Centers of Excellence 2025 Report

Health General Article, Section 13-4204; Public Safety Article, Section 3-522(e)

Governor's Office of Crime Prevention and Policy

November 21, 2025

WES MOORE
Governor

ARUNA MILLER
Lieutenant Governor

Maryland
GOVERNOR'S OFFICE OF CRIME
PREVENTION AND POLICY

DOROTHY LENNIG
Executive Director

November 21, 2025

The Honorable Wes Moore
Governor of Maryland
100 State Circle
Annapolis, MD 21401

The Honorable William C. "Bill" Ferguson IV
President of the Senate
State House, H-107
Annapolis, MD 21401-1991

The Honorable Adrienne Jones
Speaker of the House of Delegates
State House, H-101
Annapolis, MD 21401

RE: Health General Article § 13-4204 (MSAR #13131) and Public Safety Article § 3-522(e) (MSAR #15679)

Dear Governor Moore, President Ferguson, and Speaker Jones:

As required by § 13-4204 of the Health General Article and § 3-522(e) of the Public Safety Article, please find an enclosed copy of the Governor's Office of Crime Prevention and Policy's report, titled *Centers of Excellence 2025 Report*. This report provides updated information on the implementation of Maryland's Behavioral Health and Public Safety Center of Excellence 2023 Strategic Plan, developed to support recommendations from the annual *State Summit on Behavioral Health and the Justice System: Utilizing the Sequential Intercept Model Mapping Initiative*. It also details the activities of the Crisis Intervention Team Center of Excellence, ongoing efforts to divert individuals from the criminal legal system, and an analysis of existing system deficiencies. Furthermore, the report presents updated recommendations to strengthen responses to adults with behavioral health needs who come in contact with the criminal legal system.

Should you have any questions relating to the information provided in this report, please feel free to contact me at 410-697-9338.

As required, five color copies will be sent to the DLS Legislative Library.

Sincerely,

Dorothy J. Lennig, Esq.
Executive Director

cc: Sarah Albert, Department of Legislative Services (5 copies)

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Introduction

In accordance with § 13-4204 of the Health General Article and § 3-522(e) of the Public Safety Article, the Maryland Behavioral Health and Public Safety Center of Excellence and the Crisis Intervention Team Center of Excellence, located within the Governor's Office of Crime Prevention and Policy (Office), must produce and/or submit an annual report by December 1 of each year, based on the following:

- Produce and update a multi-year strategic plan to implement the recommendations of the report of the annual State Sequential Intercept Model Summit, as required by § 13-4204 of the Health General Article; and
- Submit an annual report to the General Assembly on the activities of the Center as well as available resources and gaps in services, as required by § 3-522(e) of the Public Safety Article.

Pursuant to its charge, this *Centers of Excellence 2025 Report* includes updated information pertaining to Maryland's Behavioral Health and Public Safety Center of Excellence Strategic Plan (2023 strategic plan) and the activities of the Crisis Intervention Team Center of Excellence. It also includes an analysis regarding deficiencies and recommendations to improve the criminal legal response to adults with behavioral health needs, intellectual and developmental disabilities, and neurocognitive conditions by redirecting these individuals when appropriate to the health care system, thereby reducing unnecessary incarceration while improving public health and safety. In addition, it provides a follow-up to several reports submitted in prior years, including the 2023 strategic plan.[1] To view these reports, please visit the Office's website at: https://gocpp.maryland.gov/reports-and-publications/.

Background

Section 13-4202 of the Health General Article established the Maryland Behavioral Health and Public Safety Center of Excellence in the Office to increase treatment, prevent harm, and reduce detention of people with behavioral health disorders; and to serve as a statewide repository for behavioral health treatment and diversion resources. Section 3-522 of the Public Safety Article established the Crisis Intervention Team Center of Excellence in the Office to provide technical assistance related to behavioral health crisis intervention to local agencies and to develop and implement a crisis intervention model program. Collectively known as the Centers of Excellence (Centers), they advise the Office on efforts that support Maryland communities in improving the criminal legal response to adults with behavioral health needs, intellectual and developmental

[1] University of Maryland, Maryland Crime Research and Innovation Center. (2023). *Maryland's Behavioral Health and Public Safety Center of Excellence Strategic Plan*. https://gocpp.maryland.gov/wp-content/uploads/Maryland%E2%80%99s-Behavioral-Health-and-Public-Safety-Center-of-Excellence-Strategic-Plan-7-24-23.pdf

disabilities, and neurocognitive conditions by redirecting these individuals when appropriate to the health care system, thereby reducing unnecessary incarceration while improving public health and safety. In its role as the statewide clearinghouse for behavioral health-related treatment and diversion programs, the Centers develop strategic plans to increase treatment and reduce detention for those with behavioral health disorders in the judicial system, provide technical support for localities, advance crisis intervention programming, and coordinate with State agencies to measure program effectiveness.

To fulfill its charge, the Centers:

