

EXHIBIT I.

Dr. Dressel Conditional Release
Hearing Report “Revised”

October 20, 2023

CONDITIONAL RELEASE HEARING REPORT

OCTOBER 20, 2023

RE: Michael Anton Kapneck
COURT: Circuit Court of Maryland for Montgomery County;
Circuit Court of Maryland for Baltimore County
CASE NUMBER: 132151C, 135430C; C-03-CR-19-000144
NCR CHARGES: Assault 2nd Degree, Malicious Destruction of Property <\$1000,
Armed Robbery (x2); Burglary 1st Degree
NCR FINDING DATE: July 10, 2019; October 17, 2019
ADMISSION DATE: August 24, 2022
HOSPITAL NUMBER: 131266

Reason for Admission and Recent Legal History

Michael Anton Kapneck (DOB = [REDACTED]) is a 51-year-old individual who was transferred to Spring Grove Hospital Center (SGHC) on August 24, 2022, from the Clifton T. Perkins Hospital Center (CTPHC.) He had initially been admitted to CTPHC on July 23, 2019, after having been found Not Criminally Responsible (NCR) on July 10, 2019, for Montgomery County Circuit Court case # 132-151-C & Montgomery County Circuit Court case # 135-430-C. After his CTPHC admission, he was found NCR in the Baltimore County Circuit Court on October 17, 2019, for case # C-03-CR-19-000144.

(1) In Montgomery County Circuit Court case #132-151-C, Mr. Kapneck was found NCR on July 10, 2019, for Assault 2nd Degree and Malicious Destruction of Property <\$1,000. Per the Application for Statement of Charges, on January 27, 2017, Mr. Kapneck came to the residence of Nubia M. [REDACTED] (the mother of their son) and demanded to come into the house to retrieve property. He kicked the door open, damaging it. He destroyed objects in the bathroom including the bathroom mirror. He also is reported to have kicked her several times in the arms and to have left the scene with her cell phone.

(2) In Montgomery County Circuit Court case #135-430-C, Mr. Kapneck was found NCR on July 10, 2019, for two counts of Armed Robbery. Per the Application for Statement of Charges, on November 17, 2017, Mr. Kapneck left Sheppard Pratt Hospital and went to [REDACTED] Malvern Avenue where he broke into the house and stole a Bose stereo, a 20-inch flat screen television, and a key fob. He then reportedly took a black 2017 Ford F150 XLT pickup truck from the property and drove to Montgomery County. In Montgomery County, he first unsuccessfully attempted to rob a BB&T Bank by displaying a note at the drive-through while claiming to have a jacket full of explosives. After that unsuccessful attempt to rob the bank, which included him getting out of the car and attempting to enter the bank (which by then had locked doors), he drove to a TD Bank and entered that bank and stole \$3800. Mr. Kapneck was identified by a police officer soon thereafter as an individual who had been brought by that officer back to Maryland on an "out-of-county prisoner pick-up" from the Atlantic County Jail in New Jersey on April 20, 2017.

(3) In Baltimore County Circuit Court case #C-03-CR-19-000144, Mr. Kapneck, per Maryland case report, had been found NCR on October 17, 2019, for charges of Burglary -1st Degree. The crime in question relates to Mr. Kapneck's behavior at [REDACTED] Malvern Avenue on November 27, 2017.

Psychiatric History

Mr. Kapneck carries the diagnosis of Bipolar I Disorder. He has an extensive history of manic episodes with psychotic features. His mood and psychotic episodes typically present in the context of significant cocaine abuse. He is diagnosed with Unspecified Trauma and Other Stressor Related Disorder. His symptoms come in the aftermath of him experiencing a combination of years of repeated childhood sexual and physical abuse committed by his older brother and after him experiencing and witnessing other traumatic events during his years of incarceration in various prisons. He also is diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) which is predominantly of the hyperactive-impulsive presentation. Mr. Kapneck has an extensive history of polysubstance abuse. His most recent diagnoses are Stimulant (Cocaine) and Opioid Use Disorders. Additionally, he is diagnosed with Narcissistic Personality Disorder with Obsessive-Compulsive, Paranoid, and Adult Antisocial Personality Traits.

Mr. Kapneck has had multiple psychiatric admissions. His first was at Springfield Hospital Center (SHC) sometime between the age of 16 and 19 after he overdosed on his mother's medication. He has had multiple admissions to CTPHC and SHC. This is his first SGHC admission. He has also been admitted to Suburban Hospital, Southern Maryland Hospital, and other out-of-state hospitals including Mid-Hudson Forensic Center in New York.

Mr. Kapneck is reported to have been diagnosed with ADHD in elementary school, for which he was prescribed Adderall for a portion of his teenage years.

