EXHIBIT XVII.

ALJ HEARING REPORT

EXHIBIT FACTS/INFO. SHEET

*Due to time constraints, the page herein has not been fully constructed. The "Facts/Info. Sheet" was designed to assist the Finder of Fact when considering exculpatory /substantive information extracted from the following exhibit.

*See Exhibit IV. for a completed "Facts/Info. Sheet"

IN RE **MICHAEL KAPNECK**	*	**RELEASE ELIGIBILITY HEARING**
CIRCUIT COURT OF MARYLAND	*	**BEFORE [redacted],**
FOR BALTIMORE COUNTY,	*	**AN ADMINISTRATIVE LAW JUDGE**
CASE No.: C-03-CR-19-000144	*	**OF THE MARYLAND OFFICE**
THE HONORABLE	*	**OF ADMINISTRATIVE HEARINGS**
[redacted]	*	
* * * * * * *		
IN RE **MICHAEL KAPNECK**	*	
CIRCUIT COURT	*	
FOR MONTGOMERY COUNTY,	*	
CASE Nos.: 132151C & 135430C	*	
THE HONORABLE	*	
[redacted]	*	**OAH No.: MDH-SG-03-23-27755**
* * * * * * * * * * * * *		

ADMINISTRATIVE LAW JUDGE'S REPORT ON
RELEASE ELIGIBILITY HEARING –
Md. Code Ann., Crim. Proc. § 3-116 (2018)

STATEMENT OF THE CASE
ISSUE
SUMMARY OF THE EVIDENCE
FINDINGS OF FACT
DISCUSSION
RECOMMENDATION
RIGHT TO FILE EXCEPTIONS

STATEMENT OF THE CASE

On or about July 10, 2019, the Circuit Court for Montgomery County committed Michael Kapneck (Patient) to the Maryland Department of Health (MDH) after a verdict of Not

Criminally Responsible (NCR) for the charges of second-degree assault, destruction of property, armed robbery, and attempted armed robbery. On or about October 18, 2019, the Circuit Court for Baltimore County committed the Patient to the MDH after a verdict of NCR for the charge of first-degree burglary.

As a result of these NCR verdicts, the Department admitted the Patient to Clifton T. Perkins (Perkins), an inpatient mental health facility under its jurisdiction. On August 24, 2022, the Patient transferred from Perkins to Spring Grove Hospital Center (Hospital) where he remains today. On October 24, 2023, the Patient requested a hearing to determine his eligibility for conditional release or discharge. Md. Code Ann., Crim. Proc. § 3-119(a)(2) (Supp. 2023).

Accordingly, on October 31, 2023, I convened an administrative hearing to address that question. *Id.* § 3-115(e). The Patient appeared before me, knowingly and voluntarily waived his right to counsel, and represented himself. [redacted] Assistant Attorney General, represented the MDH.

Section 3-115(e) of the Criminal Procedure Article, the contested case provisions of the Administrative Procedure Act, and the Rules of Procedure of the Office of Administrative Hearings govern the procedure in this case. Md. Code Ann., Crim. Proc. § 3-115(e) (2018); Md. Code Ann., State Gov't §§ 10-201 through 10-226 (2021 & Supp. 2023); Code of Maryland Regulations 28.02.01.

ISSUE

Is the Patient eligible for discharge or conditional release?

SUMMARY OF THE EVIDENCE

Exhibits

I admitted the following exhibit[1] on behalf of the Patient:

Pt. Ex. 1 – Affidavit of Indigency, undated; Motion for Waiver of Costs, undated; letter from the Maryland Office of the Public Defender (OPD) to the Patient, dated June 30, 2023; email sent on behalf of the Patient to the OPD, dated February 6, 2023; Motion for Postponement, undated

I admitted the following exhibits on behalf of the MDH:

MDH Ex. 1 – Notice of Hearing, undated

MDH Ex. 2 – Letter from the MDH to the Circuit Court for Montgomery County and the Circuit Court for Baltimore County, dated October 24, 2023; Conditional Release Hearing Report, dated October 20, 2023

