of time that is equal to the maximum sentence for the most severe crime charged.

SB 449 would double the amount of time in which the Judiciary must wait before dismissing the charges against an IST individual who is charged with first-degree murder or sexually assaultive behavior. Specifically, the judiciary would be required to dismiss the charges after the individual has remained incompetent for the lesser of ten years, or the passage of time that is equal to the maximum sentence for the most severe crime charged.

The Department opposes SB 449 because it impacts the clinicians' ability to make clinically sound and independent determinations relating to discharge. The purpose of the Department Healthcare System's psychiatric hospitals is to provide therapeutic treatment to individuals with severe mental illness. This legislation increases the time an individual would be forced to remain in an inpatient setting, overriding the ability of clinicians to discharge an individual who could be maintained safely and appropriately in a less restrictive community level of care. Department psychiatric hospitals are therapeutic environments, and these commitments are meant to be rehabilitative rather than punitive.

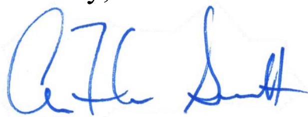
SB 449 also interferes with the Healthcare System's ability to follow the Supreme Court's mandate outlined in *Olmstead v. L.C.*[1] Under *Olmstead*, individuals with disabilities, including behavioral health disabilities, have a right to receive treatment in the community in non-institutional settings. SB 449 would impact the System's ability to discharge individuals to an appropriate level of care for a longer period of time, even if the individual does not meet medical necessity criteria for inpatient behavioral health treatment, violating community integration requirements of *Olmstead*.

Finally, this bill would make it even more difficult for the Department's Healthcare System to comply with the statutory requirement to admit individuals who are court committed within 10 days. The Department's adult psychiatric hospitals operate 1,056 adult psychiatric beds, which are always at almost full capacity. Due to the increase in judicial evaluation and commitment orders, the Healthcare System has a court-ordered admissions waitlist for individuals who have been committed to the Department's psychiatric hospitals. Therefore, this bill could necessitate adding capacity to the existing Healthcare System facilities, particularly at Perkins, which is already undergoing a major Capital Improvement Project, or the building of additional facilities. Any additional capacity added to existing facilities or the establishment of new facilities will require significant construction.

In summary, the Department respectfully opposes this bill because it impacts the ability of clinicians to make discharge determinations as to whether an individual could be maintained in a less restrictive community level of care, impacts patients' rights in accordance with *Olmstead,* and impacts the ability to admit patients timely to the Department's adult psychiatric facilities.

If you would like to discuss this further, please contact Sarah Case-Herron, Director of Governmental Affairs, at sarah.case-herron@maryland.gov.

Sincerely,



Laura Herrera Scott, M.D., M.P.H.
Secretary

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[1] 527 U.S. 581 (1999)

IST Dismissal Time SB449 w attachment.pdf

Uploaded by: Kimberlee Watts

Position: UNF

NATASHA DARTIGUE
PUBLIC DEFENDER

KEITH LOTRIDGE
DEPUTY PUBLIC DEFENDER

MELISSA ROTHSTEIN
CHIEF OF EXTERNAL AFFAIRS

ELIZABETH HILLIARD
ACTING DIRECTOR OF GOVERNMENT RELATIONS

POSITION ON PROPOSED LEGISLATION

BILL: SB449: Criminal Procedure- Incompetency to Stand Trial Dismissal

FROM: Maryland Office of the Public Defender

POSITION: Unfavorable

DATE: 2/2/2024

The Maryland Office of the Public Defender respectfully requests that the Committee issue an unfavorable report on Senate Bill 449.

Senate Bill 449 proposes to Amend Criminal Procedure Article (CP) §3-107(a) in two ways. First it seeks to extend the time for dismissal after a continuous finding of Incompetency to Stand Trial for charges of First Degree Murder or Sexually Assaultive Behavior from five years to ten. Second SB 449 seeks to give victims the ability to petition the court to extend the time for dismissal based on extraordinary cause.

The Office of the Public Defender requests an unfavorable report on this bill for several reasons. First, it is unlikely to pass constitutional review under the principles set forth in *Jackson v. Indiana*, 406 U.S. 715 (1972.) Second, it is unnecessary as the vast majority of people become competent within our current statutory time frame. Third, this statute reaches well beyond situations proponents of this legislation in past years have indicated it is intended to encompass: giving victims a voice, ensuring that people with developmental disabilities are not released despite being dangerous, and extending the time for formerly capital offenses.

Constitutional Requirements:

People charged with criminal offenses who are committed solely because of they are Incompetent to Stand Trial (IST) cannot be held for more than a reasonable time necessary to determine whether they will ever become competent. *Jackson v. Indiana*, 406 U.S. 715 (1972.) Commitment for incompetency is for the purpose of restoring the individual's ability to participate in a constitutionally fair trial. Tying the length of hospitalization to the severity of the charge is based on

a rationale of punishment rather than treatment, even though these individuals have not—and in fact may never be—convicted of a crime. The time frames outlined in the current statute are reasonable. Research indicates that the vast majority of people become competent to stand trial well within our current statutory time frame. Studies have variously reported restorability between 75% and 95% within a year.[1] In Maryland people who are found incompetent to stand trial, and who are dangerous, are committed either at the Spring Grove Hospital Center, Springfield Hospital Center, and Clifton T. Perkins Hospital; unless they are Intellectually Disabled in which case they go to a Secure Evaluation and Therapeutic Treatment (SETT) Center operated by DDA. While people are committed to those facilities for reasons other than being IST, the average length of stay at these facilities is nevertheless a reasonable gauge of how long it takes for people deemed dangerous to attain competency. According to the Department of Budget and Management, the average length of stay at these facilities for the last two years is approximately: Springfield Hospital: 65 days, Spring Grove Hospital: 363 in 2022, Perkins: 1200 days- 3.28 years.[2] Maryland has two SETT Centers, the average length of stay for both is one year.[3]

Unnecessary legislation:

The proposed legislation is not necessary to achieve the purported goals. As CP §3-107(a) currently stands the time required for dismissal is determined by the seriousness of the offense and longest possible sentence. However, dismissal is not necessarily the end of road for the defendant. People deemed to still be mentally ill may be involuntarily civilly committed to a hospital until such time as they are no longer mentally ill and dangerous— that commitment could last a lifetime. For individuals who are Intellectually Disabled, there are separate administrative procedures in place to address placement and public safety, but this commitment could also last a lifetime.[4]

Under the current law the State's Attorney can already petition the court to find extraordinary cause to extend the time for dismissal. Further, the statutorily required dismissal of the case is without prejudice, meaning that offense could be re-charged by the State's Attorney if they believe the

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[1] Zapf, Patricia, and Roesch, Ronald. Evaluation of Competence to Stand Trial. Chapter 3, p.55. Oxford University Press (2009)

[2] MDH Facility Summaries and Other Supporting Data, pages 11-13. Attached to this document, but which can also be found at: https://dbm.maryland.gov/Documents/MFR_documents/2022/M00-MDH-Facility-Summaries-and-Other-Supporting-Data.pdf

[3] See above, pages 15 & 16

[4] See Md. Criminal Procedure Article 3-106(e)(2), and Md. Health General Article 7-502.

Maryland Office of the Public Defender, Government Relations Division, 45 Calvert St, Suite 108, Annapolis MD 21401
For further information please Elizabeth Hilliard, Elizabeth.hilliard@maryland.gov 443-507-8414.

defendant has become competent or there is a likelihood that the defendant will become competent in the foreseeable future. For the felony offenses referenced in this bill, there is no statute of limitations, so all of those offenses could be re-charged at any time.

Notice to victims and opportunity to be heard:

Annual review hearings are required to determine whether a defendant continues to be dangerous and therefore continues to need hospitalization.[5] Victims who have filed a notification request have a right to be notified of these hearings and to attend these hearings. [6] In most, if not all, jurisdictions the dismissal based on the statutory time frames is done at these hearings. As explained previously, the offense can be re-charged by the State's Attorney. Victims have ample opportunity, both before and after a dismissal without prejudice, to convey to the State's Attorney any information which suggests that the defendant is, or has become, competent to stand trial. Additionally, the law already requires notice and an opportunity to be heard to any victim who has requested notification if the court is considering dismissing the case with prejudice based on a finding that the defendant is unlikely to attain competency.[7]

Notice and an opportunity to be heard is not only required in District and Circuit Court proceedings, but also release proceedings heard by the Office of Administrative Hearings.[8] Further, when victims submit written or oral information the Health Department, Court, or Office of Administrative Hearings are required to consider the information when determining release or conditional release.

Individuals with Intellectual Disabilities

Proponents of pervious iterations of this bill have raised concerns that someone with intellectual disabilities can not be held in a facility beyond 21 days. This is an incomplete understanding of the law. If a person with an Intellectual Disability is found incompetent to stand trial and dangerous they are committed to the Department of Health, who shall require the Developmental Disabilities

[5] CP §3-106(d).
[6] CP § 11-102.
[7] CP §3-107(b) and (c).
[8] CP § 3-123(d)-(f)

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Administration (DDA) to provide for the care and treatment of the defendant.[9] If the court finds that the defendant is not likely to become competent in the foreseeable future and dismisses a case, and the individual has an intellectual disability the court shall order the defendant to be confined to a DDA facility for 21 days for the initiation of admission proceedings pursuant to Health General Article (HG) 5-703. Admission for 21 days pursuant to HG 5-703 is only the beginning of that process. Within that 21 day period, DDA is required to hold a hearing before an Administrative Law Judge (ALJ). Once admitted to a residential center people are entitled to another hearing within a year can only be conditionally released if it can be shown that no longer have a need for residential services for their adequate habilitation. Habilitation is defined as "a process by which ap provider of services enables an individual to acquire and maintain life skills to cope more effectively with the demands of the individuals' own person and environment and to raise the level of the individual's mental, physical, social and vocational functioning."[10] People can only be unconditionally released if they are no longer in need of residential services, or if there is an available, less restrictive kind of service "consistent with the welfare and safety of the individual."[11] Although the statutes reference "raising the level of … social functioning" and the "welfare and safety" of the individual being hospitalized, it can hardly be said that it is consistent with someone's welfare and safety, or raising the level of social functioning, to release them if they are dangerous to others.