Mr. Kapneck began to experience depression around age 16 - 19. He often self-medicated his dysthymic mood with the use of alcohol and drugs. Records show that he overdosed on his mother's prescription medications at some point during those years and was hospitalized at SHC. His next mental health treatment was in 1995, around the age of 23.

In 1995, between March 26th and June 29th, Mr. Kapneck had four visits to the Shady Grove Hospital (SGH) emergency department in which he was intoxicated on alcohol, cocaine, and/or marijuana. He was admitted from the emergency department to SHC twice.

Records from SHC note that for an admission dated May 22 - 24, 1996, Mr. Kapneck was diagnosed with Cocaine - Induced Mood Disorder and Cocaine/Alcohol/Cannabis Abuse.

In December 2003, at age 31, Mr. Kapneck began to experience paranoia and delusions. In the context of using illicit substances, he began to sleep only 2 hours per night, and he became irritable, had increased energy, and had flight of ideas. He began to believe that he was on a reality TV show called the Michael Moore Show.

On June 21, 2005, D[REDACTED], M.D. opined that Mr. Kapneck was competent to stand trial (CST) and NCR for two matters: Circuit Court for Montgomery County case # *CR-101-274* (Carjacking et al.) and Circuit Court for Montgomery County case # *CR-101244* (Telephone Misuse et al.) However, he instead pled Guilty to these charges. On August 16, 2005, the court released Mr. Kapneck from detention on probation.

It is reported Mr. Kapneck became mentally ill soon thereafter, and he was then hospitalized at Montgomery General Hospital from September 23, 2005, to September 28, 2005, after an emergency petition was initiated for alleged physical aggression towards Ms. H[REDACTED] in the presence of their son. He reported using \$100 of cocaine daily. He was prescribed valproic acid, lithium, and fluphenazine, which he reportedly took for a day and thereafter refused, stating that the medication made him angry.

On October 3, 2005, Mr. Kapneck obtained charges of Kidnapping, Assault 1st Degree, and False Imprisonment in Montgomery County District Court case # *5D00169559* for behaviors reportedly towards Ms. [REDACTED]. On October 4, 2005, after his arrest, he was admitted to Suburban Hospital. His urine drug screen was negative. He believed at the time that he was "Michael the Archangel," and he endorsed auditory hallucinations. He was detained at the Montgomery County Detention Center on October 6, 2005.

From October 10, 2005, through November 10, 2005, Mr. Kapneck was admitted for the second time to CTPHC, initially on 2 clinician certificates and then for a competency evaluation. He endorsed delusions to include his belief that his ex-girlfriend was involved in a pornography ring that involved prominent hotels and banks and that he was St. Michael. He endorsed auditory hallucinations. He frequently complained of being mistreated by staff before he was discharged back to detention on Quetiapine 600mg daily in divided doses, Valproic Acid 1500mg daily, and Trazodone 150mg daily.

On August 10, 2006, Mr. Kapneck returned to CTPHC for a pretrial evaluation and was opined NCR on charges of Kidnapping, False Imprisonment, and Assault 1st Degree in Montgomery County District Court case # *5D00169559*. On October 16, 2006, he was found NCR on Assault 2nd Degree for Montgomery County Circuit Court case # *1003703C* for that October 3, 2005, incident.

From January 4, 2007, to February 21, 2007, Mr. Kapneck was admitted to CTPHC. He was transferred to SHC on February 21, 2007, as a step down from CTPHC. He was admitted through August 27, 2007. He was discharged to assisted living at Gateway where he stayed until he was discharged to live at home on November 3, 2007. At the time, he was prescribed lithium, diphenhydramine, and hydroxyzine.

After Mr. Kapneck reportedly admitted to drinking alcohol, and cocaine was found in his car on December 12, 2007, when police investigated an intersection known for illicit drug trade, he was admitted to SHC on a hospital warrant from December 20, 2007 through March 21, 2008. During that admission, the terms of his conditions were violated by him using alcohol, however, he was considered not dangerous if released on conditions. There was a question as to whether his creatinine level of 1.3 (normal = 0.6 to 1.2) may be related to lithium. He was prescribed

Lamotrigine and diphenhydramine. He was discharged to Gaudenzia Woodlawn Program for long term substance abuse treatment.

From May 26 to August 11, 2010, Mr. Kapneck returned to SHC in the context of refusing urine testing and after having been charged with possession of drug paraphernalia and possession of CDS. Again, his conditional release was not revoked, and the terms were revised. He was discharged to Montgomery County Detention Center on Risperidone 1mg daily, Carbamazepine 400mg daily, and Lamotrigine 100mg at bedtime.