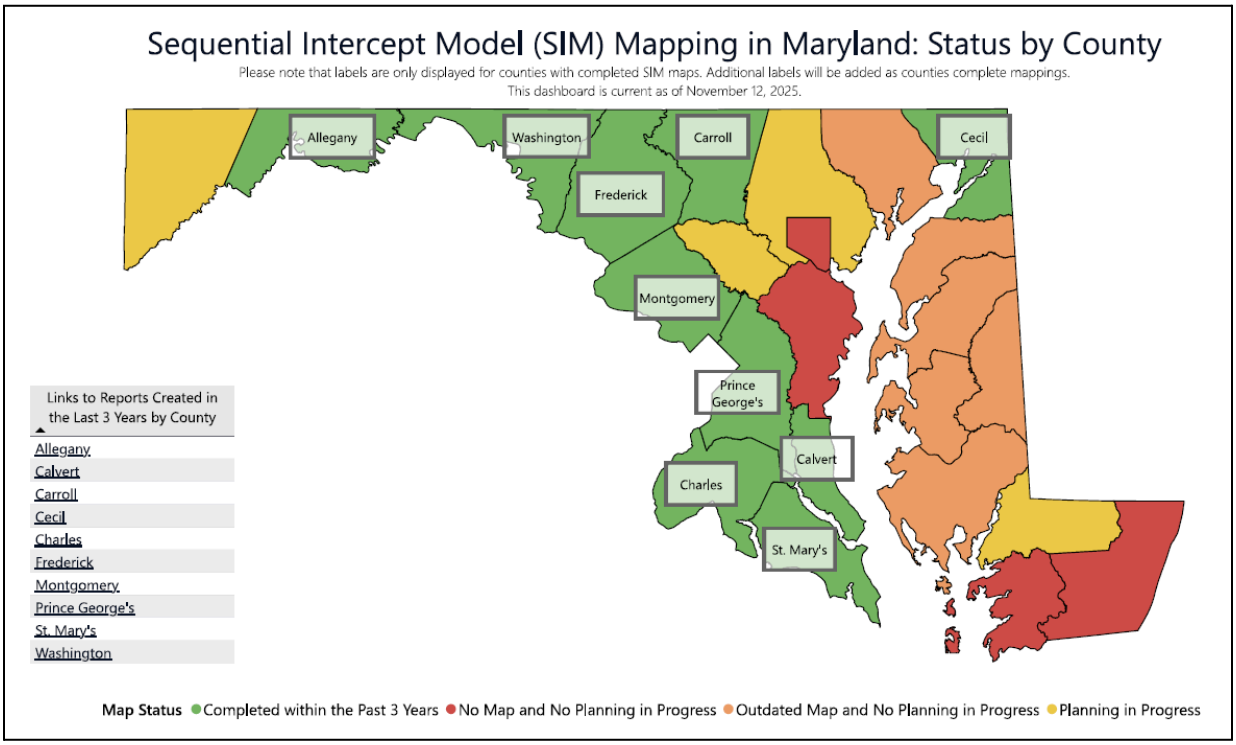
- Update the 2023 multi-year strategic plan, originally developed in partnership with the University of Maryland and informed by recommendations from the 2020 and 2022 *State Summit on Behavioral Health and the Justice System: Utilizing the Sequential Intercept Model Mapping Initiative*, using ongoing guidance from future annual State Sequential Intercept Model Summits.
- Provide technical assistance to local governments for developing effective behavioral health systems of care that prevent and minimize involvement with the criminal legal system for individuals with behavioral health disorders.
- Facilitate local or regional planning workshops using the Sequential Intercept Model.
- Coordinate with the Maryland Department of Health and the Behavioral Health Administration to implement and track the progress of creating an effective behavioral health system of care in the State relating to individuals involved in the criminal legal system.
- Identify and inform any relevant stakeholders of any federal funding available to carry out the mission of the Centers.
- Develop and expand cross-agency partnerships.
- Seek to establish and strengthen partnerships to identify and obtain diversion-related outcome data to support better deployment of behavioral health care resources and advance public safety.
- Guide the development of a statewide model for community crisis intervention services.
- Provide best practices, including logic models, strategic plans, data statistics, crisis intervention team models, toolkits, training/conferences, and relevant academic entities.

Centers of Excellence

The Centers use SIM as a framework for organizing and achieving objectives, strategies, and tactics. The SIM helps communities understand how adults with behavioral health needs come in contact with and flow through the criminal legal system. Through SIM mapping workshops, facilitators and participants identify opportunities to connect people with behavioral health services and prevent further system involvement. Workshops also guide people in connecting with services as they exit the criminal legal system. At SIM workshops, communities identify

resources (e.g., substance use disorder treatment or transportation) accessible to adults with behavioral health needs at different points on their path through–or away from, in the best-case scenario–the criminal legal system. Participants discuss and catalog programs and services available at several intercepts: in the community, after an arrest, in jail, and as they prepare to return from periods of incarceration.

The workshops, conducted at the State and local levels, and their corresponding reports offer an opportunity to develop strategic plans, provide technical support, advance crisis intervention programming, and coordinate data and evaluation efforts. In 2025, the Centers conducted four jurisdiction-specific SIM mapping workshops and scheduled four additional workshops to occur in 2026, along with one more planned for 2027.[2] To illustrate these efforts, the Office maintains and regularly updates a data dashboard that highlights the completion and implementation of SIM mapping workshops and related reports (*as illustrated below*). To view the data dashboard, please visit https://gocpp.maryland.gov/data-dashboards/centers-of-excellence/sim-mapping-dashboard/.



Since November 2022, the Centers have hosted an annual *State Summit on Behavioral Health and the Justice System: Utilizing the Sequential Intercept Model Mapping Initiative* (State SIM Summit) to advance strategic priorities. Each State SIM Summit has built upon the previous year's efforts, identifying key recommendations such as expanding access to housing, cultivating the behavioral health workforce, enhancing crisis intervention training, and developing shared

[2] It is important to note that the Substance Abuse and Mental Health Services Administration (SAMHSA) completed additional SIM mapping workshops throughout the State.

data systems. These gatherings have also emphasized the need to expand interagency collaboration, increase peer involvement, and reduce siloed efforts. The 2023 strategic plan, informed by the first State SIM Summit, continues to serve as a roadmap for implementing identified objectives, priorities, and action steps with partner agencies (*as described in Maryland Behavioral Health and Public Safety*).[3]

In September 2025, the Centers hosted the fourth annual State SIM Summit, a two-day, in-person event bringing together stakeholders from across Maryland to assess progress, share best practices, and identify persistent service gaps across the Sequential Intercept Model. This year's State SIM Summit focused on the themes of cross-sector and regional collaboration, as well as the meaningful involvement of peers in program implementation and system reform. Each presentation showcased an innovative program or initiative that involved partnerships either among multiple agencies within a jurisdiction or across county lines, with all programs integrating peer support as a core component. Day one began with a presentation on stigma to set the tone for open, respectful dialogue and concluded with updates on statewide initiatives to inform participants of current efforts led by statewide leaders working to strengthen behavioral health and public safety outcomes. Day two facilitated guided, intercept-focused discussions to identify opportunities for improved linkage to services. These conversations help assess the current landscapes of Maryland's behavioral health and criminal legal systems to identify policy, implementation, and funding needs. Both days offered valuable networking opportunities for stakeholders to forge new connections and explore ideas for future collaboration.

Maryland Behavioral Health and Public Safety

Pursuant to § 13-4204 of the Health General Article, this *Maryland Behavioral Health and Public Safety* section includes updated information pertaining to the 2023 multi-year strategic plan to further support the development and implementation of recommendations identified during annual State SIM Summits, and to build upon the efforts made to date (*as described in Priorities, Objectives, and Action Steps*).[4] The foundation of these efforts originated from the 2020 State SIM Summit, which underscored the importance of systems-level change. The 2022 State SIM Summit, combined with input from subject matter experts and findings from a comprehensive literature review, further shaped the development of the plan. The final plan identifies seven priorities, each with specific objectives and action steps to guide cross-sector coordination and investment. To view the progress made to date, please refer to the Priorities, Objectives, and Action Steps section below.