Capital Offenses

Although proponents of previous iterations of this bill support it because it returns the 10 year dismissal time to the formerly capital offense of murder in the first degree, SB449 goes significantly further than that. It would also extend the dismissal times for child sex abuse, first and second degree rape, and third degree sex offense—none of which have ever been capital offenses in Maryland. The statute governing incompetency matters has undergone several iterations over the years in response to constitutional and logistical considerations.[12] Prior to 1967, there was no statutory law providing for dismissal of criminal charges against an individual who could not be restored to competency. Rather, if a defendant was adjudged incompetent to stand trial, he or she would be committed to an

[9] CP §3-106(c)(1)(ii).
[10] HG§7-101(i)
[11] HG § 7-508(a)(2).
[12] For a very detailed review of the historical evolution of competency laws, see *Ray v. State,* 410 Md. 384, 407-419 (2009) and *State v. Ray*, 429 Md. 566, 579-584 (2012).

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institution, and criminal charges would be stayed until such time as he or she could stand trial. *Ray v. State*, 410 Md. 384, 407 (2009). *State v. Ray*, 429 M. 566, 579-380 (2012).

In 2006, the Legislature was moved to scrutinize the entire competency statute following a lawsuit brought by the Maryland Disability Law Center (MDLC) challenging the constitutionality of the statute. MDLC argued that Maryland must adhere to the dictates of *Jackson v. Indiana*, 406 U.S. 715 (1972) and require "that the nature and duration of confinement bear some reasonable relation to its purpose." 429 Md. at 581.

CJP §3-106 was the result of "long discussion and compromise" among members of a multidisciplinary work group convened to examine the statute. *Id.* at 582. Significant changes were made to the statute, including to section §3-107. HB 795 added a paragraph that mandated dismissal of charges upon expiration of requisite time periods. The revised version also added the language that dismissal is "without prejudice." A ten-year dismissal date was reserved solely for capital cases, no doubt with the understanding that "death is different." *See*, *Ford v. Wainwright*, 477 U.S. 399, 411 (1986). In 2013, the statute was again revised to remove the ten-year dismissal time to address the abolition of the death penalty. There was no need to otherwise change the statute. In accordance with *Jackson,* the statutory time frames for dismissal are outer limits of when a case must be dismissed, rather than a discrete point in time when dismissal must be considered. The Court of Appeals said, "[t]he General Assembly created the *upper limit* on how long the State may attempt to work toward the goal of making an incompetent defendant become competent." 429 Md. 566, 595 (2012) (Emphasis supplied). Acknowledging that, the Court considered the issue of dismissal of charges in *State v. Ray*, 429 Md. 566 (2012) and its progeny. *See Ray v. State*, 410 Md. 384 (2009) (*Ray I*) and *Adams and Ray v. State*, 204 Md. App 418 2012)(*Ray II*). In *Ray I,* the Court held that extraordinary cause "must require more than dangerousness and restorability," *Ray v. State,* 410 Md. 384, 419 (2009). In accordance with *Jackson v. Indiana*, the Court reasoned that if restorability and dangerousness amounted to extraordinary cause, it "could result in indefinite institutionalization, without procedural protection." *Id.* at 415.

In the final *Ray* chapter, *State v. Ray*, 429 Md. 566 (2012), the Court of Appeals took no issue with re-indictment, but remanded with directions to make findings as to whether Ray could be restored to competence, a fact which had never been raised or established, *Id.* at 496, again recognizing the constitutional principle set forth in *Jackson v. Indiana,* that commitment for competency reasons is

just that. Further extending the time for dismissal of the specified charges is punitive, not restorative.

For these reasons, the Maryland Office of the Public Defender urges this Committee to issue an unfavorable report on Senate Bill 449.

Submitted by: Maryland Office of the Public Defender, Government Relations Division.
Authored by: Kimber D. Watts, Supervising Attorney Forensic Mental Health Division
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Public Health Services

M00F01	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	FY 2022 Est.
Unclaimed bodies received	1,504	1,720	1,874	1,835	2,305	2,452	2,648
Bodies claimed	697	785	843	910	1,050	1,123	1,213
Reimbursement of expenses	$131,209	$160,335	$158,966		$514,114	$563,083	$608,130
Number of donated bodies available for study	929	995	1,089	1,186	1,224	1,319	1,425
Number of unclaimed bodies available for study	807	935	1,031	925	1,255	1,329	1,435
Number of requests for cadaver-specimen(s)	590	635	640	662	418	471	509
Reimbursement of expenses	$777,984	$729,300	$636,406	$612,118	$514,114	$563,083	$608,130
Percent of birth certificates filed within 5 days	98%	96%	97%	97%	98%	98%	98%
Percent of death certificates filed within 72 hours	19%	31%	41%	50%	34%	34%	34%

M00F02	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	FY 2022 Est.
State Funding by Subdivision (includes general and federal funds)							
Allegany	$1,157,779	$1,462,194	$1,471,154	$1,536,198	$1,947,439	$2,174,595	$2,047,629
Anne Arundel	$4,253,838	$4,438,646	$4,660,702	$4,318,309	$4,790,100	$4,831,979	$4,928,397
Baltimore County	$5,989,035	$6,043,118	$6,043,118	$5,518,725	$5,668,282	$5,769,560	$5,814,563
Calvert	$552,244	$665,727	$665,727	$658,153	$880,792	$897,386	$915,426
Caroline	$647,571	$753,099	$751,174	$784,810	$1,002,659	$1,045,048	$1,044,421
Carroll	$1,582,909	$1,782,276	$1,782,078	$1,796,826	$2,307,715	$2,339,599	$2,392,737
Cecil	$1,054,686	$1,203,029	$1,203,029	$1,223,669	$1,608,120	$1,660,229	$1,674,940
Charles	$1,340,435	$1,551,262	$1,569,484	$1,570,553	$1,667,362	$2,079,773	$2,090,384
Dorchester	$541,111	$584,625	$649,332	$691,977	$976,926	$1,005,965	$1,020,962
Frederick	$1,965,764	$2,183,440	$2,183,440	$2,170,544	$2,679,432	$2,753,969	$2,776,837
Garrett	$539,496	$663,276	$663,276	$710,014	$987,173	$1,027,645	$1,032,242
Harford	$2,257,826	$2,482,778	$2,457,777	$2,460,920	$2,978,815	$3,102,961	$3,136,658
Howard	$1,702,921	$1,907,274	$1,900,168	$1,851,364	$2,323,989	$2,326,903	$2,396,917
Kent	$417,778	$561,189	$560,721	$624,305	$855,312	$1,061,738	$916,824
Montgomery	$4,512,742	$4,471,826	$4,434,557	$4,038,950	$4,148,406	$4,222,528	$4,255,464
Prince George's	$6,934,808	$7,470,841	$6,933,974	$6,465,328	$6,708,450	$6,833,879	$6,885,732
Queen Anne's	$529,829	$608,842	$608,842	$629,921	$839,250	$877,521	$875,961
St. Mary's	$1,036,478	$1,135,744	$1,087,832	$1,121,792	$1,347,144	$1,334,063	$1,386,490
Somerset	$518,586	$601,594	$649,506	$643,105	$891,071	$935,974	$933,773
Talbot	$414,615	$512,984	$512,984	$525,250	$678,255	$692,029	$704,306
Washington	$1,735,284	$1,895,357	$1,918,575	$1,948,406	$2,500,689	$2,631,531	$2,607,652
Wicomico	$1,208,701	$1,382,658	$1,379,661	$1,417,913	$1,859,521	$1,880,888	$1,931,840
Worcester	$483,202	$707,293	$782,695	$791,121	$1,166,801	$1,158,130	$1,216,332
Baltimore City	$8,940,735	$8,263,308	$8,864,518	$8,366,564	$8,593,298	$8,746,841	$8,815,066
Total	$50,318,373	$53,332,380	$53,734,324	$51,864,717	$59,407,001	$61,390,734	$61,801,553

M00F03	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	FY 2022 Est.
Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Average Monthly Participation							
Women served	33,527	31,969	31,079	29,500	28,716	29,577	30,021
Infants served	33,855	31,987	31,370	30,364	29,521	30,407	30,863
Children served	73,526	70,708	67,055	63,877	63,644	65,553	66,536
Total	140,908	134,664	129,504	123,741	121,881	125,537	127,420

M00J	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	FY 2022 Est.
Number of hereditary disorders tested for in newborn babies	54	54	57	61	61	62	63
Number of tests	8,475,984	8,748,256	8,762,672	8,556,070	9,636,139	9,600,000	9,600,000
Turnaround time for test results (days)	3	3	3	3	3	3	3

Chronic Hospitals

	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	FY 2022 Est.
DEER'S HEAD							
Admissions	87	100	94	79	83	83	83
Discharges	88	105	100	79	80	80	80
Inpatients Treated	138	146	137	122	125	125	126
Average Daily Inpatients Treated	51	46	43	43	42	42	43
Beds Operated	114	114	114	114	114	114	114
Occupancy Percent	45%	40%	38%	38%	37%	37%	38%
Chronic Hospital - Complex							
Patient Days	366	365	365	365	366	365	365
Average Daily Inpatients Treated	1	1	1	1	1	1	1
Per Diem Cost	$568	$623	$630	$636	$639	$592	$562
Average Length of Stay	366	365	365	365	366	365	365
Cost per Admission	$207,877	$227,395	$229,950	$232,140	$233,874	$216,080	$205,130
Chronic Hospital - Regular							
Patient Days	1,825	1,460	1,460	1,460	1,460	1,825	1,825
Average Daily Inpatients Treated	5	4	4	4	4	5	5
Per Diem Cost	$1,793	$2,345	$2,088	$2,069	$1,995	$1,753	$1,653
Average Length of Stay	27	27	26	31	22	26	22
Cost per Admission	$48,411	$63,315	$54,288	$64,139	$43,890	$45,578	$36,366
Comprehensive Care - Skilled							
Patient Days	16,425	14,965	13,870	13,870	13,542	13,140	13,505
Average Daily Inpatients Treated	45	41	38	38	37	36	37
Per Diem Cost	$776	$856	$922	$921	$975	$953	$921
Average Length of Stay	366	365	365	365	366	365	365
Cost per Admission	$284,054	$312,440	$336,530	$336,165	$356,850	$347,845	$336,165
Ancillary Services							
Patient Days	18,666	16,836	15,695	15,695	15,372	15,330	15,695
Ancillary Services Per Diem Cost	$184	$210	$230	$224	$216	$219	$207
Renal Dialysis Services							
Patients Treated	63	62	63	58	70	65	50
Treatments	9,041	8,830	8,859	6,949	6,373	9,048	6,708
Average Cost Per Treatment	$397	$460	$428	$485	$476	$415	$447
Hospital Patient Recoveries							
Medicaid, Medicare, Insurance and Sponsors	$3,241,586	$5,618,036	$3,084,564	$3,848,923	$1,556,412	$1,303,969	$1,368,184
Disproportionate Share Payments	$6,715	$1,777	$543	$0	$0	$0	$0
Project Summary:							
General Administration	$2,181,246	$2,787,149	$2,898,134	$2,476,356	$2,509,441	$ 2,133,154	$ 2,173,967
Dietary Services	$1,233,199	$1,228,267	$1,202,874	$1,232,040	$1,252,991	$ 1,080,484	$ 1,152,751
Household and Property Services	$2,964,388	$3,039,092	$2,729,081	$2,847,366	$2,675,084	$ 2,426,025	$ 2,531,342
Hospital Support Services	$1,028,498	$1,109,660	$1,195,624	$1,131,155	$1,122,552	$ 1,226,041	$ 1,124,315
Patient Care Services	$9,790,120	$9,456,463	$9,114,903	$9,348,391	$9,790,282	$ 9,674,555	$ 9,583,958
Ancillary Services	$2,461,356	$2,386,186	$2,534,363	$2,507,321	$2,325,980	$ 2,527,175	$ 2,343,977
Renal Dialysis Services	$1,460,337	$1,489,097	$1,709,150	$1,538,365	$1,469,224	$ 1,630,642	$ 1,421,992
Non-Reimbursable Services	$2,781,953	$3,232,631	$2,759,632	$2,462,970	$2,032,279	$ 2,591,449	$ 2,058,415
Total	$23,901,097	$24,452,087	$24,143,761	$23,543,964	$23,177,833	**$ 23,289,525**	**$ 22,390,717**