MDH Ex. 3 – Memo from the Community Forensic Aftercare Program (CFAP), dated October 24, 2023

MDH Ex. 4 – Commitment to the MDH After a Verdict of NCR, dated July 10, 2019

MDH Ex. 5 – Statement of Charges, printed November 30, 2017; Application for Statement of Charges, dated November 29, 2017; Statement of Charges, printed January 27, 2017; Application for Statement of Charges, dated January 27, 2017

MDH Ex. 6 – Commitment to the MDH After a Verdict of NCR, dated October 18, 2019

MDH Ex. 7 – Statement of Charges, printed December 5, 2017; Application for Statement of Charges, dated December 5, 2017

Testimony

The Patient testified and presented the testimony of his brother-in-law, Steven W[redacted].

The MDH presented the following witnesses: (1) L[redacted] B[redacted] Assistant Director of the Department of Psychology at the Hospital; (2) K[redacted] H[redacted] Social Worker at the Hospital; and (3)

[1] The Patient offered these documents at the outset of the hearing, and, without objection, they were admitted as Patient Exhibit 1. When the documents were forwarded to my attention after the hearing concluded, I realized the Patient had already pre-marked the exhibits with exhibit numbers. To align with the record, all the Patient's documents are contained within one exhibit.

D[redacted] ([redacted]) D[redacted], Psychiatrist at the Hospital, who – without objection – was accepted as an expert in medicine and adult psychiatry.

FINDINGS OF FACT

Upon consideration of the evidence, I find by a preponderance of the evidence that:

Background

1. The Patient is diagnosed with bipolar I disorder, with an extensive history of manic episodes with psychotic features.

2. The Patient's mood and psychotic episodes typically present in the context of significant cocaine abuse.

3. The Patient's symptoms come in the aftermath of experiencing a combination of years of repeated childhood sexual and physical abuse and experiencing and witnessing traumatic events during his years of incarceration at various prisons.

4. Prior to 2017, the Patient had multiple psychiatric admissions at Springfield Hospital Center, Perkins, Suburban Hospital, Southern Maryland Hospital, and other out-of-state hospitals.

5. The Patient has a history of legal entanglements, including a previous finding of NCR in 2006 for second-degree assault, for which he was admitted to Perkins, transferred to Springfield Hospital Center, and eventually conditionally released in 2007.

6. The Patient is currently fifty-one years old.

Case Number 132151C

7. The Patient was arrested after an incident occurred on January 27, 2017, where he allegedly went to the home of Nubia H[redacted] (the mother of his son), demanded to go into Ms.

H[redacted]s home to retrieve property, damaged a door, destroyed objects in the bathroom, kicked Ms. H[redacted] and left the scene with her cellular telephone.

8. On or about July 10, 2019, the Circuit Court for Montgomery County committed the Patient to the MDH after a verdict of NCR for the charges of second-degree assault and destruction of property for the events of January 27, 2017.

Case Number 135430C

9. The Patient was arrested after two incidents occurred on November 27, 2017, where he attempted (unsuccessfully) to rob a BB&T Bank, and successfully robbed a TD Bank.

10. On or about July 10, 2019, the Circuit Court for Montgomery County committed the Patient to the MDH after a verdict of NCR for the charges of attempted armed robbery and armed robbery for the events of November 27, 2017.

Case Number C-03-CR-19-000144

11. The Patient was arrested after an incident occurred on November 27, 2017, where he broke into a home to steal a stereo, a television, and a pickup truck.

12. On or about October 18, 2019, the Circuit Court for Baltimore County committed the Patient to the MDH after a verdict of NCR for the charge of first-degree burglary for the events of November 27, 2017.

Perkins

13. On July 23, 2019, as a result of the NCR verdicts rendered by the Circuit Court for Montgomery County, the Patient was admitted to Perkins.

14. The Patient remained at Perkins after the Circuit Court for Baltimore County entered a verdict of NCR on October 18, 2019.