[3] University of Maryland, Maryland Crime Research and Innovation Center. (2023). *Maryland's Behavioral Health and Public Safety Center of Excellence Strategic Plan*. https://gocpp.maryland.gov/wp-content/uploads/Maryland%E2%80%99s-Behavioral-Health-and-Public-Safety-Center-of-Excellence-Strategic-Plan-7-24-23.pdf

[4] Ibid. It is important to note that the Maryland Behavioral Health and Public Safety section provides an update on the priorities, objectives, and action steps identified on pages 30-75 of the 2023 strategic plan.

Priorities, Objectives, and Action Steps

In 2025, the Centers continued to work with partner agencies to advance the action steps (in progress, immediate, forthcoming, or continuous) for each priority and objective identified in the 2023 strategic plan (*as described below and on the following pages*).

Priority 1: Identify and Assess Local Resources for Justice-Involved Persons with Behavioral Health Disorders through Local SIM Mapping

In Maryland, the following 16 jurisdictions/regions conducted SIM mapping or remappings at the local or regional level:

Table 1: SIM Mapping or Remappings

Location	2005*	2021	2022†	2023	2024	2025
Allegany County						X
Calvert County				X		
Caroline County			X			
Carroll County					X	
Cecil County			X			
Charles County					X	
Dorchester County			X			
Frederick County						X
Harford County	X					
Kent County			X			
Montgomery County					X	
Prince George's County		X				
Queen Anne's County			X			
St. Mary's County						X
Talbot County			X			
Washington County						X

*It is important to note that one jurisdiction conducted a SIM mapping over a decade prior to other jurisdictions.
†All identified jurisdictions, with the exception of Cecil County, participated in an Upper Eastern Shore regional mapping.

Objective 1a: Facilitate the development of SIM across the State.

In 2025, the Centers facilitated SIM mapping workshops in four jurisdictions (*as shown in **Table 2***). Five additional jurisdictions (Cecil, Garrett, Howard, Baltimore, and Wicomico counties) requested jurisdictional mappings through the SIM mapping request form, which is available on

the Office's website.[5] Four of the five requesting jurisdictions have commenced preparations for workshops scheduled for spring 2026, and the remaining jurisdiction requested to hold its workshop in spring 2027, to allow for an extended planning period to encourage broader stakeholder participation and engagement.

Table 2: SIM Mapping Workshops (Facilitated and Requested)		
Location	**Facilitated**	**Requested**
Allegany County	X	
Baltimore County		X
Cecil County		X
Frederick County	X	
Garrett County		X
Howard County		X
St. Mary's County	X	
Washington County	X	
Wicomico County		X

The Centers continue to engage trained SIM facilitators from the three training workshops conducted between 2022 and 2024. For each jurisdictional mapping session, two facilitators are invited, while six facilitators support the annual State SIM Summit. Because facilitators serve voluntarily, often with limited availability or experience, facilitator engagement remains a challenge. This is particularly acute in rural areas, where the number of trained facilitators is limited and travel barriers reduce participation. Additionally, many facilitators have not had the opportunity to lead sessions since their initial training or have transitioned roles. To maintain and enhance facilitator competencies, the Centers plan to host refresher trainings focused on reinforcing core skills, introducing updated methodologies, and increasing facilitator confidence.

Objective 1b: Promote the Sustainability of SIM across the State by conducting initial mapping and remapping sessions at jurisdictions' request.

In 2025, the Centers continued to use the formal SIM mapping request form[6] that was introduced in September 2023. The form remains available on the Office's website and supports strategic planning by helping the Centers prioritize requests and schedule mapping activities up to a year in advance. The most recent request was received in September 2025.

The Centers also continued to utilize a shared drive system to support the planning process. At the start of planning, each jurisdiction receives a dedicated folder containing essential resources, including a 12-week external planning kit, a participation guide, pre-workshop data forms, and a

[5] Governor's Office of Crime Prevention and Policy. *SIM Mapping Request*. https://docs.google.com/forms/d/e/1FAIpQLSdsgnaw5RnGdi7GDPnDRgDWI9o1ERBvafdu6LTkHC0l38evEA/viewform
[6] Ibid.

registration form. Upon request, additional materials such as invitations and save-the-date flyers are created to further streamline the planning process for jurisdictions.

The Centers achieved its goal to facilitate four jurisdictional mappings in 2025, and will continue to maintain this target annually. The Centers are currently exploring methods to expand capacity and potentially host a fifth mapping within a single year. **To sustain this level of activity and conduct remappings every two to three years, as recommended, the Centers must explore options to support increased planning, coordination, and reporting efforts.**

As required by law, the Centers host an annual State SIM Summit to share promising practices, address local challenges, and offer other important resources. After each State SIM Summit, the Centers publish a report to summarize the event. The State SIM Summit receives increasing interest and popularity with each passing year, largely due to the expanded outreach efforts of the Centers. In 2025, the event registration exceeded capacity, with more than 200 individuals in attendance. Due to this growth and the limited capacity of venues in the Annapolis area, the Centers are exploring external agencies and venues outside the region to host future State SIM Summits that accommodate a larger audience.

Objective 1c: Monitoring statewide progress in SIM.

The Centers continued to utilize the Sequential Intercept Model (SIM) Mapping Dashboard that was developed in partnership with the Office's Research, Analysis, and Evaluation division to further support transparency, accessibility, and coordination across local and State stakeholders. The dashboard is an interactive monitoring tool that contains an external page for each jurisdiction that completed a SIM mapping workshop within the past three years. External pages include an illustrative map, the jurisdiction's top three priorities, and a link to the jurisdiction's comprehensive workshop report. The dashboard is regularly updated by the division to reflect the status of each jurisdiction (*as described below*). To view the dashboard and its interactive capabilities, please visit the Office's website at: https://gocpp.maryland.gov/data-dashboards/centers-of-excellence/sim-mapping-dashboard/.

- Completed within the Past 3 Years
- No Map and No Planning in Progress
- Outdated Map and No Planning in Progress
- Planning in Progress

The Centers envision working with the division to develop a summary of gaps and priorities across the State, based on the 16 jurisdictions that have completed SIM mapping workshops (*as shown in **Table 1***).