WESTERN MARYLAND CENTER

Admissions	121	122	83	60	37	141	141
Discharges	123	121	90	64	40	193	193
Inpatients Treated	175	174	141	106	79	295	295
Average Daily Inpatients Treated	52	51	49	44	41	55	55
Beds Operated	123	123	123	123	123	123	123
Occupancy Percent	42.0%	41.5%	39.8%	35.8%	33.3%	44.7%	44.7%
Chronic Hospital - Complex							
Patient Days	3,285	4,078	4,078	1,977	3,001	4,392	6,954
Average Daily Inpatients Treated	9	11	11	5	8	12	19
Per Diem Cost	$1,552	$1,476	$1,487	$2,599	$1,866	$1,186.64	$905.15
Average Length of Stay	38	38	38	44	91	38	38
Cost per Admission	$58,974	$56,078	$56,523	$114,351	$169,811	$45,092	$34,396
Traumatic Brain Injury Unit							
Patient Days	2,555	2,432	2,432	1,804	-	2,562	-
Average Daily Inpatients Treated	7	7	7	5	0	7	0
Per Diem Cost	$860	$1,094	$939	$1,302	$0	$998	$0
Average Length of Stay	99	99	99	157	0	72	72
Cost per Admission	$85,133	$108,347	$92,943	$204,411	$0	$71,822	$0
Comprehensive Care - Skilled							
Patient Days	8,030	12,187	12,187	12,215	12,105	13,176	13,176
Average Daily Inpatients Treated	22	33	33	34	33	36	36
Per Diem Cost	$817	$779	$736	$838	$855	$722.67	$820.00
Average Length of Stay	366	365	365	365	365	366	365
Cost per Admission	$298,941	$284,364	$268,700	$305,944	$311,902	$264,498	$299,301
Comprehensive Care – Vent							
Patient Days	5,110	0	0	0	0	0	0
Average Daily Inpatients Treated	14	0	0	0	0	0	0
Per Diem Cost	$742	$0	$0	$0	$0	$0	$0
Average Length of Stay	366	365	365	365	0	0	0
Cost per Admission	$271,465	$0	$0	$0	$0	$0	$0
Ancillary Services							
Patient Days	18,980	18,697	18,697	15,996	15,106	20,130	20,130
Ancillary Services Per Diem Cost	$309	$273	$259	$254	$274	$248	$194
Renal Dialysis Services							
Patients Treated	32	0	0	0	0	0	0
Treatments	1630	0	0	0	0	0	0
Average Cost Per Treatment	$522	$0	$0	$0	$0	$0	$0
Hospital Patient Recoveries							
Medicaid, Medicare, Insurance and Sponsors	$6,721,963	$7,209,415	$6,279,388	$4,569,370	$2,198,997	$1,007,668	$1,142,463
Disproportionate Share Payments	$58,923	$167,832	$102,496	$83,434	$75,175	$75,175	$75,175
Project Summary:							
General Administration	$2,762,515	$3,229,731	$3,333,401	$3,152,618	$3,571,253	$2,766,015	$3,061,330
Dietary Services	$1,034,846	$1,134,658	$901,794	$1,004,009	$636,873	$659,461	$645,296
Household and Property Services	$3,120,824	$3,132,823	$3,063,865	$3,050,213	$3,180,123	$3,193,416	$2,929,317
Hospital Support Services	$2,430,802	$2,355,402	$2,120,413	$1,723,174	$1,788,485	$1,776,577	$1,959,798
Patient Care Services	$9,739,922	$9,822,090	$9,428,679	$9,531,031	$8,958,228	$10,293,753	$9,555,676
Ancillary Services	$4,411,180	$4,299,837	$3,993,571	$3,320,113	$3,192,783	$3,173,358	$3,099,805
Renal Dialysis Services	$532,523	-$2,239	$0	$0	$0	$0	$0
Non-Reimbursable Services	$1,500,861	$1,241,509	$1,237,770	$1,255,652	$1,529,401	$1,772,689	$1,898,297
Total	$25,533,473	$24,461,183	$24,079,493	$23,036,810	$22,857,146	$23,635,269	$23,149,519

Behavioral Health Administration

	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	FY 2022 Est.
Number of Customers: Medicaid							
Number of Non-Medicaid Customers:	10,467	6,395	7,811	11,283	11,283	11,283	11,283
Total	10,467	6,395	7,811	11,283	11,283	11,283	11,283
Number of Consumers by Service Type: (contains duplicate counts; multiple services and coverage types)							
Residential Treatment Centers					-	-	
Outpatient	10,650	5,770	6,740	7,511	7,511	7,511	7,511
Rehabilitation	2,880	2,123	2,894	3,500	3,500	3,500	3,500
Case Management	357	255	279	272	272	272	272
Outpatient: Completion/Transfer/Referral Rate	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Average Length of Stay for Completion Discharges (days)	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Patients Treated	1,422	5,526	10,231	14,314	15,345	17,320	17,320
Intensive Outpatient: Completion/Transfer/Referral Rate	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Average Length of Stay for Completion Discharges (days)	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Patients Treated	13	443	912	1,244	1,368	1,505	1,505
Halfway House: Completion/Transfer/Referral Rate	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Average Length of Stay for Completion Discharges (days)	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Patients Treated	Unavailable	Unavailable	1,000	669	1,500	1,650	1,650
Long Term Residential: Completion/Transfer/Referral Rate	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Average Length of Stay for Completion Discharges (days)	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Patients Treated	659	851	9,589	12,357	13,500	14,800	14,800
Therapeutic Community: Completion/Transfer/Referral Rate	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Average Length of Stay for Completion Discharges (days)	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Patients Treated	54	110	106	143	150	160	160
Intermediate Care Facility: Completion/Transfer/Referral Rate	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Average Length of Stay for Completion Discharges (days)	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Patients Treated	1	2	4	-	-	-	-
Methadone: Patients Treated	116	2,644	3,983	3,397	3,500	4,800	4,800
Total Patients Treated	2,168	7,377	20,016	30,814	31,600	33,000	33,000
Buprenorphine: Patients Treated	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Recovery Support Services: Patients Receiving Care Coordination	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable	Unavailable
Recovery Community Center Sites	Unavailable	Unavailable	Unavailable	58,315	44,064	44,064	44,064
Patients Receiving Recovery Housing	4,570	4,023	4,504	4,741	4,800	4,800	4,800

Number of Customers: Medicaid	25,230	27,265	28,576	29,823	31,600	33,000	33,000
Non-Medicaid	-	-	-	-	-	-	-
Number of Consumers by Service Type: (contains duplicate counts; multiple services and coverage types)	25,230	27,265	28,576	34,927	36,238	37,216	37,216
Inpatient	2,237	3,956	4,321	3,692	3,692	3,127	3,127
Residential Treatment Centers	1	1	1	2	-	-	-
Outpatient	15,789	15,575	17,500	18,485	19,120	19,783	19,783
Rehabilitation	10,458	10,838	11,740	12,448	13,123	14,000	14,000
Case Management	275	282	298	300	303	306	306
Total	28,760	30,652	33,860	34,927	36,238	37,216	37,216

OTHER PERFORMANCE MEASURES - All Facilities

Inpatient Census

Admissions	**2016 Act.**	**2017 Act.**	**2018 Act.**	**2019 Act.**	**2020 Act.**	**2021 Est.**	**FY 2022 Est.**
Thomas B. Finan Hospital Center	78	76	85	99	104	92	92
Regional Institute for Children/Adolescents B'more	44	37	40	46	42	42	42
Eastern Shore Hospital Center	66	63	70	105	96	90	90
Springfield Hospital Center	248	280	278	280	218	280	280
Spring Grove Hospital Center	388	364	381	319	303	318	328
Clifton T. Perkins Hospital Center	78	99	149	141	128	135	135
JLG Regional Institute for Children/Adolescents	43	44	40	42	37	30	50

Discharges	**2016 Act.**	**2017 Act.**	**2018 Act.**	**2019 Act.**	**2020 Act.**	**2021 Est.**	**FY 2022 Est.**
Thomas B. Finan Hospital Center	79	62	60	98	102	94	94
Regional Institute for Children/Adolescents B'more	40	33	41	36	42	42	42
Eastern Shore Hospital Center	59	67	57	108	99	88	88
Springfield Hospital Center	255	284	279	282	240	256	280
Spring Grove Hospital Center	415	356	402	319	302	317	327
Clifton T. Perkins Hospital Center	73	91	125	134	135	135	135
JLG Regional Institute for Children/Adolescents	43	44	31	37	48	38	48

Inpatients Treated	**2016 Act.**	**2017 Act.**	**2018 Act.**	**2019 Act.**	**2020 Act.**	**2021 Est.**	**FY 2022 Est.**
Thomas B. Finan Hospital Center	169	164	171	182	187	180	180
Regional Institute for Children/Adolescents B'more	85	60	81	82	81	85	85
Eastern Shore Hospital Center	134	137	132	176	172	160	160
Springfield Hospital Center	482	501	496	498	414	476	500
Spring Grove Hospital Center	687	700	762	673	657	690	710
Clifton T. Perkins Hospital Center	325	351	409	424	416	343	343
JLG Regional Institute for Children/Adolescents	86	88	71	79	77	60	80