Mr. Kapneck subsequently violated his probation for either a 2003 or 2004 charge, and he was sentenced to prison. He served 5-7 years at Patuxent Institute, Eastern Correctional Institution, Maryland Correctional Institution – Jessup, and Roxbury Correctional Institute. It is reported that he made numerous suicide attempts while in prison. He was released in 2016.

After his release from prison in 2016, Mr. Kapneck reportedly became ill, destroyed property where Ms. H. [REDACTED] lived, and fled to Delaware. He allegedly thought his family had been taken to New Jersey and placed into sex trafficking rings. He was arrested for driving recklessly in New Jersey. He was detained at Atlantic Correctional Facility in early 2017.

While at the Atlantic Correctional Facility, according to documentation, he was noted to be delusional, believing his family had been kidnapped, his wife had been forced into prostitution, and the Montgomery County Police had coordinated the prostitution ring. He was prescribed Olanzapine and Risperidone with reported beneficial effects.

On April 20, 2017, he was transported from the Atlantic County Jail in New Jersey to CPU (Montgomery County) for an out of county prisoner pick up. He was eventually released from pre-trial detention. It does not appear that he was provided with community based mental health services, and by September 2017, Mr. Kapneck began to again become symptomatic.

In November 2017, Mr. Kapneck presented to the Suburban Hospital emergency department reporting auditory and visual hallucinations, and he believed others were trying to kill him. His urine toxicology was negative. After two days of waiting for a bed in the emergency department, he was transferred to Southern Maryland Hospital.

It is documented that at some point thereafter, he was admitted to Sheppard Pratt Hospital and was discharged after an altercation with another patient.

On November 27, 2017, Mr. Kapneck called his Pre-trial monitor reporting that he was going to be admitted to Shepard Pratt, however, he instead left the facility and went to a nearby residence and engaged in behaviors that led to his current NCR charges.

Mr. Kapneck's most recent admission was to CTPHC on July 23, 2019, at age 47. He was admitted after having been found Not Criminally Responsible (NCR) on July 10, 2019, for Montgomery County Circuit Court case # 132-151-C & Montgomery County Circuit Court case # 135-430-C. After his CTPHC admission, he was found NCR in the Baltimore County Circuit Court on October 17, 2019, for case # C-03-CR-19-000144.

Suicidal Behaviors: Somewhere between the age of 16 to 19, Mr. Kapneck attempted suicide by overdosing on his mother's medication (haloperidol), and he was briefly hospitalized at SHC. He has made multiple suicide attempts while in correction facilities by attempting to hang himself in 2000, 2012 (Patuxent Institute), and most recently in 2017 after his most recent crimes.

Past Medications: Include but perhaps are not limited to: Seroquel, Zyprexa, Abilify, Thorazine, Prolixin, Lithium, Valproic Acid, Carbamazepine, Prozac, Clonidine, Adderall, Ambien, Clonazepam, Trazodone, Lamotrigine, and Xanax.

Course of Current Hospitalization

Mr. Kapneck was admitted to the Dayhoff adult male admissions unit on August 24, 2022. He was admitted under the care of psychiatrist, Dr. De [REDACTED], who is the undersigned psychiatrist and author of this report, hereafter referred to as the "undersigned."

Soon after Mr. Kapneck's arrival, it was learned that on June 17, 2021, he and his attorney had filed a *Petition for Judicial Release and Trial By Jury* in the Circuit Court of Maryland for Montgomery County for cases 132-151-C & 135-430-C. His trial was initially scheduled for January 4, 2023. That he had a trial scheduled had not been disclosed to SGHC administration prior to his transfer from CTPHC.

Mr. Kapneck stated to members of the Dayhoff C treatment team that he had been at CTPHC since July 23, 2019, and he had never had a conditional release hearing. He expressed significant frustration that he had been hospitalized for as long as he had. He reported that it was his belief that he had never been hypomanic, manic, or psychotic during that hospital course. He also emphasized that he had never initiated a physical assault, and he had never engaged in self-injurious behaviors during the entirety of his time at CTPHC.

Mr. Kapneck expressed to the undersigned that he had experienced interpersonal conflicts with various CTPHC staff members. He further stated that he had been rotated from unit to unit at CTPHC, and it was his belief that these transfers were because he "wasn't liked" by various staff. He emphasized his perception that some of his transfers were made at the administrative level and removed him from the care of psychiatrists that he believes would have worked on having him discharged.

Mr. Kapneck was informed by his Dayhoff C treatment team that should he remain mentally stable (remain euthymic and non-psychotic), comply with his treatment plan, follow unit rules to an adequate degree, and demonstrate that he is not a danger to himself or the person or property of others, he would receive a favorable review by the team at the time of his trial on January 4, 2023.

Mr. Kapneck met with the undersigned on a regular basis for one-hour sessions and attempts to establish a positive therapeutic alliance were made. Various records that had been provided by CTPHC were reviewed by the undersigned. Mr. Kapneck's behaviors in the milieu were observed, and he was discussed on a regular basis by the treatment team.