15. The Patient remained at Perkins until August 24, 2022, when he was transferred to the Hospital.

Course at the Hospital

16. The Patient was clinically stable when he arrived at the Hospital; he was euthymic and non-psychotic.

17. Upon arrival, the Patient was housed on the Hospital's Dayhoff C admissions unit, under the care of Dr. D[redacted]

18. Dr. D[redacted] determined that, in addition to bipolar I disorder, the Patient met criteria for unspecified trauma and other stressor related disorder and adult attention deficit hyperactivity disorder (ADHD), and prescribed Vyvanse to treat the Patient's ADHD symptoms.

19. The Patient's treatment team noticed that when the Patient becomes frustrated, feels unfairly confronted, or feels he is pressed to present a lot of information in a short timeframe, he has a proclivity to behave and communicate in a manner that resembles someone who is in a hypomanic state (loud, fast, and pressured speech, having a flight of ideas, with animated hand gestures and facial expressions). Despite this presentation, once the Patient is removed from the stressful interpersonal interaction, he will have a dramatic shift back to a calm state. Having such a dramatic shift has led the Patient's treatment team to determine that the Patient's reaction is not indicative of a someone in a hypomanic or even a manic state. Rather, this behavior is better explained by the Patient's ADHD, trauma-related diagnosis, and personality.

20. The Patient's therapy sessions with Dr. D[redacted] focused on helping the Patient develop coping skills that could assist him during his stay at the Hospital as well as out in the community.

21. On December 20, 2022, because the Patient had not displayed any dangerous behavior, the Patient was transferred from the Dayhoff C unit to the Red Brick Cottage (RBC) #1 unit, which is a less restrictive unit in the Hospital.

22. The Patient was dissatisfied with being transferred to the RBC #1 unit because he would no longer be working with Dr. D[redacted], with whom he had developed a positive therapeutic relationship. The Patient was also dissatisfied with being transferred to the RBC #1 unit because it has a larger patient population, and the RBC #1 unit has a different physical layout which limited the Patient's access to his own bedroom.

23. On several occasions on the RBC #1 unit, the Patient engaged in animated and emotional conversations with the members of his new treatment team where he displayed anger and frustration. The Patient's new treatment team decided to reduce the Patient's dosage of Vyvanse because they determined that this medication was possibly agitating him.

24. On January 17, 2023, the Patient's attending psychiatrist discontinued the remaining daily dose of Vyvanse because they thought the medication was destabilizing the Patient.

25. On January 18, 2023, the Patient was transferred from the RBC #1 unit to the RBC #2 unit where he continued to feel displeased about not being treated by Dr. D[redacted] and voiced displeasure about the discontinuation of Vyvanse because he felt that the medication was helping him.

26. While on the RBC #2 unit, the Patient's anger and frustration manifested itself, in part, as episodes of verbal abuse towards select staff members, as well as non-compliance with following various rules.

27. At some point while being on the RBC #2 unit, the Patient expressed a desire to return to the Dayhoff C admissions unit to resume treatment with Dr. D[redacted]

28. On or about January 27, 2023, the Hospital made an administrative decision to return the Patient to the Dayhoff C unit.

29. Upon returning to the Dayhoff C unit, the Patient was euthymic and non-psychotic.

30. Once back on the Dayhoff C unit, the Patient resumed weekly individual therapy sessions with Dr. D[redacted] where he receives a combination of supportive and insight-oriented psychodynamic psychotherapy.

31. The Patient's psychologist, Dr. B[redacted] began treating the Patient using Dialectical Behavioral Therapy (DBT)[2] on a weekly basis soon after the Patient returned to the Dayhoff C unit.

32. The Patient has formed a solid therapeutic alliance with Dr. B[redacted] He has been actively engaged in all their therapy sessions, completes his homework assignments, and uses the skills that he learned while at the Hospital.

33. Since returning to the Dayhoff C unit, the Patient has demonstrated an improvement in his dysfunctional behaviors. He has tolerated living in a four-patient dormitory and has gotten along with his roommates in a satisfactory manner.