Average Daily Inpatients Treated	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	FY 2022 Est.
Thomas B. Finan Hospital Center	90	81	83	83	83	88	88
Regional Institute for Children/Adolescents B'more	36	30	37	44	42	42	42
Eastern Shore Hospital Center	69	66	63	78	76	78	78
Springfield Hospital Center	232	216	218	217	210	220	220
Spring Grove Hospital Center	384	374	364	353	358	376	387
Clifton T. Perkins Hospital Center	249	252	269	284	237	251	251
JLG Regional Institute for Children/Adolescents	30	30	33	43	39	38	48

Beds Operated	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	FY 2022 Est.
Thomas B. Finan Hospital Center	88	88	88	88	88	88	88
Regional Institute for Children/Adolescents B'more	38	34	45	45	45	45	45
Eastern Shore Hospital Center	80	80	80	80	84	84	84
Springfield Hospital Center	232	232	220	220	220	220	220
Spring Grove Hospital Center	377	377	347	377	377	377	377
Clifton T. Perkins Hospital Center	248	248	287	287	289	288	288
JLG Regional Institute for Children/Adolescents	32	32	35	48	48	38	48

Occupancy Percent	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	FY 2022 Est.
Thomas B. Finan Hospital Center	102.0%	92.0%	100.0%	94.3%	94.0%	100.0%	100.0%
Regional Institute for Children/Adolescents B'more	94.7%	88.2%	93.0%	97.8%	93.0%	93.0%	93.0%
Eastern Shore Hospital Center	86.3%	82.5%	100.0%	98.0%	90.0%	93.0%	93.0%
Springfield Hospital Center	100.0%	93.1%	95.0%	98.6%	95.0%	100.0%	100.0%
Spring Grove Hospital Center	101.9%	99.2%	104.9%	93.6%	95.0%	99.7%	102.0%
Clifton T. Perkins Hospital Center	100.4%	101.6%	100.0%	99.0%	98.3%	100.0%	100.0%
JLG Regional Institute for Children/Adolescents	93.8%	93.8%	94.3%	89.6%	82.0%	100.0%	100.0%

OTHER PERFORMANCE MEASURES - Regional Institutes for Children and Adolescents

Residential Services

Patient Days	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	FY 2022 Est.
Regional Institute for Children/Adolescents B'more	13,176	10,950	12,551	16,060	15,330	15,372	15,330
JLG Regional Institute for Children/Adolescents	10,535	10,673	12,025	15,684	14,183	13,870	17,520
Average Daily Inpatients Under Treatment							
Regional Institute for Children/Adolescents B'more	36	30	37	44	34	42	42
JLG Regional Institute for Children/Adolescents	30	30	33	43	39	38	48
Per Diem Cost							
Regional Institute for Children/Adolescents B'more	$459	$558	$519	$527	$448	$456	$456
JLG Regional Institute for Children/Adolescents	$612	$593	$597	$600	$654	$564	$555
Average Length of Stay							
Regional Institute for Children/Adolescents B'more	366	365	365	365	366	365	365
JLG Regional Institute for Children/Adolescents	261	217	170	199	178	180	180
Cost per Admission (less educational expenses)							
Regional Institute for Children/Adolescents B'more	$167,866	$203,683	$189,426	$192,517	$163,968	$166,440	$166,440
JLG Regional Institute for Children/Adolescents	$153,878	$128,788	$101,490	$116,369	$116,402	$137,564	$135,500

Day Treatment

Patient Days	**2016 Act.**	**2017 Act.**	**2018 Act.**	**2019 Act.**	**2020 Act.**	**2021 Est.**	**FY 2022 Est.**
Regional Institute for Children/Adolescents B'more	20,130	20,075	21,170	21,170	21,170	21,170	21,170
JLG Regional Institute for Children/Adolescents	30,012	29,930	23,200	20,089	28,749	27,375	27,375
Average Daily Day School Patients Under Treatment							
Regional Institute for Children/Adolescents B'more	55	55	55	58	42	59	50
JLG Regional Institute for Children/Adolescents	82	82	64	55	79	75	75
Per Diem Cost							
Regional Institute for Children/Adolescents B'more	$116	$127	$115	$114	$131	$130	$130
JLG Regional Institute for Children/Adolescents	$146	$143	$173	$203	$216	$153	$162
Average Length of Stay							
Regional Institute for Children/Adolescents B'more	366	365	365	365	366	365	365
JLG Regional Institute for Children/Adolescents	366	365	213	205	244	235	235
Cost per Admission (less educational expenses)							
Regional Institute for Children/Adolescents B'more	$42,452	$46,199	$42,114	$41,673	$46,106	$49,858	$46,125
JLG Regional Institute for Children/Adolescents	$53,350	$52,376	$36,849	$41,698	$46,064	$34,478	$36,496

OTHER PERFORMANCE MEASURES - Thomas B. Finan Hospital Center	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	FY 2022 Est.
Continuing Care							
Patient Days	8,784	7,787	7,744	7,956	7,774	8,030	8,030
Average Daily Inpatients Treated	23	21	21	22	21	22	22
Per Diem Cost	$379	$442	$448	$467	$470	$450	$455
Average Length of Stay	365	365	365	365	366	365	365
Cost per Admission	$138,186	$161,346	$163,463	$170,330	$172,034	$164,176	$166,182
Adult Care							
Patient Days	16,836	15,714	16,184	15,721	15,238	16,060	16,060
Average Daily Inpatients Treated	46	43	44	43	42	44	44
Per Diem Cost	$539	$624	$630	$667	$686	$650	$644
Average Length of Stay	156	208	245	289	183	200	200
Cost per Admission	$84,070	$129,694	$154,253	$192,857	$125,561	$129,968	$128,857
Alternative Living Center							
Patient Days	7,686	6,175	6,188	6,589	7,326	8,030	8,030
Average Daily Inpatients Treated	21	17	17	18	20	22	22
Per Diem Cost	$409	$523	$491	$499	$463	$445	$449
Average Length of Stay	240	240	299	218	198	180	180
Cost per Admission	$98,245	$125,441	$146,869	$108,707	$91,701	$80,093	$80,828
Ancillary Services							
Patient Days	33,306	29,676	30,116	30,266	30,338	32,120	32,120
Per Diem Cost	$92	$101	$104	$111	$112	$100	$102
Hospital Patient Recoveries							
Medicaid, Medicare, Insurance and Sponsors	$809,622	$746,137	$833,030	$601,552	$629,491	$520,931	$507,134
Disproportionate Share Payments	$1,478,452	$1,931,463	$1,673,439	$1,623,587	$6,443,862	$6,443,862	$6,443,862
Project Summary Data							
General Administration	$1,840,608	$2,331,472	$2,421,587	$2,215,024	$2,091,636	$1,978,359	$1,849,529
Dietary Services	$822,398	$748,592	$782,308	$794,527	$801,033	$765,959	$785,747
Household and Property Services	$2,673,927	$2,762,632	$2,581,174	$2,967,728	$2,545,991	$2,896,578	$2,737,840
Hospital Support Services	$3,994,196	$4,523,065	$4,837,139	$5,375,082	$5,487,031	$5,397,916	$5,725,139
Patient Care Services	$6,825,380	$6,769,049	$6,738,112	$6,824,312	$7,187,983	$7,232,358	$7,124,873
Ancillary Services	$2,466,452	$2,344,153	$2,467,298	$2,682,409	$2,800,411	$2,553,998	$2,666,166
Non-Reimbursable Services	$1,269,473	$1,136,199	$1,048,593	$1,133,477	$1,729,375	$1,311,052	$1,242,626
Total	$19,892,434	$20,615,162	$20,876,221	$21,992,559	$22,643,460	$22,136,220	$22,131,920

OTHER PERFORMANCE MEASURES - Regional Institute for Children and Adolescents - Baltimore	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	FY 2022 Est.
Hospital Patient Recoveries							
Medicaid, Medicare, Insurance and Sponsors	$2,797,459	$1,401,254	$2,840,987	$3,455,664	$3,298,908	$1,659,985	$1,816,733
Disproportionate Share Payments	$0	$0	$0	$0	$0	$0	$0
Project Summary Data							
General Administration	$1,534,578	$1,373,833	$1,663,595	$1,639,690	$2,180,122	$1,631,022	$1,593,062
Dietary Services	$517,237	$571,103	$676,168	$759,610	$791,708	$753,734	$759,106
Household and Property Services	$1,284,486	$1,338,157	$1,418,230	$1,567,822	$1,396,186	$1,615,108	$1,572,279
Hospital Support Services	$1,529,330	$1,460,671	$1,366,642	$1,201,503	$1,635,127	$1,653,087	$1,739,153
Educational Services	$1,230,843	$1,273,192	$1,355,199	$1,820,224	$588	$1,861,884	$2,110,535
Patient Care Services	$4,078,667	$4,268,631	$5,451,505	$4,893,089	$9,313,935	$4,746,293	$4,905,343
Ancillary Services	$725,339	$650,987	$621,730	$598,241	$618,386	$796,787	$740,270
Non-Reimbursable Services	$3,273,043	$3,183,957	$3,384,328	$4,496,572	$2,832,206	$4,821,718	$5,296,153
Total	$14,173,523	$14,120,531	$15,937,397	$16,976,751	$18,768,258	$17,879,633	$18,715,901