The Centers also monitor statewide progress using the SIM mapping request form, which feeds into an internal spreadsheet that includes historical reports for each jurisdiction. Additionally, the Centers regularly update and maintain a directory of agencies and participants from each SIM

mapping workshop, stored on a shared drive for ongoing reference. Each jurisdiction's planning group may share the directory with workshop participants for continued collaboration. Similarly, the Centers maintain a directory of annual State SIM Summit attendees, which is included in each report and published on the Office's website. As of 2025, the Centers have compiled a list of over 600 stakeholders, which demonstrates the expanding reach and engagement of the SIM initiative statewide.

As part of a more hands-on approach to monitoring SIM progress, the Centers began actively tracking jurisdictional implementation efforts in 2025. This year, the Centers partnered with two jurisdictions, Carroll and Frederick counties, to follow up on the priorities identified during their SIM mapping workshops. Carroll County launched quarterly meetings in February 2025 to monitor progress, maintain stakeholder engagement, and ensure consistent communication around implementation efforts. In September 2025, Frederick County integrated SIM follow-up items into the Local Behavioral Health Authority's annual crisis meeting to align existing efforts with established priorities. The Centers have actively participated in these meetings to observe local efforts, document progress, and strengthen ongoing monitoring practices that inform statewide planning and reporting.

Please refer to **Table 3** for a detailed update on the status of each objective and its corresponding action steps. The table also includes brief descriptions of the action steps to achieve each objective.

Table 3: Priority 1 by Objective, Action Step, Status, and Description

Objective	Action Step	Status	Description
1a. Facilitate the development of SIM across the State.	Technical assistance and training	Continuous	Assist with outreach and education about SIM at the local level to build an understanding of its goals and process among stakeholders. Begin with an outreach effort to Local Behavioral Health Authorities (LBHAs) to ensure awareness and understanding of SIM resources.
		Continuous	Collaborate with LBHAs to identify jurisdiction-specific stakeholders.
		Continuous	Identify and recruit SIM facilitators to assist with SIM mapping workshops in local jurisdictions to achieve local and regional coverage.
		Forthcoming	Ensure SIM-trained facilitators have access to refresher courses focused on best and promising practices regularly and/or when needed.
	Centralized communication	Continuous	Identify and disseminate information regarding diverse modes of workshop delivery for conducting SIM workshops (e.g., regional, jurisdictional, etc.) to help meet the unique needs of jurisdictions.[7]

[7] Please refer to the Oregon Center on Behavioral Health and Justice Integration's variety of SIM engagement platforms at https://www.ocbhji.org/.

		Continuous	Provide examples of successful systems integration, promising practices, and emergent collaboration across Maryland and the United States.
1b. Promote the sustainability of SIM across the State by conducting initial mapping and remapping sessions at jurisdictions' request.	Technical assistance and training	Continuous	Provide technical assistance and facilitation of SIM for local and regional SIM mapping workshops.
		In Progress	Follow up with SIM jurisdictions to provide a continuous source for technical assistance as jurisdictions work to address identified gaps in services.
		In Progress	Provide technical assistance to facilitate and support local and regional SIM remapping workshops. Policy Research Associates recommends that remapping occur every two years.
1c. Monitoring statewide progress in SIM.	Technical assistance and training	Continuous	Track and maintain data on SIM mapping progress across jurisdictions, including when a jurisdiction is (re)mapped.
		Continuous	Leverage local and statewide SIM action plan data to identify potential cross-jurisdictional and/or regional supports to address gaps in services and optimize the use of local and/or underutilized resources.
		Continuous	Disseminate statewide process, gaps, strengths, opportunities, and examples of SIM efforts on the Office's website.
	Centralized communication	Continuous	Track and maintain a directory of agencies and individuals in attendance (names, titles, contact information) at SIM mapping sessions for continued collaboration.
	Data, research, and evaluation	Continuous	Use the data to: develop a statewide database on mapping program processes, gaps, and priorities; conduct a resource assessment for cross-jurisdictional collaborative opportunities; and monitor progress in responding to gaps in services.

Priority 2: Build Community-Based Crisis Response Team (CRT) Programs

Efforts to build community-based crisis response teams in Maryland are guided by several key initiatives that prioritize effective, equitable, and data-informed crisis intervention services, particularly for adults with behavioral health needs. The Centers play a central role in advancing these efforts by promoting layered crisis response approaches that are tailored to local needs.

The Centers serve as a hub for technical assistance, training, and educational resources that strengthen local infrastructure for behavioral health crisis interventions. The Centers' efforts are designed to ensure that law enforcement officers are equipped to safely and effectively respond to individuals experiencing behavioral health crises, promoting safety for consumers, officers, and the public. Resources available through the Centers include logic models, strategic planning tools, CIT training curricula, data and statistics, implementation toolkits and templates, and best practices. All resources are accessible at: https://gocpp.maryland.gov/centers-of-excellence/. The Centers also partner with committees, commissions, universities, and stakeholders to support the

development of statewide crisis intervention models, a standard training curriculum, training templates, a scorecard of quantifiable public safety indicators, and more (*as described below*).

Statewide Coordination and Collaborative Governance

The Centers partner with the Crisis Intervention Team-Collaborative Planning and Implementation Committee (Collaborative Committee), which oversees the development of statewide crisis intervention models.[8] The Collaborative Committee is supported by the CIT Coordinators Group, which includes certified CIT Coordinators throughout Maryland. These groups collaborate to:

- Share best practices and emerging challenges
- Promote continuous improvement of crisis intervention services
- Develop, implement, and monitor a statewide CIT model that reflects national standards

In alignment with these coordination efforts, the Office's Justice Reinvestment Act (JRA) team has identified a liaison to regularly coordinate with the Centers to streamline efforts to enhance diversion opportunities. Regular meetings between the two teams are forthcoming, with the goal of convening on a monthly or quarterly basis to support cross-initiative alignment and maximize the impact of crisis intervention strategies.

Standardizing CIT Training Across Jurisdictions

To support consistency in CIT programming while respecting local variation, the Centers partnered with stakeholders to develop a standard training curriculum adapted from CIT training curricula to align with the widely recognized 40-hour in-person training curriculum. A foundational step in this development was identifying and incorporating core CIT competencies to ensure all officers trained under this model gain the essential skills and knowledge needed for effective behavioral health crisis responses.