34. The Patient has demonstrated kind and altruistic behavior towards other patients. For instance, he has given them clothing, helped them with their laundry, and helped with their personal hygiene and grooming.

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[2] DBT is a therapeutic intervention that is directed to helping patients with mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness.

35. On March 6, 2023, the Patient was presented to the Hospital's Forensic Review Board (FRB)[3] to determine if he was an appropriate candidate for conditional release. The FRB determined that the Patient required medication changes, with a period of observation, before being considered for conditional release.

36. The Patient's treatment team discontinued the Patient's Ambien (sleep medication), determined that clonazepam (antianxiety medication) should be administered at bedtime only, and resumed administering Vyvanse. The Patient remained euthymic and non-psychotic after these medication changes. He slept adequately. There were no noticeable deleterious changes to his mental state. The Patient was able to better concentrate now that he resumed taking Vyvanse.

37. On April 13, 2023, the Patient was pre-screened by Cornerstone Montgomery, Incorporated (Cornerstone) to determine the type of psychiatric services he should receive in the community.

38. On April 24, 2023, the Patient was presented to the Hospital's FRB to determine if he was an appropriate candidate for conditional release. The FRB determined that the Patient should be conditionally released if Cornerstone determined that the Patient could receive services at a supervised residential rehabilitation program (RRP) at the intensive level of care.

39. On April 26, 2023, Cornerstone approved the Patient to receive supervised RRP services at an intensive 24/7 level of care where he would be provided with support and supervision by direct care staff.

40. As the Patient became hopeful about an eventual conditional release, he requested that Dr. D[redacted] consider prescribing him Prozac because he was feeling anxious. The Patient

[3] The FRB consists of the multiple Hospital personnel, including directors of various departments.

had previously taken Prozac when he was incarcerated to maintain a positive mood and to manage frustration and anger.

41. On May 13, 2023, Dr. D[redacted] prescribed the Patient Prozac, 10 mg, daily. On May 16, 2023, Dr. D[redacted] increased this dosage to 20 mg daily.

42. While at the Hospital, the Patient has never required seclusion, restraints, or the administration of emergency medications. He has never been physically aggressive towards others while at the Hospital. And he has never engaged in self-injurious behavior while at the Hospital.

43. Currently, the Patient has linear, logical, and goal-directed thinking. His mood is euthymic. His affect is full and appropriate to context. He does not display any psychotic thinking. He has no suicidal or homicidal ideation. His memory is intact in all domains.

44. The Patient still displays periodic irritability and angry outbursts when he is frustrated by various Hospital staff members, but the frequency and intensity of these outbursts have significantly improved during his hospitalization.

45. The Patient's insight and judgement are sound in that he acknowledges that he has a major mental illness, and he understands the need to continue to take his psychotropic medications when in the community.

46. The Patient has adequate insight into the severity of his substance abuse history, and he understands that he will need to participate in treatment for these concerns when in the community.

47. While at the Hospital, the Patient demonstrated sincere remorse and regret for the crimes that led to his NCR status.

48. The Patient has a very strong bond with his brother-in-law, Steven W[redacted] with whom he communicates with daily.

49. The Patient has always been compliant with taking his psychiatric medication. He is currently prescribed Vyvanse, Prozac, clonazepam (anti-anxiety and sleep aid), quetiapine (mood stabilizer), diphenhydramine (sleep aid), and buprenorphine/naloxone (opioid dependence).

50. The Patient has attended a multitude of group therapy classes at the Hospital. He has always been a productive member of these group sessions.

51. The Hospital's staff has been actively involved with assisting the Patient with planning for eventual conditional release. This assistance includes helping the Patient apply for certain entitlements, obtaining a Social Security card and birth certificate, and applying for medical assistance.