OTHER PERFORMANCE MEASURES - Eastern Shore Hospital Center	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	FY 2022 Est.
Intermediate Care							
Patient Days	6,163	6,496	7,085	7,042	6,990	6,362	6,990
Average Daily Inpatients Treated	17	18	19	19	19	18	19
Per Diem Cost	$930	$784	$793	$772	$782	$738	$716
Average Length of Stay	147	145	436	690	436	145	290.5
Cost per Admission	$136,710	$113,680	$345,748	$532,680	$340,952	$106,641	$207,998
Continuing Care							
Patient Days	7050	7317	6809	7180	6785	7175	7046.66667
Average Daily Inpatients Treated	19	20	19	20	19	20	19
Per Diem Cost	$613	$567	$568	$527	$569	$576	$624
Average Length of Stay	251	250	442	495	442	246	344
Cost per Admission	$153,863	$141,750	$251,056	$260,865	$251,498	$141,408	$214,656
Acute Care							
Patient Days	8,220	8,286	7,881	7,034	6,714	8,160	7,303
Average Daily Inpatients Treated	22	23	22	19	18	20	20
Per Diem Cost	$431	$498	$541	$602	$651	$484	$605
Average Length of Stay	187	180	131	187	131	182	167
Cost per Admission	$80,597	$89,640	$70,871	$112,574	$85,281	$88,248	$100,833
Assisted Living							
Patient Days	3,588	1,940	1,301	4,233	7,238	3,250	7,258
Average Daily Inpatients Treated	10	5	14	20	20	14	18
Per Diem Cost	$663	$1,127	$1,818	$947	$615	$880	$554
Average Length of Stay	282	280	797	1827	797	255	336
Cost per Admission	$186,987	$315,590	$1,448,861	$1,730,662	$490,198	$224,493	$186,093
Ancillary Services							
Patient Days	25,185	24,039	23,076	28,470	23,076	26,280	27,740
Per Diem Cost	$167	$172	$189	$153	$187	$170	$163
Hospital Patient Recoveries							
Medicaid, Medicare, Insurance and Sponsors	$613,877	$469,772	$289,651	$765,991	$725,350	$404,322	$421,096
Disproportionate Share Payments	$211,207	$275,923	$4,968,941	$6,472,282	$3,588,872	$3,588,872	$3,588,872
Project Summary Data							
General Administration	$2,073,462	$2,299,898	$2,227,322	$1,940,908	$2,753,950	$2,030,569	$2,201,940
Dietary Services	$819,246	$796,642	$762,721	$868,303	$864,345	$847,376	$849,400
Household and Property Services	$2,455,309	$2,666,629	$2,815,219	$2,888,439	$1,965,096	$2,641,096	$2,206,749
Hospital Support Services	$3,223,744	$2,784,200	$3,473,735	$3,027,846	$3,070,806	$3,375,231	$3,645,988
Patient Care Services	$10,161,115	$9,588,424	$9,755,805	$11,568,467	$12,187,997	$12,307,611	$11,886,177
Ancillary Services	$1,456,528	$1,550,880	$1,439,340	$1,522,710	$1,619,041	$1,617,323	$1,561,571
Community Services	$101,366	$105,382	$102,813	$106,535	$110,297	$95,902	$69,865
Non-Reimbursable Services	$8,576	$3,447	$5,408	$8,198	$18,226	$8,198	$8,198
Total	$20,299,346	$19,795,502	$20,582,363	$21,931,406	$22,589,758	$22,923,306	$22,429,888

OTHER PERFORMANCE MEASURES - Springfield Hospital Center	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	FY 2022 Est.
Acute Care							
Patient Days	23,380	24,178	24,353	23,928	22,389	24,090	24,090
Average Daily Inpatients Treated	64	66	67	65.56	61.17	66	66
Per Diem Cost	$943	$920	$928	$895	$973	$1,006	$1,006
Average Length of Stay	68	66	69	60.4	81.4	65	65
Cost per Admission	$64,141	$60,736	$64,039	$59,097	$67,170	$65,394	$65,394
Subacute Care							
Patient Days	7,413	8,561	8,890	8,596	7,740	9,125	9,125
Average Daily Inpatients Treated	20	23	24	23.55	21.15	25	25
Per Diem Cost	$620	$534	$564	$493	$560	$451	$451
Average Length of Stay	271	346	243	205.2	213	250	250
Cost per Admission	$168,088	$184,711	$135,959	$101,065	$136,186	$112,747	$112,747
Continuing Care							
Patient Days	38,717	31,198	31,356	31,514	31,490	31,755	31,755
Average Daily Inpatients Treated	106	85	86	86.34	96.04	87	87
Per Diem Cost	$669	$781	$772	$745	$647	$750	$750
Average Length of Stay	365	365	365	365	366	365	365
Cost per Admission	$244,066	$284,918	$281,644	$271,751	$236,975	$273,862	$273,862
Deaf Unit							
Patient Days	7,155	7,205	7,223	7,239	7,219	7,300	7,300
Average Daily Inpatients Treated	20	20	20	19.83	19.72	20	20
Per Diem Cost	$381	$457	$470	$504	$488	$525	$525
Average Length of Stay	365	366	365	365	365	365	365
Cost per Admission	$138,892	$167,202	$171,609	$183,954	$178,622	$191,460	$191,460
Geriatric Unit							
Patient Days	7,935	7,923	7,830	7,934	7,938	8,030	8,030
Average Daily Inpatients Treated	22	22	21	21.74	21.69	22	22
Per Diem Cost	$614	$622	$673	$547	$537	$533	$533
Average Length of Stay	365	365	365	365	366	365	365
Cost per Admission	$224,258	$226,929	$245,719	$199,655	$195,955	$194,561	$194,561
Ancillary Services							
Patient Days	84,736	79,065	79,652	79,211	76,776	80,300	80,300
Per Diem Cost	$138	$163	$158	$158	$155	$163	$163
Hospital Patient Recoveries							
Medicaid, Medicare, Insurance and Sponsors	$3,131,601	$3,450,695	$2,528,650	$2,967,305	$2,935,989	$2,159,629	$2,071,947
Disproportionate Share Payments	$11,405,197	$14,899,860	$13,231,528	$3,574,189	$10,475,160	$10,475,160	$10,475,160
Project Summary Data							
General Administration	$8,044,067	$7,772,922	$8,339,007	$7,863,087	$9,309,232	$6,790,433	$6,790,433
Dietary Services	$3,881,687	$3,391,655	$3,408,278	$3,879,773	$3,444,769	$3,434,449	$3,434,449
Household and Property Services	$9,859,523	$10,569,346	$10,629,559	$10,362,675	$9,283,938	$10,770,016	$10,770,016
Hospital Support Services	$5,288,554	$4,966,358	$4,000,416	$4,560,939	$4,566,320	$6,000,646	$6,000,646
Patient Care Services	$39,290,214	$39,227,408	$40,519,551	$39,593,134	$42,171,211	$39,742,049	$39,742,049
Ancillary Services	$6,770,450	$7,794,041	$7,426,363	$7,179,608	$7,133,664	$80,416,736	$80,416,736
Non-Reimbursable Services	$797,062	$541,128	$624,194	$561,918	$2,494,253	$108,565	$108,565
Total	$73,931,557	$74,262,858	$74,947,368	$74,001,134	$78,403,387	$74,887,831	$74,887,831

OTHER PERFORMANCE MEASURES - Spring Grove Hospital Center	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	FY 2022 Est.
Admissions							
Patient Days	43,800	43,070	42,705	42,007	46,542	45,939	47,251
Average Daily Inpatients Treated	120	120	117	115	127	126	130
Per Diem Cost	$623	$672	$645	$652	$388	$416	$388
Average Length of Stay	232	168	163	231	366	364	363
Cost per Admission	$144,490	$112,942	$105,139	$150,543	$142,011	$151,539	$140,844
Intermediate Care							
Patient Days	74,825	71,905	71,905	72,657	72,059	75,807	77,824
Average Daily Inpatients Treated	205	197	197	199	197	208	214
Per Diem Cost	$464	$509	$511	$530	$324	$284	$324
Average Length of Stay	365	365	593	582	366	364	364
Cost per Admission	$169,405	$185,848	$303,303	$308,309	$118,706	$103,220	$117,936
Intensive Medical Care							
Patient Days	10,828	10,950	10,950	10,584	10,595	11,245	11,443
Average Daily Inpatients Treated	30	30	30	29	29	31	31
Per Diem Cost	$431	$506	$445	$480	$311	$230	$311
Average Length of Stay	812	150	1096	706	365	372	369
Cost per Admission	$350,299	$75,870	$487,897	$338,814	$113,539	$85,379	$114,759
Domiciliary Care							
Patient Days	8,395	8,395	8,395	0	0	0	0
Average Daily Inpatients Treated	23	23	23	0	0	0	0
Per Diem Cost	$177	$163	$171	$0	$0	$0	$0
Average Length of Stay	116	127	121	0	0	0	0
Cost per Admission	$20,509	$20,641	$20,702	$0	$0	$0	$0
Adolescent Unit							
Patient Days	2,190	2,555	2,555	2,028	2,258	2,371	2,439
Average Daily Inpatients Treated	6	7	6	6	6	9	7
Per Diem Cost	$1,380	$1,161	$1,223	$1,491	$697	$747	$697
Average Length of Stay	33	35	43	40	61	45	52
Cost per Admission	$45,538	$40,652	$52,570	$59,654	$42,517	$33,612	$36,244
Ancillary Services							
Patient Days	140,160	136,510	136,510	127,376	128,000	128,000	128,000
Per Diem Cost	$57	$59	$63	$65	$65	$65	$65
Hospital Patient Recoveries							
Medicaid, Medicare, Insurance and Sponsors	$4,403,698	$4,135,206	$4,485,216	$3,542,936	$3,187,259	$2,770,680	$2,748,322
Disproportionate Share Payments	$8,025,880	$10,485,087	$19,119,176	$17,291,098	$8,832,217	$7,451,686	$7,451,686
Project Summary Data							
General Administration	$7,748,863	$9,088,061	$8,261,442	$8,370,940	$9,522,535	$7,016,326	$8,718,306
Dietary Services	$6,030,727	$6,001,407	$6,206,202	$5,870,688	$6,327,750	$6,189,012	$6,134,880
Household and Property Services	$8,704,414	$9,441,589	$9,713,111	$10,355,836	$8,113,276	$9,850,056	$9,394,074
Hospital Support Services	$6,213,190	$6,183,296	$6,898,605	$8,783,839	$8,011,040	$8,182,561	$7,897,828
Patient Care Services	$44,286,046	$45,136,994	$44,629,612	$44,191,826	$47,830,206	$44,906,772	$45,550,548
Ancillary Services	$7,159,725	$7,165,730	$7,594,317	$8,259,210	$7,913,976	$7,812,714	$7,922,501
Non-Reimbursable Services	$3,693,558	$3,620,695	$3,588,497	$3,406,679	$7,257,443	$3,163,681	$4,750,873
Total	$83,836,523	$86,637,772	$86,891,786	$89,239,018	$94,976,226	$87,121,122	$90,369,010