In April 2025, the Maryland Police and Correctional Training Commissions formally adopted the *Crisis Intervention Team Model Standard Training Curriculum* as the official model policy.[9] The adoption limits the approval of future CIT training to those that align with the established curriculum, thereby reserving the use of the term 'CIT' for training that meets these standards. Standardized training will ensure effectiveness and fidelity to best practices, support cross-jurisdiction collaboration, and allow local individualization while maintaining statewide quality standards.

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[8] Governor's Office of Crime Prevention and Policy. *Crisis Intervention Team Center of Excellence-Collaborative Planning and Implementation Committee*. https://gocpp.maryland.gov/crisis-intervention-team-center-of-excellence-collaborative-planning-and-implementation-committee/

[9] Maryland Police and Correctional Training Commissions. (2025). *Crisis Intervention Team Model: Standard Training Curriculum*. https://mpctc.dpscs.maryland.gov/pdf/Crisis%20Intervention%20Standard%20Training%20Curriculum.pdf

To assist with local implementation, the Centers developed training templates, provided curriculum alignment reviews, and organized support systems. In November 2025, the Centers also launched the *CIT Collaborative for Law Enforcement*, a new community of practice designed specifically for law enforcement professionals to join certified CIT Coordinators. This initiative was announced during the quarterly CIT Coordinators Group meeting and is intended to further expand CIT networks across the State.

Research and Evaluation to Guide Strategy

In 2025, the Centers contracted with the University of Maryland School of Social Work (UMB SSW) to conduct the CIT landscape analysis to assess the history and current status of CIT programs across Maryland. The resulting *Crisis Intervention Team Landscape Analysis* (report), published in July 2025, provided comprehensive documentation of CIT implementation across jurisdictions and data-informed recommendations to improve and expand crisis response services.[10]

To build on this work, the Centers also launched the Maryland CIT Training and Impact Analysis, in collaboration with the Maryland Behavioral Health Administration (BHA). This initiative collects standardized, participant-level data through pre- and post-training assessments and anonymous satisfaction surveys. Additionally, automated follow-up surveys are administered six months after training to measure the training's broader impact on communities and inform strategic planning at both local and State levels. The Centers are also working to enhance these self-reported tools by integrating outcome data from calls for service. By leveraging technology and automation, the Centers aim to capture additional data points related to officer readiness and community safety without placing additional burden on first responders and program partners.

Data Infrastructure and Strategic Planning Tools

To further support data-driven decision-making, the Centers partnered with the Maryland Crime Research and Innovation Center (MCRIC), Morgan State University's Center for Urban Violence and Crime Reduction, and other stakeholders across Maryland. These partnerships drive the development of a scorecard of quantifiable public safety indicators that can be used to inform strategic planning, as required by § 9-3602(b) of the State Government Article. Once complete, a public-facing interactive data dashboard will be created to ensure transparency in decision-making.

Challenges and Barriers to Implementation

Many jurisdictions continue to face challenges in building effective crisis response systems. Common barriers include:

[10] University of Maryland, School of Social Work. (2025). *Crisis Intervention Team Landscape Analysis Final Report*. https://gocpp.maryland.gov/wp-content/uploads/CITLandscape-Analysis-Final-Report-6.30.25-combined.pdf

- Overreliance on law enforcement as the primary response to behavioral health crises
- Gaps in available community-based services and supports
- Lack of coordination between behavioral health providers and public safety agencies

Addressing these issues requires a layered approach that fully integrates police-based responses and civilian-led, community-based services (e.g., mobile response teams, crisis stabilization facilities, and peer respite). The Centers will continue to work with local partners to address existing barriers and improve coordination across systems.

Data Capacity Limitations

While the Centers has partnered with the Research, Analysis, and Evaluation division to maintain core data analysis functions, such as the Maryland CIT Training and Impact Analysis and the public safety scorecard and dashboard, additional strategic-plan data projects are temporarily on hold. Acknowledging the critical role of data collection to continuously and systematically drive decision-making, support program evaluation, and enhance outcomes (*as outlined in priority 6*), the Office is exploring options to expand data analysis.

Please refer to **Table 4** for a detailed update on the status of each objective and its corresponding action steps. The table also includes brief descriptions of the action steps to achieve each objective.

Table 4: Priority 2 by Objective, Action Step, Status, and Description

Objective	Action Step	Status	Description
2a. Expand law enforcement mental health and CIT training coverage.	Technical assistance and training	Continuous	Assist in reviewing CIT core competencies to ensure alignment with current best practice standards.
		Continuous	Assist local jurisdictions in identifying modules that meet local-level needs and emergent issues, in part by utilizing information from SIM mapping events.
		Continuous	Provide technical assistance for statewide training, networking opportunities, and the establishment of partnerships.
		In Progress	Leverage established training frameworks developed by other behavioral health and public safety centers of excellence (e.g., Oregon and Ohio[11]) and local jurisdictions (e.g., Anne Arundel County's integrated training sessions) to increase the accessibility of CIT training for individuals across intercepts (e.g., regional training, split session training).
		Continuous	Identify funding opportunities to support access to training (e.g., SAMHSA's Mental Health Awareness Training Grants) by notifying localities of forthcoming and open opportunities.
	Centralized communication	Continuous	Assess evidence on emerging strategies to increase the availability of specialized mental health responses 24/7 throughout the State.

[11] Ohio Criminal Justice Coordinating Center of Excellence. (2023). *Crisis Intervention Team Training Report*. https://www.neomed.edu/wp-content/uploads/Ohio-CIT-Training-Report-09.2023.pdf

