EXHIBIT II.

Dr. Dressel Conditional Release Hearing Report

May 08, 2023

CONDITIONAL RELEASE HEARING REPORT

MAY 8, 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 50-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 # *132151C* and Montgomery County Circuit Court case # *135430C*. 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 #132151C, 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 N[redacted] [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 #135430C, 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 and 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, and he has 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 been admitted as well 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 reflect 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 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 for alleged physical aggression towards Ms. H[redacted]n 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. H[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]ived, 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 # *132151C* & Montgomery County Circuit Court case # *135430C*. 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. D[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 *132151C* and *135430C*. 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 claimed that he had never been hypomanic, manic, or psychotic during that hospital course, and it was his belief that his extended hospital course at CTPHC was entirely due to his "personality issues."

Mr. Kapneck 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 treatment 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.

Within days of Mr. Kapneck's arrival, a decision was made after consultation with the hospital's Chief Medical Officer, to prescribe Mr. Kapneck buprenorphine/naloxone (Suboxone) for his opioid use disorder. This decision was made with the knowledge that Mr. Kapneck had been obtaining contraband Suboxone at CTPHC. The rational for prescribing Suboxone here in the hospital rests in that he 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. Thus, it makes sense to prescribe the medication in the hospital, provided no issues of concern arise.

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 current 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 has angry outbursts. Second, he meets criteria for Adult ADHD which is predominantly of the hyperactive-impulsive presentation. For the latter condition, Mr. Kapneck was prescribed Lisdexamfetamine (Vyvanse) which is in the stimulant class of medication.

During this initial period of his hospital course 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 when he becomes frustrated, when he feels confronted, and/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 for sometimes for 5-10 minutes, or longer if he is allowed to engage in his lengthy unilateral conversations. He can become quite animated, displaying hand gestures and facial expressions which in their extremes can be interpreted as psychomotor agitation. He becomes grandiose as he offers comments that overtly display in an arrogant and haughty manner his sense of superiority and uniqueness. His affect will spontaneously shift to one of anger and irritability. It is noted, however, through observing Mr. Kapneck on multiple occasions, that his demeanor and style of speech will return to baseline composure within minutes after he is removed from the stressful interpersonal interaction. Such a dramatic shift back to a calm that may persist for hours is not seen in a hypomanic or manic state.

Also, during this initial period of his hospital course on Dayhoff C, Mr. Kapneck displayed multiple behaviors that were strongly suggestive of a personality disorder. In particular, it was determined that he meets criteria for Narcissistic Personality Disorder, and he possesses adult Antisocial Personality Traits.

During this initial period of Mr. Kapneck's hospital course on Dayhoff C, a positive therapeutic alliance was established between he 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 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 decided that a transfer to Red Brick Cottage (RBC) #1 was in order.

A few days before Mr. Kapneck's transfer, however, a unit-wide contraband search was performed for safety concerns that had nothing to do with Mr. Kapneck. During that search, some of Mr. Kapneck's possessions were confiscated from him, to include multiple items that the undersigned had given him permission to have. For example, he had been allowed to have a nightlight and various instruments that he used when he was making estimates for his business. (Mr. Kapneck had been working on a limited basis for the lightning rod sales and installation company that he is part owner of for the past few years while at CTPHC and here on Dayhoff C.) These items, as well as others, that he had previously been given permission by the undersigned to have, were confiscated from Mr. Kapneck a few days before his transfer.

On December 20, 2022, Mr. Kapneck was transferred to the RBC #1 extended care unit. This unit differed from Dayhoff C in several manners. Notably, the census went from 25 to 38 patients. Also, the admissions units are all one level units in which the bedrooms and milieu are all on the same floor; if a patient is feeling stressed, or just wants to go relax where it is quieter, they can go to their rooms at any moment. On the extended care units, the bedrooms are on the second floor, and the milieu activities are on the first; patients are required to remain on the first floor during daytime hours, and they do not have free access to come and go to and from their bedrooms as they please. When Mr. Kapneck was transferred to RBC # 1, he was displeased.

The Dayhoff C progress notes leading up to Mr. Kapneck's transfer clearly reveal that there was no indication that Mr. Kapneck was in a hypomanic, manic, or psychotic state on the days leading up to his transfer to RBC #1. For that matter, all the Dayhoff C psychiatric progress notes for Mr. Kapneck indicate that at no time was he considered to be in a hypomanic, manic, or psychotic state since his admission. Nonetheless, the attending psychiatrist on RBC #1 interviewed Mr. Kapneck on December 21, 2022, and in a conversation that focused to a great degree on Mr. Kapneck wanting his property back, the attending questioned whether he is delusional, based it appears on Mr. Kapneck's embellishment as to how successful the company he owns is. Also, the doctor considered discontinuing Mr. Kapneck's ADHD medication, Vyvanse.

Mr. Kapneck's time on RBC#1 is marked by numerous episodes of him displaying frustration, anger, non-compliance with phone rules, and threats to report staff to higher authorities. On January 4, 2023, his attending psychiatrist confronted Mr. Kapneck on many of his behavioral issues, and based on that psychiatrist's assessment, Vyvanse was lowered to 40 mg in the morning. In the aftermath of this medication change, Mr. Kapneck's behaviors did not diminish. On January 7, 2023, he is quoted in the records as saying, "doctors and staff here are bitches and fucking stupid." On that date, he began to refuse to come downstairs after post-lunch quiet time.

On January 9, 2023, after contracting Covid-19, Mr. Kapneck was transferred to White A which is the Covid-19 isolation unit. He continued to show poor compliance with phone rules, and he continued to engage in verbal abuse of various staff, and he continued to threaten to have various staff fired.