OTHER PERFORMANCE MEASURES - Clifton T. Perkins Hospital Center	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	FY 2022 Est.
Forensic Care							
Patient Days	88,695	91,851	99,253	103,660	99,253	103,944	103,944
Average Daily Inpatients Treated	249	252	280	284	283	285	285
Per Diem Cost	$591	$586	$557	$578	$647	$562	$550
Average Length of Stay	779	1,517	1,167	1,167	1,167	1,200	1,200
Cost per Admission	$460,634	$889,616	$845,662	$675,015	$755,366	$673,963	$659,443
Ancillary Services							
Patient Days	88,695	91,851	99,253	103,660	99,253	103,944	103,944
Per Diem Cost	$129	$138	$125	$129	$168	$138	$143
Pretrial Services							
Inpatient Competency Evaluation Referrals	32	16	41	21	34	30	30
Inpatient Pretrial Evaluation Referrals	33	35	24	28	30	30	30
Outpatient Competency Evaluation Referrals	30	42	25	14	5	35	35
Outpatient Pretrial Evaluation Referrals	41	54	34	18	7	40	40
Total (Inpatient+Outpatient) Competency/Pretrial Evaluation Referrals	136	147	124	81	39	135	135
Total (Inpatient+Outpatient) Pretrial Evaluation Referrals	74	89	58	46	37	70	70
Total (Inpatient+Outpatient) Pretrial Evaluations Completed	108	120	151	40	88	150	150
Admitted Incompetent to Stand Trial	39	69	75	88	59	100	100
Adjudicated Incompetent to Stand Trial	58	73	82	98	n/a	90	90
Total Admitted/Adjudicated Incompetent to Stand Trial	97	142	157	186	n/a	190	100
Total Annual Cost per Patient	$256,651	$264,067	$251,888	$258,188	$295,613	$255,534	$254,146
Hospital Patient Recoveries							
Medicaid, Medicare, Insurance and Sponsors	$226,764	$140,194	$2,500	$82,173	$78,673	$0	$0
Disproportionate Share Payments	$0	$0	$0	$0	$0	$0	$0
Project Summary Data							
General Administration	$5,414,814	$6,973,065	$6,768,498	$6,502,268	$8,298,364	$6,597,656	$6,301,944
Dietary Services	$1,857,252	$1,920,327	$2,024,247	$1,978,794	$1,817,378	$2,180,850	$2,499,286
Household and Property Services	$3,475,848	$3,530,333	$3,571,394	$4,482,123	$5,229,066	$4,022,329	$3,736,655
Hospital Support Services	$6,594,049	$6,896,307	$7,210,654	$6,893,514	$6,919,623	$8,034,908	$7,134,647
Patient Care Services	$36,741,846	$36,372,549	$37,585,299	$42,127,842	$44,504,623	$39,537,824	$39,504,608
Ancillary Services	$9,822,369	$10,852,259	$10,597,651	$11,340,815	$14,100,973	$12,619,246	$13,225,642
Non-Reimbursable Services	$231,122	$143,289	$49,149	$31,849	$2,788,508	$32,405	$28,750
Total	$64,137,300	$66,688,129	$67,806,892	$73,357,205	$83,658,535	$73,025,218	$72,431,532

OTHER PERFORMANCE MEASURES - John L. Gildner Regional Institute for Children and Adolescents	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	FY 2022 Est.
Hospital Patient Recoveries							
Medicaid, Medicare, Insurance and Sponsors	$1,209,056	$1,401,254	$1,655,671	$2,454,146	$2,524,100	$1,145,468	$1,114,107
Disproportionate Share Payments	$0	$0	$0	$0	$0	$0	$0
Project Summary Data							
General Administration	$1,950,642	$1,905,316	$2,143,631	$2,191,864	$2,364,488	$2,199,821	$2,228,330
Dietary Services	$745,324	$497,597	$544,316	$622,446	$641,755	$680,328	$608,955
Household and Property Services	$1,866,952	$1,993,197	$2,116,333	$2,327,132	$2,052,481	$2,154,172	$2,017,915
Hospital Support Services	$99,791	$57,089	$62,373	$97,964	$131,564	$122,931	$131,627
Patient Care Services	$6,302,113	$6,320,221	$6,520,044	$8,463,691	$9,272,200	$8,749,618	$9,240,853
Ancillary Services	$360,996	$421,135	$465,548	$610,309	$635,183	$677,471	$700,594
Non-Reimbursable Services	$526,172	$690,624	$698,165	$719,803	$1,008,871	$651,927	$764,488
Total	$11,851,945	$11,885,179	$12,550,410	$15,033,209	$16,106,542	$15,236,268	$15,692,762

Developmental Disabilities

	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	FY 2022 Est.
Community Services							
Community Residential Services: Annualized Clients	6,047	6,150	6,262	6,330	6,381	6,509	6,639
Average Annual Cost Per Client	$84,253	$87,572	$95,378	$100,580	$114,302	$116,588	$117,920
Day Programs: Annualized Clients	8,550	8,573	8,502	8,380	8,129	8,292	8,458
Average Annual Cost Per Client	$20,180	$21,087	$21,955	$22,432	$22,385	$22,833	$23,289
Supported Employment Programs: Annualized Clients	3,892	3,849	3,858	3,958	4,094	4,176	4,260
Average Annual Cost Per Client	$15,299	$15,425	$15,828	$16,041	$15,443	$15,752	$16,067
Targeted Case Management: Annualized Clients	25,670	22,421	22,646	23,012	23,445	23,914	24,392
Average Cost Per Annualized Client	$1,613	$1,980	$2,291	$2,453	$2,995	$3,055	$3,116
Purchase of Care: Clients							
Average Annual Cost Per Client							
Summer Program: Clients	1,385	1,385	1,394	1,394	1,394	1,394	1,394
Average Annual Cost Per Client	$221	$268	$198	$279	$267	$267	$267
Self Directed Services: Clients	508	650	688	983	1,121	1,143	1,166
Average Annual Cost Per Client	$51,499	$52,008	$62,344	$57,433	$61,976	$63,216	$64,480
Family Support Services: Annualized Clients	203	194	723	84	63	63	63
Average Annual Cost Per Client	$17,105	$11,934	$10,393	$38,651	$61,498	$61,498	$61,498
Individual Family Care: Annualized Clients	213	217	248	230	223	223	223
Average Annual Cost Per Client	$30,392	$33,472	$35,597	$33,131	$41,166	$41,166	$41,166
Clients	4,432	3,801	3,783	491	422	422	422
Average Annual Cost Per Client	$8,456	$8,677	$9,387	$17,727	$31,899	$31,899	$31,899
Behavioral Support Services:							
Behavioral Assessment Services	274	359	372	155	375	375	375
Behavioral Consultation Services	50,669	67,933	51,843	27,813	86,197	86,197	86,197
Behavioral Respite Services	1,350	2,103	2,276	2,517	1,238	1,238	1,238
Behavioral Support Services	22,429	36,396	38,274	18,047	43,815	43,815	43,815
Mobile Crisis Intervention Services	566	531	646	1,028	856	856	856
Community Support Living Arrangements: Annualized Clients	2,680	2,854	3,716	4,212	4,212	4,371	4,458
Average Cost Per Annualized Client	$33,924	$34,613	$36,085	$29,648	$30,581	$31,193	$31,817
Waiting List Equity Fund: Clients Served	23	17	36	40	11	11	11
Fund Balance Available	$6,438,598	$7,166,470	$7,851,075	$8,609,746	$10,292,875	$10,292,875	$10,292,875

Holly Center							
Number of people living at the Center	58	54	53	49	51	50	50
Beds Operated	150	150	150	150	150	100	100
Residential Services							
Admissions	1	-	-	4	3	3	2
Discharges	4	5	3	5	1	1	1
Inpatients Treated	74	56	55	49	49	49	49
Average Daily Inpatients Treated	58	54	55	49	49	49	49
Patient Days	21,228	20,805	20,075	17,885	17,885	17,885	17,885
Per Diem Cost	$542	$645	$737	$750	$796	$796	$796
Average Length of Stay	366	365	365	365	365	365	365
Annual Cost per Average Daily Client	$198,372	$235,301	$269,005	$273,750	$290,540	$290,540	$290,540
Day Services							
Average Daily Inpatients Treated	27	26	25	23	25	25	25
Patient Days	9,272	6,344	6,100	5,612	6,100	6,100	6,100
Per Diem Cost	$173	$232	$240	$240	$252	$252	$252
Average Length of Stay	244	244	244	244	244	244	244
Annual Cost per Average Daily Client	$42,260	$56,608	$58,560	$58,560	$61,488	$61,488	$61,488
Hospital Patient Recoveries:							
Medicaid, Medicare, Insurance and Sponsors ($)	$7,897,476	$6,122,526	$6,738,151	$5,360,334	$5,507,224	$5,507,224	$5,507,224
Project Summary:							
General Administration	$3,404,495	$2,630,327	$2,994,910	$3,142,429	$3,860,336	$4,632,403	$4,632,403
Dietary Services	$1,505,383	$1,540,034	$1,419,529	$1,443,182	$1,456,990	$1,748,387	$1,748,387
Household and Property Services	$1,868,494	$2,080,158	$2,088,438	$2,352,254	$2,042,180	$2,450,616	$2,450,616
Hospital Support Services	$1,150,660	$1,209,338	$1,214,807	$1,143,863	$953,795	$1,144,554	$1,144,554
Patient Care Services	$8,129,897	$7,297,105	$8,252,645	$7,721,470	$7,471,225	$8,965,469	$8,965,469
Day Services	$476,752	$492,277	$4,252,645	$447,079	$317,975	$381,569	$381,569
Ancillary Services	$922,474	$915,472	$989,936	$949,128	$1,073,165	$1,287,798	$1,287,798
Non-Reimbursable Services	$62,453	$104,633	$113,600	$87,372	$149,769	$75,000	$75,000
Total	$17,520,608	$16,269,344	$17,497,296	$17,286,777	$17,325,434	$20,685,796	$20,685,796

SETT							
Beds Operated	32	32	32	32	32	32	32
Sykesville Secure Evaluation and Therapeutic Treatment Services (SETT)							
Admissions	20	42	21	34	29	29	29
Discharges	19	24	30	24	31	31	31
Inpatients treated	56	42	49	55	57	57	57
Average daily inpatients treated	19	25	27	23	28	28	28
Patient days	6,954	6,552	9,693	8,295	10,086	10,086	10,086
Per Diem cost	728	495	784	766	772	772	772
Average length of stay	366	365	365	365	365	365	365
Annual cost per average daily client	266,608	180,675	286,160	279,590	278,148	278,148	278,148
Jessup Secure Evaluation and Therapeutic Treatment Services (SETT)							
Admissions	30	12					
Discharges	30	16					
Inpatients treated	54	43					
Average daily inpatients treated	12	11	N/A - SETT merged into Skyesville location				
Patient days	4,380	4,026					
Per Diem cost	803	808					
Average length of stay	90	87					
Cost per admission	72,302	70,331					