		Continuous	Identify and disseminate information on emergency training programs such as the: (1) Bureau of Justice Administration's Crisis Response and Intervention Training (CRIT), an extension of CIT that incorporates responses to individuals with intellectual and developmental disabilities and information on an array of crisis response models, including but not limited to CIT; and (2) complimentary training programs such as those aimed at: de-escalation and reducing the use of force that could help attend to weaknesses in outcomes of CIT (e.g., Integrating Communications, Assessment, and Tactics (ICAT));[12] assisting individuals with addiction to identify non-arrest pathways to treatment and recovery (e.g., Police Assisted Addiction and Recovery Initiative (PAARI));[13] and informing of racial disparities in behavioral health, justice system involvement, and their intersections.
		In Progress	When evidence-based programs are identified, work with Maryland jurisdictions to identify opportunities for a standardized core curriculum to be adopted across the State to ease communication, the sharing of resources, and evaluation efforts. Jurisdictions would include additional program modules to address unique challenges.
	Data, research, and evaluation	Continuous	Within each jurisdiction, assess the current state of mental health and CIT training across public agencies and identify opportunities to increase the prevalence of CIT-trained individuals across intercepts (from dispatch to supervision).
		In Progress	Assess and track resource needs in agencies across the State to inform and identify potential multi-jurisdictional CIT programs to meet the needs of rural and/or geographically isolated areas in the State (e.g., joint training sessions, hybrid training).
		Continuous	Convene stakeholders to grapple with the challenges that smaller jurisdictions face in offering CIT training, learn from other jurisdictions (locally and nationally) that are adopting innovative strategies to train more of their agents, and identify opportunities to offer training for any jurisdiction that opts to adopt CIT.
2b. Foster sustainability of CIT training and programs.	Technical assistance and training	Forthcoming	Encourage and assist with the development of companion, specialized, and advanced training opportunities to meet the specific needs of jurisdictions and populations (e.g., youth, developmental disabilities, cultural competency).
		In Progress	Identify and provide technical assistance for access to refresher training and elective modules for CIT-certified officers and staff.
	Centralized communication	Continuous	Disseminate innovative models for supporting follow-up CIT programs (e.g., CIT units, mobile units, peer support services).
		Continuous	Identify and disseminate information on CIT opportunities that expand on basic CIT training (e.g., advanced CIT training or complementary trainings such as ICAT, CISM, and Psychological First Aid).

[12] Engel, R. S., Corsaro, N., Isaza, G. T., & McManus, H. D. (2020). *Examining the Impact of Integrating Communications, Assessment, and Tactics (ICAT) De-escalation Training for the Louisville Metro Police Department: Initial Findings*. https://www.theiacp.org/sites/default/files/Research%20Center/LMPD_ICAT%20Evaluation%20Initial%20Findings%20Report_FINAL%2009212020.pdf

[13] Police Assisted Addiction and Recovery Initiative, Inc. (2024). *Police Assisted Addiction and Recovery Initiative (PAARI)*. https://paariusa.org/

	Data, research, and evaluation	Forthcoming	Leverage available resources (e.g., Police-Mental Health Collaborations (PMHC) data collection to measure success)[14] to identify and adapt key measures that should be collected by all jurisdictions implementing mental health training, CIT, and companion courses to track program development (e.g., trained staff, coverage) and outcomes (e.g., cultural competency, diversion, arrest, use of force).
		Continuous	Assist with the collection and coordination of data to analyze and evaluate processes and outcomes.
		Forthcoming	Provide technical assistance for peer and third-party evaluations to assist in assessing outcomes of CIT training and program development over time.
2c. Promote crisis response teams (CRTs) and other police-behavioral health program partnerships.	Technical assistance and training	Continuous	Work with local jurisdictions to conduct a comprehensive review of current policies and procedures for when police encounter people who have behavioral health needs to develop a full understanding of how people flow through the system (e.g., dispatch and disposition outcomes), current agency collaborations, and transfer practices. Jurisdictions that have completed the SIM process will already have this review completed.
		Continuous	Use a comprehensive review to identify an appropriate PMHC response that takes into account jurisdictional needs and resources, including but not limited to CIT.
	Centralized communication	In Progress	Maintain a roster of active CIT officers by jurisdiction for use in recruitment and collaboration efforts.
		Continuous	Maintain a CIT Coordinators Group email list.
		Continuous	Organize and facilitate quarterly meetings of the CIT coordinator community to support neighboring communities and encourage a learning community environment across Maryland.
		In Progress	Support the reconvening of the Maryland CIT Conference to share best practice ideas, recent developments, and innovative ideas in Maryland and across the nation.
2d. Track developments in the use of non-law enforcement resources to respond to crisis calls.	Technical assistance and training	Continuous	Promote the integration and use of the 9-8-8 call system for individuals experiencing a crisis.
	Centralized communication	Continuous	Maintain an active presence in the national CIT network to stay abreast of evidence-informed and evidence-based practices, maintain connections with regional groups, and liaise with State advocacy organizations such as the National Alliance on Mental Illness (NAMI) regarding CIT efforts.
		Forthcoming	Regularly coordinate with the designated liaison from the JRA team to streamline efforts to enhance diversion opportunities for those with behavioral health needs.

[14] The Council of State Governments Justice Center. (2019). *Police-Mental Health Collaborations: A Framework for Implementing Effective Law Enforcement Responses for People Who Have Mental Health Needs*. https://csgjusticecenter.org/wp-content/uploads/2020/02/Police-Mental-Health-Collaborations-Framework.pdf

		Continuous	Maintain a repository of best practices for community-based and collaborative crisis response approaches. Importantly, the evidence base on civilian-only responses to behavioral health crises is small, and care should be taken when considering the adoption of these strategies to maintain the safety of all individuals in the response interaction.

Priority 3: Coordinate Within and Across Systems to Minimize Disruptions in the Continuum of Care

Strategies supporting improved coordination within and across systems include addressing the need for technical assistance, facilitating the sharing of resources, and supporting coordinated strategies for data collection, evaluation, and sharing (*as described below*).

Enhancing Access to Resources and Communication

In February 2025, the Centers worked with the Research, Analysis, and Evaluation division to create an independent webpage on the Office's website to improve mission clarity and resource accessibility. The webpage remains designed to reflect legislative requirements and initiatives while acting as an information repository for resources, including models, toolkits, policy summaries, funding sources, and training opportunities. The Centers recently restructured the webpage to organize resources by initiative, using drop-down menus to streamline navigation. The Centers also launched a password-protected CIT Coordinators Portal to provide CIT Coordinators with centralized access to curriculum materials, evaluation tools, and administrative documents. Over the course of the year, maintenance has proved challenging to ensure resources remain current and accessible.

To further support coordination, the Centers launched "First Fridays" drop-in technical assistance beginning in March 2025. These monthly sessions provide a dedicated time for coordinators to receive support and collaborate. Coordinators are encouraged to submit request forms through the portal ahead of sessions.[15] Complementing these efforts, the *CIT Monthly Newsletter* was introduced in March 2025 to share updates on meetings, trainings, resources, funding opportunities, and key events. Public dashboards and a general information request form[16] remain available to promote transparency and accountability through data visualization.