On January 17, 2023, Mr. Kapneck's attending psychiatrist from RBC#1 met with him and deemed the patient to be hypomanic. The remaining dose of Vyvanse 40 mg in the morning was discontinued. On January 18, 2023, Mr. Kapneck was released from Covid-19 isolation on White A, and he was transferred to RBC#2.

On the RBC#2 extended care unit, Mr. Kapneck's dysfunctional behavior continued to the degree that there were still episodes of verbal abuse and non-compliance with following various rules. For instance, he still at times refused to come downstairs 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.

Mr. Kapneck returned to Dayhoff C on Friday, January 27, 2023. The undersigned returned to work on Wednesday, February 1, 2023, and the two have resumed their weekly individual sessions since. Mr. Kapneck is typically seen on three, but sometimes two occasions, each week, by the undersigned. He has also been treated with Dialectical Behavioral Therapy (DBT) informed treatment on a weekly basis by a staff psychologist who is trained to administer this treatment. DBT is a behavioral intervention that is directed to helping patients with, amongst other areas, emotional dysregulation, distress tolerance, and interpersonal effectiveness. Mr. Kapneck has formed solid therapeutic alliances with both providers, and he has been enthusiastic in his approach to his treatment.

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

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 never been physically aggressive towards others. He has never self-injured.

Mr. Kapneck demonstrated clinical improvement and stability to the degree that he was presented to the Forensic Review Board (FRB) on March 6, 2023. During that presentation, it was discussed with the board members that certain medication changes were going to occur before Mr. Kapneck ultimately left for the community. It was discussed that Ambien, a sedative-hypnotic medication that he had been prescribed since his time at CTPHC, and Clonazepam, an anxiolytic medication that likewise has been prescribed since CTPHC, were going to be discontinued. The FRB voted on that date to NOT authorize the treatment team to proceed with Mr. Kapneck's conditional release at that time and rather 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 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 informed therapist.

Mr. Michael Kapneck was pre-screened by Mrs. [redacted] of Cornerstone Montgomery Inc. for continued psychiatric services on April 13, 2023. The results of that pre-screen had not been received as of Monday, April 24, 2023, which is the day that Mr. Kapneck was again presented to the FRB. The FRB approved Mr. Kapneck on April 24, 2023, for placement at the 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.

Finally, after spending 50+ hours in individual therapy sessions with Mr. Kapneck, the undersigned has come to recognize several factors that are pertinent in recognizing the challenges that confront him in his efforts to exercise appropriate frustration tolerance and anger management here in the hospital. To begin, Mr. Kapneck has been hospitalized either in CTPHC or SGHC since July 23, 2019. Thus, he has been an inpatient in a state mental hospital for nearly four years. It is a general understanding in the psychiatric world, that long-term hospitalization of patients with severe personality disorders may be antithetical to maintaining their overall mental stability.

In Mr. Kapneck's case, due to his at times irascible and offensive demeanor, he has in many instances created what can be considered an *invalidating environment.* Specifically, he has offended numerous staff members during his time here at SGHC, and there are some of those staff members that now behave towards him in manners that make him feel uncomfortable. This in turn, leads Mr. Kapneck to then act out in retaliation to their invalidating behaviors or demeanor, and the cycle continues.

Another point is that Mr. Kapneck often experiences what may be considered as *righteous indignation.* Specially, Mr. Kapneck is someone who has a strong work ethic. He is a man who can be very disciplined. He is an individual that can be very mannerly in his interpersonal interactions. He expects the same from others. Thus, when he witnesses a staff member "not doing their jobs" by talking on their cell phones when they shouldn't be, or when they might not be following a dangerous patient who is on one-to-one safety precautions in the proximity that they are supposed to be, Mr. Kapneck is one that will speak his mind and often in a harsh manner. Thus, the invalidating environmental cycle continues.

Additionally, when Mr. Kapneck experiences a staff member speak to him in what he perceives to be a "disrespectful manner," he likewise will tend to speak his mind and often in a harsh manner. Thus, if a staff member is sitting in the nurses' station, and he knocks on the window two times in a polite manner, and the staff member continues to read the paper, not looking up at him, Mr. Kapneck will feel ignored and disrespected, and then he will speak his mind and often in a harsh manner. Thus, the invalidating environmental cycle continues.

In conclusion, while Mr. Kapneck participates in individual therapy with the undesigned and DBT informed therapist on a weekly basis, and he works on topics such as frustration tolerance, anger management, and interpersonal effectiveness, it is this writer's opinion that he would make more significant gains if he were discharged to the community where he can continue with his treatment in a more appropriate environment. Indeed, continued inpatient commitment at this point, in many ways, is impeding his recovery.

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
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) 30mg orally at 6 am and 12 noon
Clonazepam 1mg orally at bedtime
Quetiapine 400mg orally at bedtime
Diphenhydramine 50mg orally at bedtime
Buprenorphine/Naloxone 4mg/1mg sublingual strips – two in the morning and one at 5 pm

Atorvastatin 10mg orally at bedtime
Prednisone 10 mg orally at 6 am
Gabapentine 800mg orally three times daily
MVI minerals one tablet orally daily
Vit E 400 IU orally at 12 pm

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 Heath Services, Individual Therapy services, along with Addiction Management Services. The treatment team and the FRB recommend that Mr. Kapneck participate in weekly insight-oriented individual therapy, specifically DBT if available. Once in the community, Mr.

Kapneck should also receive a substance abuse evaluation to assess the level of substance abuse treatment he will require.

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. 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], 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,

[redacted]

De[redacted], Jr, M.D.
Treating Psychiatrist

5/26/23 2pm
Date and Time Signed

[redacted]

Ka[redacted], LMSW
Social Worker

6/1/23 10:30am
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