DISCUSSION

A committed person is eligible for conditional release from commitment only if they "would not be a danger, as a result of mental disorder . . . to self or to the person or property of others if released from confinement with conditions imposed by the court." Md. Code Ann., Crim. Proc. § 3-114(c) (2018). The committed person bears the burden to make the necessary showing by a preponderance of the evidence. *Id.* § 3-114(d). To prove an assertion or a claim by a preponderance of the evidence means to show that it is "more likely so than not so" when all the evidence is considered. *Coleman v. Anne Arundel Cnty. Police Dep't*, 369 Md. 108, 125 n.16 (2002). For the reasons set forth below, I find that the Patient has met his burden.

In this case, the Hospital supports the Patient's request to be conditionally released. To that end, Dr. D[redacted] the Patient's treating psychiatrist at the Hospital, gave his expert opinion

that the Patient would not be a danger, as a result of a psychiatric illness, to himself or the person or property of others if he is released subject to conditions. I accept Dr. D[redacted] opinion on this issue. As the Patient's treating psychiatrist, I gave great weight to Dr. D[redacted] testimony and expert opinion. Dr. D[redacted] provides the Patient with weekly individualized therapy sessions lasting two or three hours per session. As a result, Dr. D[redacted] and the Patient have developed a very positive therapeutic relationship and Dr. D[redacted] has had ample opportunity to observe the Patient.

Dr. D[redacted] testified that the Patient has genuine insight into his mental illness. The Patient understands that he has an ongoing need for medication for the rest of his life and, to this end, the Patient has been compliant with all treatment recommendations. Dr. D[redacted] testified that the Patient has consistently taken his medication while at the Hospital and that the Patient is stable on his current medication regimen. As an example of how insightful the Patient is, Dr. D[redacted] testified that the Patient requested to be placed on Prozac when he started to feel anxious. Dr. D[redacted] opined that the Patient would continue to take all prescribed medication if conditionally released because the Patient understands the importance of taking his medication.

Importantly, the Patient has never been in a psychotic state while at the Hospital, he has a linear and logical mindset, and he is able to advocate for himself. While at the Hospital, the Patient has never required seclusion, restraints, or the administration of emergency medications. He has never been physically aggressive towards others while at the Hospital. And the Patient has never engaged in self-injurious behavior while at the Hospital. Dr. D[redacted] believes that the Patient has "sound" judgement in that the Patient follows the rules and understands his need to engage in treatment. The Patient informed Dr. D[redacted] that he is willing to comply with all conditional release recommendations.

Overall, Dr. D[redacted] testified that he has "no hesitations" to believe that the Patient would do fine in the community. Dr. D[redacted] went as far as to testify that he would like to see the Patient conditionally released as soon as possible because the circumstances of keeping the Patient in the Hospital for longer than necessary could potentially set the Patient up for issues with anxiety and developing negative interpersonal relationships with staff and peers at the Hospital. He opined that the Patient remaining at the Hospital would not be in the Patient's best interest.

Besides weekly individual treatment sessions with Dr. D[redacted], the Patient has been an active participant in the group therapy sessions that he attends. The Patient has also been an enthusiastic participant in the DBT sessions he receives from Dr. B[redacted]. Dr. B[redacted] testified that the Patient is "very actively engaged" in his DBT sessions and that he attended every session, completed all homework, and used the skills that he learned while at the Hospital. Dr. B[redacted] testified that the Patient's therapy sessions have helped the Patient cope with emotional dysregulation and conflict, and that the Patient is now far more capable of handling interpersonal issues and distress.

K[redacted] H[redacted] testified that one of her roles at the Hospital is to coordinate conditional release logistics. The Patient has actively assisted Ms. H[redacted] in various aspects of planning for an eventual conditional release. Currently, the Patient has been approved to receive supervised RRP services at an intensive 24/7 level of care where he would be provided with support and supervision by direct care staff. As of the date of the hearing, an exact placement has not been secured as the Patient is still pending conditional release; therefore, Ms. H[redacted] explained that the Patient would remain at the Hospital until the Patient is approved for conditional release and a placement is found. Ms. H[redacted] testified that the Patient has always been willing to sit down and

help her with anything she needs, and that she supports the Patient's release under the recommended conditions.