Potomac Center

Number of people living at the Center	39	38	42	45	43	50	48
Beds Operated	63	63	62	62	62	62	62
Residential Services							
Admissions	21	20	25	21	23	23	23
Discharges	23	19	23	18	24	24	24
Inpatients Treated	61	58	64	62	67	67	67
Average Daily Inpatients Treated	39	38	42	45	43	43	43
Patient Days	14,274	13,870	15,358	16,296	15,611	15,611	15,611
Per Diem Cost	$860	$940	$917	$803	$1,117	$1,117	$1,117
Average Length of Stay	366	366	365	365	365	365	365
Annual Cost per Average Daily Client	$314,592	$344,041	$351,188	$293,095	$405,628	$405,628	$405,628
Day Services							
Average Daily Inpatients Treated	28	30	30	42	34	34	34
Patient Days	7,280	7,719	5,727	10,080	7,752	7,752	7,752
Per Diem Cost	$108	$107	$106	$140	$170	$170	$170
Average Length of Stay	259	259	249	240	228	228	228
Annual Cost per Average Daily Client	$28,053	$27,769	$32,619	$33,630	$38,670	$38,670	$38,670
Hospital Patient Recoveries:							
Medicaid, Medicare, Insurance and Sponsors ($)	$3,730,940	$2,004,949	$2,516,593	$2,244,322	$2,309,183	$2,309,183	$2,309,183
Project Summary:							
General Administration	$1,900,087	$1,815,099	$2,297,248	$3,615,869	$3,570,283	$2,580,946	$2,580,946
Dietary Services	$956,481	$999,527	$998,136	$1,070,738	$1,315,516	$877,917	$877,917
Household and Property Services	$1,500,963	$1,685,072	$2,151,156	$2,208,689	$1,260,798	$2,159,940	$2,159,940
Hospital Support Services	$594,789	$474,514	$1,747,977	$1,639,549	$1,509,061	$1,432,105	$1,432,105
Patient Care Services	$8,103,438	$8,848,297	$7,691,627	$8,207,553	$9,589,647	$8,984,831	$8,984,831
Day Services	$132,620	$158,021	$184,765	$234,672	$130,120	$190,165	$190,165
Ancillary Services	$694,662	$773,494	$1,221,225	$1,564,070	$1,380,098	$1,441,353	$1,441,353
Non-Reimbursable Services	$3,540	$2,566	$1,208	$985	$1,256	$5,000	$5,000
Total	$13,886,580	$14,756,590	$16,293,342	$18,542,125	$18,756,779	$17,672,257	$17,672,257

Medical Care Programs

	2016 Act.	2017 Act.	2018 Act.	2019 Act.	2020 Act.	2021 Est.	FY 2022 Est.
Provider Reimbursements							
Average Number of Medical Assistance Enrollees							
Federally Eligible	1,089,526	1,186,260	1,224,170	1,218,179	1,255,576	1,386,659	1,407,606
Non-Federally Eligible	307	265	237	199	179	210	205
Total	1,089,833	1,186,525	1,224,407	1,218,377	1,255,755	1,386,869	1,407,811
Avg. Number of Federally Eligible Enrollees by Group:							
Elderly	35,191	35,587	35,466	35,522	36,528	35,058	35,418
Disabled Child	22,396	22,533	23,461	23,399	23,893	24,886	25,603
Disabled Adult	100,046	99,436	100,508	100,850	102,112	104,092	105,783
Other	59,409	63,095	66,507	68,654	71,178	72,688	75,136
Pregnant Woman (Non-Family)	9,613	9,145	8,710	10,297	12,670	14,314	13,159
Parents and caretakers (former Expansion Adult)	196,288	208,357	212,549	206,955	233,457	262,043	269,849
Children	420,528	449,826	460,267	456,396	452,536	501,450	487,924
Affordable Care Act (ACA) Adults	238,834	290,715	309,504	309,330	316,313	365,853	388,412
Undocumented Immigrants	6,101	6,156	5,824	5,527	5,835	5,208	5,436
Former Foster Care	934	1,255	1,286	1,216	1,042	1,054	874
Hospital Presumptive Eligibility: Pregnant Women	2	4	1	-	-	-	-
Hospital Presumptive Eligibility: All Others	185	152	87	32	13	13	13
Total	1,089,527	1,186,260	1,224,170	1,218,179	1,255,576	1,386,659	1,407,606
Primary Adult Care Program							
Employed Individuals with Disabilities Program	815	806	818	840	877	934	958
Family Planning Program	12,852	9,736	9,618	10,129	12,124	13,580	16,097
Total	13,667	10,542	10,436	10,969	13,001	14,514	17,055
Average Cost Per Enrollee by Group: Elderly	$29,313	$29,550	$29,378	$31,512	$32,138	$32,657	$33,529
Disabled Child	$15,721	$16,903	$17,109	$17,539	$17,931	$17,316	$17,394
Disabled Adult	$15,268	$17,620	$16,923	$17,061	$16,896	$17,623	$17,762
Other	$1,689	$1,674	$1,534	$1,886	$1,274	$1,456	$1,463
Pregnant Woman (Non-Family)	$19,361	$19,109	$22,092	$23,760	$25,756	$26,705	$26,820
Parents and caretakers (former Expansion Adult)	$4,920	$5,943	$6,014	$6,590	$5,408	$5,708	$5,683
Children	$2,481	$2,952	$2,903	$2,962	$3,130	$3,153	$3,164
Affordable Care Act (ACA) Adults	$9,093	$8,617	$7,978	$8,513	$8,015	$7,829	$7,769
Primary Adult Care Program	$0	$0	$0	$0	$0	$0	$0
Undocumented Immigrants	$18,975	$25,825	$24,293	$27,955	$28,978	$27,264	$28,123
Former Foster Care	$20,619	$6,782	$7,284	$7,299	$7,723	$8,235	$8,232
Hospital Presumptive Eligibility: Pregnant Women	$3,489	$24,005	$15,034	$0	$0	$0	$0
Hospital Presumptive Eligibility: All Others	$11,102	$15,466	$14,259	$14,145	$14,373	$8,157	$8,467
Maryland Children's Heath Program							
Average Number of Enrollees	134,932	144,293	147,838	154,320	143,030	144,140	143,900
Average Cost per Enrollee	$1,753	$1,614	$1,643	$1,809	$1,860	$2,086	$1,944

Summary of Maryland Children's Health Program Including Pregnant Women & Children in Medical Care Provider Reimbursements (MOOQ01.03)							
Pregnant Women (M00Q0l.03), Non-Family							
Estimated Enrollment	9,613	9,145	8,710	10,297	12,670	14,314	13,159
Spending: Total Funds ($)	$190,025,348	$233,229,393	$192,424,403	$190,240,360	$326,324,356	$382,250,904	$352,939,136
Maryland Children's Health Program (M00Q0l.07)							
Estimated Enrollment	134,932	144,293	147,838	154,320	143,030	144,140	143,900
Spending: Total Funds ($)	$236,507,187	$283,862,703	$242,826,425	$279,130,308	$265,970,215	$300,630,206	$279,730,907
Total Estimated Enrollment	144,545	153,438	156,548	164,617	155,700	158,454	157,059
Total Spending: Total Funds ($)	$426,532,535	$517,092,096	$435,250,828	$469,370,668	$592,294,571	$682,881,110	$632,670,043
Behavioral Health Services for Medicaid Recipients							
Number of consumers (fiscal year 2014) / Number of Medicaid and CHIP enrollees (fiscal year 2015 to 2017)	Enrollees	Enrollees					
Medicaid	1,089,526	1,186,260	1,224,170	1,218,179	1,255,576	1,386,659	1,407,606
CHIP	134,932	144,293	147,838	154,320	143,030	144,140	143,900
Total	1,224,458	1,330,554	1,372,008	1,372,499	1,398,606	1,530,799	1,551,506
Number of consumers by service type:							
Inpatient	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Residential Treatment Centers	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Outpatient	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rehabilitation	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Case Management	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total	N/A	N/A	N/A	N/A	N/A	N/A	N/A

sb449.pdf
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MARYLAND JUDICIAL CONFERENCE
GOVERNMENT RELATIONS AND PUBLIC AFFAIRS

Hon. Matthew J. Fader
Chief Justice

187 Harry S. Truman Parkway
Annapolis, MD 21401

MEMORANDUM

TO:	Senate Judicial Proceedings Committee
FROM:	Legislative Committee Suzanne D. Pelz, Esq. 410-260-1523
RE:	Senate Bill 449 Criminal Procedure – Incompetency to Stand Trial Dismissal
DATE:	January 31, 2024 (2/9)
POSITION:	Oppose

The Maryland Judiciary opposes Senate Bill 449.

Senate Bill 449 proposes to amend the language in Criminal Procedure Article § 3-107 to state that whether a defendant is confined and unless a victim who has filed a notification request form under § 11–104 of this article or the State petitions the court for extraordinary cause to extend the time, the court shall dismiss the charge against a defendant found incompetent to stand trial. Most notable is the proposed addition of the language that states the following:

(1) When charged with murder in the first degree in violation of Criminal Law Article § 2–201 or sexually assaultive behavior as defined in Courts Article § 10–923, after the lesser of the expiration of 10 years or the maximum sentence for the most serious offense.

Although the Judiciary understands the intent of the amendment, the Judiciary raises the issue that the statute broadly fails to contemplate the issue of restoration to competency.

Each charge has a term of viability, which the added language attempts to address relating to the charges of first-degree murder and sexually assaultive behavior. However, not all persons charged with criminal offenses are restored to competency. If a competency evaluation indicates that a person remains incompetent and dangerous, the evaluator must address the issue of restorability. The evaluator may determine that the person is not restorable, and that determination may be made during the term of viability for the pending charge(s). The proposed amendment to the bill does not contemplate cases wherein the defendant is not restorable. If a defendant remains incompetent and dangerous and the evaluator determines that the defendant is not restorable, then the court must then consider whether the defendant should be involuntarily civilly committed to the Maryland Department of Health. This determination must be made by the court while

the charges are viable and/or in cases where the charges are nearing the expiration of viability.