Soon after Mr. Kapneck's arrival at SGHC, a decision was made in the context of consultation with the hospital's Chief Medical Officer, to prescribe Mr. Kapneck buprenorphine/naloxone (Suboxone) for his opioid use disorder. The rationale for prescribing Suboxone during this hospital course rested in the fact that Mr. Kapneck has a documented opioid use disorder, and the aftercare plan that will be constructed at the time of his eventual release to the community will include prescribing the medication. Mr. Kapneck was informed that he would be prescribed this medication in the hospital, if there were no concerns that he may be abusing or diverting the medication.

Additionally, after a review of the records, interviews with the patient, and observations of his behavior in the milieu, it was established that Mr. Kapneck has two psychiatric diagnoses that were not listed in his CTPHC records. First, he meets criteria for Unspecified Trauma and Other Stressor Related Disorder. This diagnosis reflects that even though Mr. Kapneck does not meet full criteria for Posttraumatic Stress Disorder (PTSD), he does have significant traits of the condition. For example, he frequently displays an irritable and angry disposition, and he has a pervasive feeling that others cannot be trusted and are out to harm him. He is hypervigilant to perceived threats from others, and he often responds with verbal "protective" aggression when he senses these threats.

Second, Mr. Kapneck meets criteria for Adult ADHD which in his case is predominantly of the hyperactive-impulsive presentation. For this condition, Mr. Kapneck has been prescribed Lisdexamfetamine (Vyvanse), which is in the stimulant class of medication, during this hospitalization.

During the initial period of his hospital course, and while on Dayhoff C, Mr. Kapneck remained clinically stable from a psychiatric perspective, meaning he remained euthymic and non-psychotic. It did become obvious, however, that during interviews with treatment team members, if Mr. Kapneck becomes frustrated, or when he feels unfairly confronted, or when he feels that he is pressed to present much information in a limited time frame, he has a proclivity to resort, at a moment's notice, to a style of behavior and communication that resembles someone who is in a hypomanic state. These precipitous changes in his manner of relating are characterized by his speech becoming loud, fast, and pressured. He will quickly jump from topic to topic, as various thoughts enter his mind. These "flight of ideas" can persist sometimes for 5-10 minutes, or longer, if he is allowed to engage in uninterrupted unilateral conversations. Mr. Kapneck can become quite animated, displaying hand gestures and facial expressions which in their extremes can be interpreted as psychomotor agitation. Also, he can at times become grandiose in his thinking and speech. The undersigned and the treatment team noted, however, through observing Mr. Kapneck on multiple occasions, that his demeanor and style of speech will return to his baseline composure soon after he is removed from the stressful interpersonal interaction. Such a dramatic shift back to a calm that persists for hours or even days is not seen in a hypomanic or manic state. Such displays of emotional and animated thinking and speech are better explained by his ADHD, trauma-related diagnosis, and personality considerations.

During this initial period of Mr. Kapneck's hospital course on Dayhoff C, a positive therapeutic alliance was established between him and the undersigned. During individual therapy sessions, attention was placed towards helping him develop coping skills that can serve him both during this hospital course and upon his eventual release to the community. Unfortunately, this relationship ended abruptly on December 6, 2022, when the undersigned went out on medical leave that was to be for approximately one month but then extended for eight weeks.

Mr. Kapneck remained on Dayhoff C after the undersigned went out on medical leave, however, at some point soon thereafter, a peer developed paranoid delusions about Mr. Kapneck, and the staff felt concern for Mr. Kapneck's safety. Also, Mr. Kapneck had been on Dayhoff C, an admission unit, for nearly eight weeks without displaying any dangerous behavior, and thus he qualified for transition to an extended care unit, which represents a less restrictive environment. Thus, with these two considerations in mind, the treatment team transferred Mr. Kapneck to the Red Brick Cottage (RBC) #1 extended care unit on December 20, 2022. Mr. Kapneck's January 4, 2023 hearing was also postponed during this period.

Mr. Kapneck was not happy that he was transferred to another unit. He had been hoping that he could stay on the undersigned's unit, as we had established some degree of a positive therapeutic alliance between us, and he had come to trust that the undersigned was committed to working with him in the direction of a release back to the community.

Upon his arrival to RBC #1, Mr. Kapneck immediately became aware that this unit differed from Dayhoff C in several manners. Notably, the patient population increased from 25 to 38 patients, and thus it is more crowded. Also, while the Dayhoff C unit is one story, and permits its patients to retire to their bedrooms if stressed, RBC#1 has two stories and requires its patients to remain downstairs during the day hours without access to the upstairs bedrooms. These factors, and others, increased Mr. Kapneck's sense of dissatisfaction with his new living environment.