It is evident that the Patient has a strong ally in the community, that being his brother-in-law, Mr. W[redacted] whom the Patient has known for thirty years. Mr. W[redacted] and the Patient have communicated almost daily while the Patient has been at the Hospital. Mr. W[redacted] did not mince words, he explained that there have been times in the past (prior to the Patient's current hospitalization) where he had to cut ties with the Patient because of the Patient's erratic behavior. However, Mr. W[redacted] testified that the Patient is doing better now than he has ever seen in the thirty years he has known him. Mr. W[redacted] is very appreciative that the Hospital has allowed him to communicate with the Patient because their positive relationship is very beneficial for the Patient. Mr. W[redacted] explained that his conversations with the Patient typically focus on spiritual matters[4] because having faith in God can help the Patient lead a better responsible life and overcome problems. Mr. W[redacted] plans to maintain this strong relationship with the Patient if the Patient is conditionally released.

The Patient's testimony was completely compelling. The Patient expressed genuine remorse for the actions that led to his hospitalization and explained that it is entirely incumbent upon him to turn his own life around. As such, the Patient explained that he recognizes the need to engage in his own self-care, including abstaining from drugs, engaging in positive relationships with others, and focusing on his mental health. The Patient astutely testified that he should not put anything before his own recovery, which is a new mindset for him. The Patient explained that he has spent a good part of his life in various institutions, but rather than become bitter, he has genuinely tried to become better. In his testimony, the Patient recognized that –

[4] Mr. Winkler has been in the ministry for almost forty years.

through the tireless assistance of Dr. D[redacted] and Mr. W[redacted] – he has made a fearless attempt to understand himself, something he was not willing to do in the past, and by doing so he has worked to better himself.

The Patient explained that he has been looking forward to one day being able to prove himself, and that he knows he would excel if conditionally released. The Patient understands that conditional release can be a challenge but explained that he is now in a "completely different headspace" and is willing to abide by all recommended conditions. He is not scared to ask for help, he has learned a plethora of skills and tools to assist him in the community, and he considers himself lucky to be given an opportunity to potentially live his life again in the community. The Patient acknowledged that he is still at an age where he can play basketball with his twenty-three-year-old son, and still has the energy to potentially work (if approved) so that he can make it through life as a productive member of society. In all, the Patient testified that he feels like a completely different person, as he has established a certain level of inner peace.

The Patient acknowledged that it has been difficult for him to be hospitalized in that he lacks the ability to have in-person interaction with members in the community. However, the Patient holds himself accountable and has kept to a rigorous schedule at the Hospital to actively engage in the treatment that he knows has been very beneficial. The Patient is thankful to be at the point where he is today and thanked his entire treatment team and family members who supported him up to this point. Finally, of note, the Patient began to cry when asked what he is most looking forward to doing if conditionally released. His response: to make amends with his family, especially his children. The Patient acknowledged that he has been absent for much of

his children's lives, he wants to gain their forgiveness, and he knows it will not be an overnight process, but he is hopeful that it can one day be achieved.

After considering all the evidence, the Patient has proven, by a preponderance of the evidence, that he "would not be a danger, as a result of mental disorder . . . to self or to the person or property of others if released from confinement with conditions imposed by the court." Md. Code. Ann., Crim. Proc. § 3-114(c) (2018). Dr. D[redacted]testimony was convincing that the Patient is compliant with his medications and treatment plan. Importantly, the Patient acknowledged that he has a mental illness and understands the importance of continuing treatment while out in the community. For all these reasons, I recommend that the Patient be released with conditions.

In recommending the conditions for a conditional release, I shall give consideration to any specific conditions recommended by the Department, the committed person, or counsel for the committed person. *Id.* § 3-116(b). Here, the MDH and the Patient agree that the conditions recommended below are appropriate. As such, I incorporate their recommendation.