Cross-System Collaboration

The Centers maintain strong partnerships across public and private sectors to facilitate cross-system synchronization. To coordinate with the behavioral health care system, the Centers

[15] Governor's Office of Crime Prevention and Policy. *Request Form for CIT Coordinators*. https://docs.google.com/forms/d/13aOHv-TeA1hiiYmgp4R3M5xZOW6CAdnLKsRyVN5vqKU/viewform?edit_requested=true

[16] Governor's Office of Crime Prevention and Policy. *Information Request*. https://docs.google.com/forms/d/e/1FAIpQLSc6TU_-krMSg16ON7ogldFqbFe4uwGnTWh-FmD41cTh14zv7w/viewform

provide Office representation on the Maryland Behavioral Health Advisory Council, Maryland Behavioral Health Care Treatment and Access Commission, attend Bay Bridge Partnership Meetings, and partner regularly with the Maryland Department of Health Behavioral Health Administration Urgent and Acute Care team. To foster partnerships with the criminal legal system, the Centers collaborate with members of the Maryland Judiciary, Office of Problem-Solving Courts staff, and law enforcement agencies statewide, including an ongoing partnership with the Maryland Police and Correctional Training Commission (MPCTC). Additionally, the Centers actively seek opportunities through SIM events and external meetings to strengthen emerging partnerships with corrections, parole and probation, and State hospitals (e.g., Clifton T. Perkins).

Promoting Integrated Strategies Through SIM Events

Hosting jurisdictional SIM mappings and annual State SIM Summits enables the Centers to engage partners, facilitate inter-agency connections, and empower decision-makers to develop integrated strategies for Maryland communities. These events help standardize processes, including diversion practices, and identify opportunities to expand certified peer recovery specialists' roles. While the discussions generate innovative ideas for reentry services, the Centers also emphasize the need for clear, standardized procedures to ensure that individuals leaving correctional settings can connect smoothly with community treatment.

Insights and Ongoing Needs to Minimize Disruptions in the Continuum of Care

Despite available resources such as the Maryland Behavioral Health Network of Care[17] and Maryland 211, challenges persist in creating an integrated, real-time statewide resource locator with filtering capabilities. Currently, no single platform offers comprehensive, up-to-date information in a format that allows users to easily compare services or identify appropriate options based on specific needs. This tool would streamline public access to appropriate resources, particularly critical for justice-involved individuals facing multiple barriers.

Workforce shortages remain a significant concern as well. The Centers recognize the importance of recruitment and retention strategies that prioritize wellness to combat burnout and compassion fatigue. Disparities in salaries between the government and private sectors exacerbate hiring challenges. To address these issues, the Centers are working with academic institutions to develop pipelines offering upward mobility and lowering entry costs into behavioral health professions.

An important area of opportunity is the expansion and formal integration of certified peer recovery specialists. As individuals with lived experience navigating behavioral health and/or justice systems, peer specialists bring unique perspectives that foster trust, reduce stigma, and strengthen engagement among individuals receiving services, particularly during critical

[17] Trilogy Integrated Resources. (2025). *Maryland Behavioral Health Network of Care*. https://portal.networkofcare.org/Sites/maryland/mh

transitions such as reentry from correctional settings or discharge from hospitalization. Intentionally incorporating peer roles into SIM planning, crisis response teams, and reentry efforts not only improves service connection but also enhances cross-system collaboration. Sustained investment in peer workforce development, supervision structures, and fair compensation is needed to fully realize the potential of peers in promoting continuity of care.

Please refer to **Table 5** for a detailed update on the status of each objective and its corresponding action steps. The table also includes brief descriptions of the action steps to achieve each objective.

Table 5: Priority 3 by Objective, Action Step, Status, and Description

Objective	Action Step	Status	Description
3a. Promote State-level health initiatives that support continuity in care and health care integration.	Technical assistance and training	Continuous	Provide technical support to promote collaboration in health care-related initiative planning and development.
		Continuous	Aid local jurisdictions in connecting local behavioral health authorities (LBHAs) and criminal justice system health care providers (e.g., jail and prison medical personnel) to foster a community of shared responsibility for correctional and community health.
	Data, research, and evaluation	Forthcoming	Review successful programs in other states (e.g., My Health My Resources (MHMR) and Klaras Center for Families (KCF) programs in Texas) to assess the utilization of these models to fill gaps in service provision and support continuity of care.
	Centralized communication	Continuous	Promote the integration of data systems and communication across agencies to enable "warm hand-offs" when a person is being transferred from one organization to another.
		Continuous	Participate in workgroups and advisory groups working on behavioral health issues and state-level health initiatives to identify opportunities for expanding access to health care and health care-adjacent resources.
3b. Support the continuum of care by improving awareness of and access to services for those crises.	Technical assistance and training	Continuous	Promote existing service locator structures such as Maryland Behavioral Health Network of Care,[18] FindHelp.org, the 988 crisis lifeline, mobile response and stabilization services, and 211 Maryland.[19]
		Continuous	Collaborate with DPSCS and MDH to identify challenges to providing and expanding access to serious mental illness (SMI) and SUD treatment (e.g., medication-assisted treatment (MAT), medication for opioid use disorder (MOUD)) and intellectual and developmental disabilities (IDD) services, in correctional facilities and detention centers, and to identify recommendations for moving forward.
		Continuous	Encourage the use of alternative options for accessing health care, such as telehealth, mobile clinics, health apps, etc.
		Continuous	Promote awareness of community-based behavioral health treatment and other harm reduction and recovery services.

[18] Ibid.
[19] Maryland Information Network. (2025). *211 Maryland*. https://211md.org/