Progress notes reflect that Mr. Kapneck engaged in animated and emotional conversations with members of his new treatment team, and he verbally displayed his anger and frustration on several occasions. It became the opinion of Mr. Kapneck's new psychiatrist, that the Vyvanse that was being prescribed for Mr. Kapneck's ADHD was possibly agitating him. On January 4, 2023, Vyvanse was lowered to 40 mg in the morning, and this reduction in his medication further frustrated and disappointed Mr. Kapneck.

Sporadic anger outbursts on the part of Mr. Kapneck continued, and on January 17, 2023, Mr. Kapneck's attending psychiatrist discontinued the remaining daily dose of Vyvanse 40 mg, again with the opinion that the medication was destabilizing Mr. Kapneck.

On January 18, 2023, Mr. Kapneck was transferred to the RBC#2 extended care unit. While there, he continued to feel displeased about being removed from the care of the undersigned, and he was angry that Vyvanse was discontinued, as he believed that this medication was helpful to him. His anger and frustration manifested in part as episodes of verbal abuse towards select staff and non-compliance with following various rules. For instance, he at times refused to come downstairs from his bedroom during the daytime. At some point, Mr. Kapneck expressed a desire to return to the Dayhoff C admissions unit to resume treatment under the care of the undersigned psychiatrist, and an administrative decision was made for him to return.

Mr. Kapneck returned to Dayhoff C on Friday, January 27, 2023. The undersigned returned to work on Wednesday, February 1, 2023. The treatment team, including the undersigned, noted that upon his return, Mr. Kapneck was euthymic and non-psychotic.

Mr. Kapneck and the undersigned resumed their weekly individual sessions, and he has been seen for evaluation and treatment on at least two occasions each week since his return to Dayhoff C. He receives a combination of supportive and insight-oriented psychodynamic psychotherapy during these sessions. Mr. Kapneck has also been treated with Dialectical Behavioral Therapy (DBT) on a weekly basis since soon after his return by a staff psychologist who is trained to administer this treatment. DBT is a therapeutic intervention that is directed to helping patients with mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness. Mr. Kapneck has formed a solid therapeutic alliance with this provider as well. He has actively participated in both modes of treatment.

Mr. Kapneck has demonstrated an improvement in his dysfunctional behaviors since his return to Dayhoff C. He has tolerated living in a four-patient dormitory room since his return to the unit, and he has gotten along with his roommates in a satisfactory manner. Also, Mr. Kapneck has demonstrated kind and altruistic behavior towards other patients. For instance, he has given them clothing, helped them with their laundry, and has even helped with their personal hygiene and grooming.

Since his return to Dayhoff C, Mr. Kapneck demonstrated clinical improvement and stability to the degree that he was presented to the Forensic Review Board (FRB) on March 6, 2023. The FRB consists of multiple SGHC personnel that include directors of various departments, such as the forensic department. One of its functions is to decide at what point an NCR patient is appropriate for discharge on Conditional Release (CR). During that presentation, it was mentioned that certain medication changes were going to occur before Mr. Kapneck ultimately left for the community. The FRB voted on that date to NOT authorize the treatment team to proceed with Mr. Kapneck's CR at that time, and rather it charged the team to make the necessary changes first. Then, after a period of observation in the aftermath of the changes, should Mr. Kapneck remain psychiatrically stable, i.e., if he did not decompensate into a hypomanic, manic, or psychotic state, then he should at that time be re-presented to the FRB for reconsideration as to proceeding with conditional release.

Medication changes were made in the days following the March 6, 2023, FRB meeting. Specifically, Ambien, a sleep medication, was discontinued. The "as needed" or "prn" Clonazepam was switched to bedtime only. Vyvanse was resumed. Following these medication changes, Mr. Kapneck remained euthymic and non-psychotic. His sleep remained adequate. There were no noticeable deleterious changes to his mental status. Indeed, with the resuming of Vyvanse for treatment of his ADHD, a positive change in his ability to concentrate was noted by the undersigned and his DBT therapist.

Mr. Michael Kapneck was pre-screened by Mrs. H [REDACTED] of Cornerstone Montgomery Inc. for continued psychiatric services on April 13, 2023. With the results of that interview pending, Mr. Kapneck was then presented a second time to the FRB on April 24, 2023, and he was approved for discharge on Conditional Release if the recommendation of the pre-screen came back with at least a level of Supervised Residential Rehabilitation Programming (RRP) Services at the Intensive Level of Care. On Wednesday, April 26, 2023, Mr. Kapneck was approved via the pre-screen for Supervised RRP Services at the Intensive-24/7 Level of Care, which is an increased level of support than what the FRB had approved.