RECOMMENDATION

THEREFORE, I RECOMMEND that the Patient be released from confinement subject to the following conditions, all of which shall remain in effect for five years:

1. The Patient 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. The Patient will cooperate with the treatment team's attempts to place him into appropriate supervised housing. During the time at the hospital, if the Patient submits a 72-hour notice and attempts to leave the hospital against medical advice, this can be deemed a violation of conditional release.

2. The Patient 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. The Patient 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. The Patient will abide by treatment recommendations and will notify his practitioner in advance of any cancellations. The Patient 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. The Patient 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 the Patient is employed, CFAP shall be allowed under this order to have contact with his employer.

5. The Patient agrees that MDH will have the right to order an independent psychiatric evaluation at any time, and the Patient further shall participate in and fully cooperate with such an evaluation. The Patient agrees to allow any such person or agency to furnish this information to CFAP without need for additional consent.

6. The Patient 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. The Patient shall have no unlawful contact with Nubia H[redacted] The Patient shall have no contact with [redacted], and [redacted]. "Contact" includes face-to-face, telephone, mail, or email contact, or contact through electronic media such as (but not limited to) instant messaging, text messaging (including Twitter[5]), Internet sites, and indirect contact through unauthorized third parties. The Patient shall faithfully observe the terms of any current "No Contact," peace, or restraining orders.

8. The Patient 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. The Patient shall not abuse narcotics of any type. If requested by MDH, or his MHT, the Patient 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. The Patient further agrees that, if necessary, he shall pay for the laboratory analysis of the specimen(s). The Patient agrees that any refusal of such test shall be considered a violation of this conditional release.

9. The Patient 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:

[5] Twitter has been renamed "X."

(a) The Patient shall complete the substance abuse treatment assessment and shall attend as often that is recommended by the MHT or CFAP.

(b) The Patient 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) The Patient 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. The Patient 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 the Patient as the respondent he will immediately notify the MHT and CFAP.

11. The Patient 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 firearms and or weapons are kept.

12. The Patient 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. The Patient 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 the Patient'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 the Patient 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 the Patient'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 Patient.

16. The Patient 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, the Patient 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 the 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, the Patient shall remain subject to the jurisdiction of the Courts, to the general supervision of MDH, and to the reasonable interpretations and requirements of MDH pertaining to the conditions of this release.

20. The Patient shall appear and participate in any hearing ordered by the Courts 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, the Patient does not fulfill each and every condition of this Order, or if it should be determined by CFAP in consultation with the Patient'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 the Patient may be committed to MDH under § 3-121 of the Criminal Procedure Article for institutional inpatient care or treatment.

I FURTHER RECOMMEND THAT the CFAP shall be responsible for:

1. Coordinating and monitoring compliance with the treatment plan and conditions set forth in this Report, including notifying all necessary agents expected to provide treatment or services; and
2. Promptly notifying the State's Attorneys and the Circuit Court Judges if the Patient fails to comply with any of the stated conditions.

November 9, 2023
Date Report Mailed

[redacted]
Administrative Law Judge

LW/ja
#208353

RIGHT TO FILE EXCEPTIONS

Within ten (10) days after receipt of this report, the committed person or their attorney, the State's Attorney, or the Maryland Department of Health may file written exceptions to the determination made herein. Md. Code Ann., Crim. Proc. § 3-116(d) (2018). The Office of Administrative Hearings is not a party to the review process.

Attachments: MDH Exhibits 1-7 & Patient Exhibit 1

Copies Mailed To:

The Honorable [redacted]
Circuit Court for Baltimore County
County Courts Building
401 Bosley Avenue
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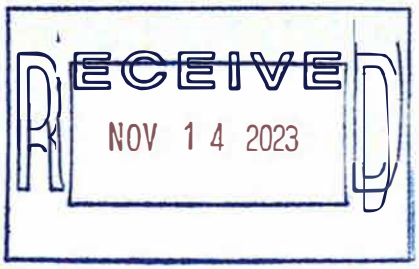
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