Additionally, the amendment on Page 2 in Lines 26 and 27 attempts to grant the court authority to extend the term of viability when the victim or victim's representative petitions the court for extraordinary cause. The Judiciary notes that the term "extraordinary cause" is not defined. And, it must be reiterated that if a defendant remains incompetent and dangerous, the evaluator must determine whether the defendant is restorable. At that point, the court must determine whether the defendant should be involuntarily civilly committed to the Maryland Department of Health. Further, even if a court were to determine that a victim or victim's representative has demonstrated extraordinary cause, a request to extend the time for dismissal without a determination of whether the defendant is likely to be restored to competency is not appropriate. As well, an extension of time with information that the defendant is not restorable is not appropriate.

cc. Hon. C. Anthony Muse
Judicial Council
Legislative Committee
Kelley O'Connor

SB 449 IST Dismissal of Charges.pdf
Uploaded by: Luciene Parsley
Position: UNF

Disability Rights Maryland
Empowerment. Integration. Equality.
1500 Union Ave., Suite 2000, Baltimore, MD 21211
Phone: 410-727-6352 | Fax: 410-727-6389
www.DisabilityRightsMD.org

Senate Judicial Proceedings Committee
SB 449: Criminal Procedure – Incompetency to Stand Trial Dismissal
February 9, 2024
POSITION: OPPOSE

Disability Rights Maryland (DRM) is the federally-mandated Protection and Advocacy agency for the State of Maryland, charged with defending and advancing the rights of persons with disabilities. DRM is tasked with monitoring state facilities for persons with disabilities, including the state psychiatric hospitals, to protect against abuse and neglect and ensure the civil rights of its patients are protected. DRM has concerns about the constitutionality of SB 449 as written and concludes that if enacted, it may be wasteful and unlikely to produce its intended result.

The purpose of Maryland's laws related to incompetency is to provide restoration services to permit an individual to become competent to stand trial on criminal charges.[1] The weight of the social science research concludes that an individual who is found Incompetent to Stand Trial (IST) and not restored to competency within 5 years is not likely to be restored to competency in 10 years. It is important to remember that such individuals have not been found guilty for any crime by a court of law. Further, it is particularly inappropriate when the person has a co-occurring developmental disability, a traumatic brain injury, or dementia that increases the challenge of restoring the individual to competency to stand trial. Extending the period of time a person can be held as IST before charges can be dismissed will not rectify this problem.

SB 449 proposes to expand the category of crimes that would be eligible for a maximum 10-year period of incompetency prior to dismissal of charges. Specifically, it proposes to include sexually assaultive behavior as defined in § 10-923 of the Courts Article, expanding the list of crimes eligible for the expanded IST timeframe to include such crimes as third-degree sex offense, for example. To the extent that the proponents for this bill argue that the original timeframe for dismissal of charges was 10 years until 2012 and was only dropped to 5 years when the death penalty was abolished, the inclusion of sexually assaultive crimes under § 10-923 of the Courts article is without precedent and overinclusive.

Under Maryland statute, a defendant is found IST if the court finds the defendant is unable to understand the nature or object of the legal proceedings against them or able to assist in their defense. If the court finds a defendant IST and, because of mental retardation or a mental disorder, they are a danger to self or others, the court may order the defendant committed to a facility designated by the Maryland Department of Health (MDH) until the court finds that the defendant is (1) no longer IST; (2) no longer a danger to self or others; or (3) not restorable to competency in the foreseeable future. As a

[1] See Bergstein v. State, 322 Md. 506, 516 (1991) ("The deprivation of liberty involved in the initial hospitalization or in rehospitalization clearly is not imposed as a punishment."

matter of practice, this means that individuals are typically held IST for the longest period allowed by law. MDH evaluators rarely opine on dangerousness or restorability unless directed to do so by the courts, or if they do, it is a conclusory statement without facts to back up that conclusion.

While Criminal Procedure (CP) § 3-107 currently provides that the state should dismiss charges upon the lesser of five years or the maximum period of incarceration for a felony or a crime of violence as defined under § 14-101 of the Criminal Law Article, or the lesser of three years or the maximum period of incarceration for all other crimes, the state already retains the ability under the statute to petition the court to extend the time period for charges for "extraordinary cause." Further, under Section 3-107 of the Criminal Procedure Article, any dismissal is without prejudice to the State refiling the charges, and civil commitment under Title 10 of Health-General is always a possibility.

In 1972, the U.S. Supreme Court ruled in *Jackson v. Indiana* that people "cannot be held more than the reasonable period of time necessary to determine whether there is a substantial probability that he will attain that capacity in the foreseeable future.[2] The Court did not set a maximum time limit on attempts to restore competency, leaving it up to the states to make this determination. A number of states base this time limit on research that shows that most people will be restored within six months to a year, and continued treatment and detention to restore competency beyond this time period is unnecessary.[3] Twenty states have a maximum treatment period of one year or less.[4] Yet Maryland bases its maximum treatment period on other conditions, including the maximum possible sentence for the alleged offense, a practice that goes against research and against the purpose of competency treatment. Research on competency restoration for people with mental illness shows that 70 percent or more become competent within six months of starting treatment[5]; nine out of ten will be restored within a year. A very small percentage of people do take longer to be restored to competency, and if substantial progress is shown, and the state's interest in prosecution is great, it may be appropriate to continue treatment for a brief additional period through use of the "extraordinary cause" provision in the statute.

Given the facts that 1) MDH is <u>required</u> to involuntarily commit someone whose charges have been dismissed and is still adjudged to be dangerous, and 2) Maryland law already contains an exception to extend time prior to dismissal of charges on a

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[2] 406 U.S. 715, 738 (1972).

[3] See Grant H. Morris and J. Reid Meloy, "Out of Mind? Out of Sight: The Uncivil Commitment of Permanently Incompetent Criminal Defendants," U.C. Davis Law Review, 1, no.27 (1993).

[4] Based on a 2005 review of the 50 state statutes and District of Columbia, conducted by the Maryland Disability Law Center.

[5] See, G. Bennett and G. Kish, "Incompetency to stand trial: Treatment unaffected by demographic variables," *Journal of Forensic Sciences* 35 (1990): 403-412; S.L. Golding, D. Eaves, and A. Kowacz, "The assessment and community outcome of insanity acquittees: Forensic history and response to treatment," *International Journal of Law and Psychiatry* 12 (1989):149-179; D.R. Morris and G.F. Parker, "Jackson's Indiana: State hospital competence restoration in Indiana," *Journal of the American Academy of Psychiatry and Law* 36 (2008): 522-534; R. Nicholson and J. McNulty, "Outcome of hospitalization for defendants found incompetent to stand trial," *Behavioral Sciences and the Law* 10 (1998): 371-383.

showing of good cause to the court, there is little risk that someone who is dangerous would be released from a state psychiatric hospital after five years solely because their charges were dismissed because they have not been restored to competency. Extending the time period for dismissal of charges far beyond the time period during which the person is likely to be restored to competency simply makes their treatment in the psychiatric hospital punishment by another name.

For these reasons, we urge that Senate Bill 449 be given an unfavorable report. Should you have any further questions, please contact Luciene Parsley, Litigation Director at Disability Rights Maryland, at 443-692-2494 or lucienep@disabilityrightsmd.org.

SB 449 - Oppose - MPS WPS.pdf
Uploaded by: Thomas Tompsett
Position: UNF

February 8, 2024

The Honorable William C. Smith Jr.
Senate Judicial Proceedings Committee
2 East Miller Senate Office Building
Annapolis, MD 21401

RE: Oppose – Senate Bill 449: Criminal Procedure – Incompetency to Stand Trial Dismissal

Dear Chairman Smith and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS/WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS/WPS oppose Senate Bill 449: Criminal Procedure – Incompetency to Stand Trial Dismissal (SB 449).

Before we turn to our opposition, we would first like to highlight the rigor of Maryland law when determining if someone is and/or remains incompetent to stand trial. Maryland law defines incompetence to stand trial as the defendant's inability to understand the nature or object of the proceedings against them or to assist effectively in their own defense due to mental disorder or developmental disability. To get to this determination, a mental health professional evaluates the defendant and assesses the defendant's mental state and ability to understand and participate in the legal process. The mental health professional will consider the defendant's ability to communicate with their attorney, their understanding of the charges against them, their ability to make decisions regarding their defense, and any mental health diagnoses or treatment history. These findings are then presented to the Court, who, after hearing arguments from both the State and the defense, may find the defendant incompetent to stand trial and then postpone the trial proceedings until the defendant's mental competency is restored. The Maryland Department of Health then provides services aimed at restoring a defendant's competency to stand trial. These services may include mental health treatment, medication, therapy, or other interventions designed to address the underlying mental health issues affecting the defendant's competency. The court may order periodic evaluations to assess whether the defendant's competency has been restored. If the defendant's competency can be restored, the trial proceedings may proceed. If a defendant's competency cannot be

restored within a reasonable period of time, however, the court may dismiss the charges without prejudice, or in some cases, civil commitment proceedings may be initiated.

MPS/WPS is concerned that allowing an alleged victim of a crime, instead of the State, to petition the court for extraordinary cause to extend the time to dismiss a charge against a defendant found incompetent to stand trial for a crime of violence or sexually assaultive behavior could result in unintended consequences. For example, an alleged victim could petition the court to keep a defendant charged with 4th degree sex offense, a misdemeanor crime but still “sexually assaultive behavior” under Title 3, Subtitle 3 of the Criminal Law Article, to be held for up to ten years. The maximum penalty for 4th degree sex offense is one year on a first offense. This reality could have profound impacts on seriously mentally ill defendants who are sitting in jail while waiting for a hospital bed and are counterproductive to restorative practices.

MPS/WPS, therefore, ask this honorable committee for an unfavorable report on SB 449. If you have any questions regarding this testimony, please contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Legislative Action Committee

UNF SB0449 (JPR) vmcavoy.pdf

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Position: UNF

UNFAVORABLE on SB0449
Criminal Procedure – Admission of Out–of–Court Statements –
3 Assault in the Second Degree

vince mcavoy baltimore maryland

Dear Senators of JPR,
This Session and recent sessions we've heard that diatribe of men being "toxic".
Statistics from CDC & NIH and elsewhere show that almost 57% of harm to children from women, chiefly their mothers and also other female relatives.

Catherine Hoggle almost assuredly murdered her own two children. Her status in the system and her games played to avoid murder charges have been an outrage.
https://www.washingtonpost.com/dc-md-va/2022/11/30/hoggle-children-disappearance-competency-trial/

So when I see a bill from Senator Muse stating "AFTER **THE LESSER** OF THE EXPIRATION OF 10 YEARS OR THE MAXIMUM SENTENCE FOR THE MOST SERIOUS OFFENSE CHARGED" I'm reading that to mean Senator Muse believes that 10 years should be the maximum charge for a mom who (very likely) murdered her own 2 children.

If JPR thinks that 2 children's lives are worth 10 years, I guess you'll vote for this bill.
But I am hoping that the ridiculous wave of JPR bills aiming to release criminals ends this year, when the vast majority of Maryland residents HAVE HAD ENOUGH OF VIOLENT CRIME.

I understand this might be worked in Committee. I ask you each to make it clear that these young children, who were old enough to know what was happening when they were murdered and yet too young to do anything but cry, deserve better than "the lesser".

I urge an UNFavorable for this inhuman approach of SB0449.
humbly offered
~vince