As Mr. Kapneck then moved forward in preparation for his eventual discharge, it was noted during his individual therapy sessions that he began to experience increased anxiety, and he requested that he be prescribed Prozac. The fact that caution must be given when prescribing an antidepressant medication

such as Prozac for an individual with bipolar disorder (because of the risk of the medication inducing a manic episode) was discussed with Mr. Kapneck. He then expressed that he had previously been treated for multiple years in the prison system with Prozac. He attested that this medication had helped him maintain a positive mood, helped him with frustration tolerance, and helped him with anger management. He also reported that Prozac had never induced any pathological rise in his mood during the extended period that he had been taking it. A review of his records confirmed that he had indeed been prescribed this medicine as reported. Mr. Kapneck was then prescribed Prozac 10 mg daily on May 13, 2023, and this medication was raised to 20 mg daily on May 16, 2023.

After multiple conversations with a public defender, Mr. Kapneck decided that he did not want to further pursue representation from that source, and he elected to represent himself in his Administrative Law Judge conditional release hearing.

It remains the case that Mr. Kapneck has not been hypomanic, manic, or psychotic since his admission to SGHC. Additionally, Mr. Kapneck has never required seclusion, restraints, or emergency medications since his admission. He has not once initiated physical aggressive towards others. He has never engaged in self-injurious behavior.

In conclusion, while Mr. Kapneck continues to participate in individual therapy with the undesigned and his DBT therapist on a weekly basis, and he continues to work on topics such as frustration tolerance, anger management, and interpersonal effectiveness, it is this writer's opinion that it is appropriate at this time for him to be discharged to the community where he can continue with his treatment in a less restrictive environment.

Current Mental Status Examination

Mr. Michael Kapneck is linear, logical, and goal-directed in his thinking. His mood is euthymic. His affect is full and appropriate to context, yet he still displays periodic irritability and angry outbursts when he is frustrated by various staff members. The frequency and intensity of such outbursts, however, have improved significantly.

Mr. Kapneck does not display any psychotic thinking. He has no suicidal or homicidal ideation. His memory is intact in all domains. His insight and judgement are fair in that he acknowledges that he has a major mental illness, and he agrees to continue taking psychotropic medications when he returns to community placement. He has adequate insight into the severity of his substance abuse history, and he recognizes that he will need to participate in treatment for such concerns in the community. He demonstrates sincere remorse and regret for the crimes that relate to his NCR status.

Current Psychiatric Diagnosis

PRIMARY PSYCHIATRIC DISORDERS:

Bipolar I Disorder – most recently manic with psychosis

Unspecified Trauma and Other Stressor Related Disorder

Attention-Deficit/Hyperactivity Disorder - predominantly hyperactive-impulsive presentation

PERSONALITY DISORDERS:

Narcissistic Personality Disorder with Obsessive-Compulsive, Paranoid, and Adult Antisocial Personality Traits.

SUBSTANCE-RELATED DISORDERS:

Stimulant (Cocaine) Use Disorders

Opioid Use Disorders

OTHER MEDICAL CONDITIONS:

Hyperlipidemia

Benign prostatic hypertrophy

Skin rash

Constipation

Carpal tunnel syndrome (right wrist)

Bilateral knee pain

Sphincter of Oddi dysfunction

STRESSORS:

Legal

Family

Social

Years of institutional placement

Current Medications

Lisdexamfetamine (Vyvanse) 40mg orally at 6 pm and 20 mg orally at noon

Fluoxetine 20mg orally at 6am (8/29)

Clonazepam 1mg orally at bedtime

Quetiapine 400mg orally at bedtime

Diphenhydramine 25mg orally at bedtime

Buprenorphine/Naloxone 8mg/2mg sublingual strip at 6am and 4mg/1mg sublingual strip at 4pm

Tamsulosin 0.8mg orally daily

Artificial tears 1 drop to each eye twice daily

Opinion on Dangerousness

It is the opinion of the author of this report, to a reasonable degree of medical certainty, that Michael Anton Kapneck **would not be a danger** to himself or to the person or property of others, as a result of a mental disorder, if released from confinement with the conditions outlined in this report.

Social and Psychiatric Agency Involvement

- A. Family – Mr. Michael Kapneck gets his main support from his brother-in-law. They communicate daily on the phone and the brother-in-law participates in some Treatment Plan meetings. Mr. Kapneck does not have a solid relationship with his mother as she has

Schizophrenia, per his report. Mr. Kapneck does not have a relationship with any other members of his immediate family.

- B. Psychiatric Agency – Mr. Michael Kapneck was positively pre-screened by Mrs. H [REDACTED] of Cornerstone Montgomery Inc. for continued psychiatric services on April 13, 2023. Mr. Kapneck was recommended to participate in Psychiatric Medication Management Services, Somatic Health Services, Individual Therapy services, along with Addiction Management Services.
- C. Housing Agency – Mr. Michael Kapneck was also positively pre-screened by Mrs. H [REDACTED] of Cornerstone Montgomery Inc. for Supervised Residential Rehabilitation Programming (RRP) Services at the Intensive-24/7 Level of Care in the Supervised Housing Program on April 13, 2023. At this level of care, he will be provided support and supervision by direct care staff that's in conjunction with his day activities; support services may include onsite support from direct counselors, along with transportation to and from treatment programs on a regular basis.
- D. Financial – Mr. Michael Kapneck signed a release of information to be referred to the Maryland Benefits Counseling Network/SOAR Works Program to determine his benefits and entitlements on 2/21/2023; the most recent inquiry by video call to Maryland Benefits Counseling Network on 3/24/2023 notes that Mr. Kapneck's Social Security benefits need to be applied for. MBCN worked with Mr. Kapneck to complete and submit an application on 4/1/2023. The final Social Security application was confirmed, signed, and mailed back to Social Security on 4/21/2023. Mr. Kapneck was found to have active MA.
- E. Employment – Mr. Michael Kapneck is not currently employed in the therapeutic vocational services program at the hospital, however; he did share an interest in working once he returns to the community.

Recommendations

Therefore, in view of the above findings, we recommend release to the following conditions for a period of five years:

1. MICHAEL KAPNECK shall reside at a hospital designated by MDH as a voluntary patient and shall comply with all rules and regulations of the hospital while his treatment team is pursuing appropriate housing. MICHAEL KAPNECK will cooperate with the treatment team's attempts to place him into appropriate supervised housing. During the time at the hospital if MICHAEL KAPNECK submits a 72-hour notice and attempts to leave the hospital against medical advice, this can be deemed a violation of conditional release.
2. MICHAEL KAPNECK shall reside in a 24/7 Intensive level Residential Rehabilitation Program and shall comply with all the rules and requirements of this setting. Any changes in levels of supervision must be recommended by

his Mental Health Team (MHT) in writing and approved by the Maryland Department of Health (MDH)/Community Forensic Aftercare Program (CFAP) prior to any change.

3. MICHAEL KAPNECK shall be seen by mental health personnel at a MDH-approved community mental health agency or outpatient clinic to include therapy and psychiatric medication management. MICHAEL KAPNECK will abide by treatment recommendations and will notify his practitioner in advance of any cancellations. MICHAEL KAPNECK will reschedule any missed appointments. Thereafter, any change in clinicians or clinic must be approved in writing by the MHT and sent to CFAP, prior to the change and CFAP must approve the change.
4. MICHAEL KAPNECK shall attend and participate in a psychiatric rehabilitation program, or in other daytime activity as approved by MDH, as often as deemed necessary by his mental health team (MHT). He shall comply with the program's rules, recommendations and requirements. His MHT must recommend any change in daytime activity in writing and notice of the change must be sent to CFAP for approval by CFAP prior to the change. If MICHAEL KAPNECK is employed, CFAP shall be allowed under this order to have contact with his employer.
5. MICHAEL KAPNECK agrees that MDH will have the right to order an independent psychiatric evaluation at any time, and MICHAEL KAPNECK further shall participate in and fully cooperate with such an evaluation. MICHAEL KAPNECK agrees to allow any such person or agency to furnish this information to CFAP without need for additional consent.
6. MICHAEL KAPNECK shall comply with all recommended and prescribed psychiatric medications by the prescriber. He shall submit to such laboratory tests as the prescriber of the psychiatric medication shall deem necessary to monitor the blood levels and effectiveness of the medication including, if necessary, to the payment of said tests.
7. MICHAEL KAPNECK shall have no unlawful contact with Nubia H [REDACTED]. MICHAEL KAPNECK shall have no contact with [REDACTED], [REDACTED], [REDACTED], and [REDACTED]. "Contact" includes face-to-face, telephone, mail, or e-mail contact, or contact through electronic media such as (but not limited to) instant messaging, text messaging (including Twitter), Internet sites, and indirect contact through unauthorized third parties. MICHAEL KAPNECK shall faithfully observe the terms of any current "No Contact," peace, or restraining orders.
8. MICHAEL KAPNECK shall abstain from alcohol, controlled and dangerous substances (street drugs), marijuana (even if in possession of a medical marijuana card) and the abuse of prescription medications. MICHAEL

KAPNECK shall not abuse narcotics of any type. If requested by MDH, or his MHT, MICHAEL KAPNECK shall submit such specimens for laboratory analysis as are necessary to determine the presence or absence of alcohol, narcotics, Controlled Dangerous Substance and/or illegal substances. MICHAEL KAPNECK further agrees that, if necessary, he shall pay for the laboratory analysis of the specimen(s). MICHAEL KAPNECK agrees that any refusal of such test shall be considered a violation of this conditional release.

9. MICHAEL KAPNECK shall attend addiction services as directed by their MHT or CFAP. The MHT or CFAP shall have the right to recommend substance use treatment if clinically indicated.
 - a) MICHAEL KAPNECK shall complete the substance abuse treatment assessment and shall attend as often that is recommended by the MHT or CFAP.
 - b) MICHAEL KAPNECK shall attend Alcoholics Anonymous and/or Narcotics Anonymous meetings as often as directed by the MHT or as requested by CFAP. Proof of attendance will be provided upon request of his provider or CFAP of all groups.
 - c) MICHAEL KAPNECK agrees to allow his treatment providers to communicate in any form with CFAP regarding his substance use treatment, behavior, clinical condition, relapse, compliance with agency rules and/or mental state.
10. MICHAEL KAPNECK shall obey all laws and, in the event of citation, arrest, charge, probation before judgment or conviction, shall immediately notify his MHT and CFAP. Additionally, if an Ex Parte Order, Protection Order or Peace Order is issued naming MICHAEL KAPNECK as the respondent he will immediately notify the MHT and CFAP.
11. MICHAEL KAPNECK shall not possess, own, or use, or attempt to possess, own, or use, firearms or weapons of any type or reside in a residence where firearm and or weapons are kept.
12. MICHAEL KAPNECK shall be required to obtain written recommendation from his MHT recommending out of state travel and a written itinerary of dates requested, locations traveling to, address, and phone number, and local mental health center in that location in case of emergencies to be sent to CFAP for review and approval prior to traveling.
13. MICHAEL KAPNECK shall immediately discuss with his MHT and CFAP and will agree to abide by any resulting reasonable recommendations made in respect to the following:
 - a) Change in residence, employment or daytime activity.
 - b) Change in marital status or family composition.
 - c) Change in physical or mental health.
 - d) Legal involvements.

14. If it shall be determined by his MHT in consultation with CFAP that MICHAEL KAPNECK's mental health and his compliance with the terms of his release would be better served by voluntary psychiatric hospitalization, he may be admitted to an appropriate psychiatric facility; and such an admission shall not be deemed a violation of his conditional release status. However, if MICHAEL KAPNECK should refuse voluntary hospitalization when it is recommended or submit a 72-hour notice, such refusal shall be deemed a violation of his release with conditions.
15. CFAP shall have the ability, granted under this Order, to communicate with any person having knowledge of MICHAEL KAPNECK's mental state, clinical condition, or behavior and such person or persons shall furnish CFAP with all information and documents requested concerning the individual's status that may be necessary to monitor the individual's ongoing clinical condition without need for further consent of the MICHAEL KAPNECK.
16. MICHAEL KAPNECK agrees to waive the confidentiality of his medical, psychiatric and substance use record(s) and information to the entities involved in monitoring and overseeing his conditional release. Upon the request of his CFAP monitor or other CFAP staff, MICHAEL KAPNECK shall sign Release of Information forms for any records deemed necessary to monitor his compliance with this Order. Such records may include but are not limited to records of medical diagnosis and treatment, and records of substance use treatment. Refusal to sign requested release forms will be considered a violation of this Order.
17. The provisions of Criminal Procedure Article § 3-121 shall govern any alleged violation of the conditions in this Order.
18. The provisions of Criminal Procedure Article § 3-122 shall govern any request for any change in the release of the person subject to this Order.
19. During the period of this conditional release, MICHAEL KAPNECK shall remain subject to the jurisdiction of this Court, to the general supervision of MDH, and to the reasonable interpretations and requirements of MDH pertaining to the conditions of this release.
20. MICHAEL KAPNECK shall appear and participate in any hearing ordered by the Court related to his conditional release. Non-compliance may result in the issuance of a warrant for Failure to Appear.
21. If at any time during the term of his conditional release, MICHAEL KAPNECK does not fulfill each and every condition of this Order, or if it should be determined by CFAP in consultation with MICHAEL KAPNECK's MHT that he can no longer be treated successfully on an

outpatient basis, CFAP shall immediately notify the Court and the appropriate State's Attorney, and MICHAEL KAPNECK may be committed to MDH under § 3-121 of the Criminal Procedure Article for institutional inpatient care or treatment.

Respectfully submitted,

D [REDACTED] Jr., M.D.
Treating Psychiatrist

K [REDACTED] LMSW
Social Worker

Date and Time Signed

Date and Time Signed

cc: Mr. Michael Kapneck
Office of the State's Attorney
Office of the Public Defender (SGHC)
Community Forensic Aftercare Program
Forensic Record
Ward Chart