		Continuous	Promote the development of transitional care programs at both entry and exit from incarceration.
3c. Develop a standardized protocol for the diversion and placement of people within behavioral health crises.	Technical assistance and training	Forthcoming	Improve interaction/coordination of local emergency department (ED) and law enforcement by assisting with the development of protocols for law enforcement based in EDs and transporting people in crisis to EDs.
		In Progress	Support CIT Coordinators in developing standardized protocols within jurisdictions through the CIT Coordinators Group.
3d. Invest in preventive service systems.	Technical assistance and training	Forthcoming	Partner with existing agencies/programs such as fatality reviews, MDH's Rapid Analysis of Drugs (RAD), and Maryland Emergency Department Drug Surveillance (MD-EDDS) system to identify areas in need of early prevention.
		Continuous	Promote local implementation of evidence-based prevention services.
3e. Support needs-based reentry procedures that ensure more seamless transitions between correctional facilities and community treatment.	Technical assistance and training	Continuous	Encourage the implementation and use of dedicated reentry coordinators in each jurisdiction.
		Continuous	Encourage the use of peer professionals to assist returning community members with connecting, understanding, and managing treatment.
		Continuous	Provide information and resources to help correctional facilities improve access to ID cards prior to release, addressing systemic barriers and supporting smoother connections to social services and continuity of health care.
	Centralized communication	Continuous	Encourage jail personnel to make connections and expedited appointments with community treatment programs as early as possible, before an individual is released.
3f. Expand access to Certified Peer Recovery Specialists (CPRS) to support patients with behavioral health needs across health care and public safety systems.	Technical assistance and training	Continuous	Promote utilization of SIM mapping workshops to identify opportunities in which peer recovery specialists can be integrated into local crisis response systems. For example, PRA provides this model.[20]
		Continuous	Facilitate access to peer certification training by building awareness of training opportunities through links on the Office's website.
	Centralized communication	Continuous	Coordinate communication and dissemination efforts with the CIT Coordinators.
		Continuous	Conduct and maintain a review of scientific literature on the implementation and impact of peer recovery specialists.

[20] Policy Research Associates. (2020). *Peer Support Roles Across the Sequential Intercept Model*. https://www.prainc.com/wp-content/uploads/2020/08/PeersAcrossSim_PRA-508.pdf

		Continuous	Disseminate information on nationally recognized, evidence-based training curricula for peer recovery specialists.[21]
3g. Support recruitment and retention efforts to attract and retain behavioral health practitioners.	Technical assistance and training	Forthcoming	Identify opportunities to support access to certifications for behavioral health professionals (e.g., financial assistance, release time).
		Forthcoming	Identify and support mental and behavioral health supports for practitioners working in crisis fields (e.g., mindfulness-based stress reduction).
	Centralized communication	Continuous	Work with academic institutions, including the University of Maryland System, Maryland Historically Black Colleges and Universities (HBCUs), and local community colleges to identify and promote current programming with appropriate training and recruitment options.
		Forthcoming	Promote the implementation of behavioral health workforce exit interviews to monitor and evaluate retention challenges.

Priority 4: Support the Development of Formal Screening Processes to Identify Candidates for Diversion

The SIM mapping workshops provide the Centers with valuable insights into screening processes used to identify candidates for diversion across various intercepts. Each jurisdiction's unique screening procedures are documented in detailed reports, which are made publicly available on the Office's website and featured on the SIM Mapping Dashboard. These reports reveal that screening processes vary significantly across jurisdictions, highlighting the diverse approaches to identifying individuals suitable for diversion. Because no State-level entity is responsible for overseeing or standardizing pretrial services and screening processes, there are notable differences in practices and protocols across the State.

In early 2025, the Centers learned of several new jurisdictional projects and implementation updates that emphasize cross-sector and regional collaboration, as well as the growing importance of peer support in behavioral health and public safety initiatives. Recognizing the critical impact of collaboration and peer professionals at the intersection of these systems, the Centers invited representatives from programs in Allegany County, Carroll County, St. Mary's County, and Central Maryland to present at the *2025 Summit on Behavioral Health and the Justice System*. Each group shared the inception of their program, key successes, ongoing challenges, and lessons learned to inspire innovation across jurisdictions.

[21] The 2023 strategic plan includes the following two examples: (1) Wellness Recovery Action Plans (WRAP) to help individuals maintain wellness by identifying triggers and stressors, setting goals, and developing crisis management strategies; and (2) Connecticut Community for Addiction Recovery (CCAR) Recovery Coach Academy which is a 5-day intensive training academy that focuses on providing individuals with the skills to mentor and support individuals seeking long-term recovery from an addiction to alcohol or other drugs. For more information, please see the 2023 strategic plan.

- Allegany County highlighted its expanded reentry initiative, a collaborative effort between the Cumberland Police Department, the Maryland Department of Labor, the Maryland Department of Transportation, and the DPSCS Division of Parole and Probation. Originally focused on justice-involved individuals, the program now also serves community members without justice system involvement by connecting them to a broad range of support services.
- Carroll County presented its pre-arrest diversion program, which uses interdisciplinary Quick Response Teams (QRT) to engage overdose survivors and link them to treatment during the critical post-overdose period. Originating in Colerain Township, Ohio, and spreading throughout Appalachia, the QRT model has shown promise in addressing the opioid crisis nationwide.
- St. Mary's County showcased its Health Hub in Lexington Park, a centralized access point for primarily free or low-cost health and wellness services. Operated in collaboration with community partners, the Hub offers services such as primary care, harm reduction, crisis counseling, employment assistance, expungement clinics, and more, with no income or insurance requirements. Housing support services are expected to launch soon.
- Representatives from United Way of Central Maryland introduced a regional Veterans Treatment Court program serving all five participating counties (Baltimore City and Baltimore, Carroll, Harford, and Howard counties). This program ensures consistent access to treatment and support services for Veterans involved in the justice system across the region.

Following the State SIM Summit, presenters' materials and contact information were shared with participants. A summary of the presentations will be included in the State SIM Summit report, which will be made available on the Office's website upon completion. The Centers will continue to share updates on these and similar programs to support the development of collaborative, community-based responses across jurisdictions.

During SIM mapping workshops, the Centers emphasize the importance of robust data collection and management processes to support screening and diversion efforts. To address inconsistencies, the Centers are compiling best practices in data collection for screening processes and diversion outcomes in partnership with the Office's Justice Reinvestment Act (JRA) team in an effort to provide jurisdictions with a framework that promotes consistent, high-quality data management across the State.

Compliance with § 9-603 of the Correctional Services Article is closely monitored by the JRA team and the Research, Analysis, and Evaluation division; jurisdictions submit data specific to programs established for MOUD using the reporting guide and reporting template, which are accessible on the Office's website. During SIM mapping workshops, the Centers further engage in discussions regarding this mandate to identify progress and challenges to achieve compliance. This information is also shared with the JRA team to provide technical assistance materials and

ensure the Centers can address these issues effectively and support continuous improvement in compliance efforts.

The Centers also make a point to inquire about whether Veteran screenings are conducted, given that this step is not consistently included across all jurisdictions. The importance of these practices was highlighted during SIM mapping sessions in Washington and Frederick counties. Through these workshops, the Centers learned about the Frederick and Washington County Regional Veterans Treatment Court program, which was established in late 2024, and enrolled its first participant in January 2025. Although the counties were unable to present at the 2025 State SIM Summit, the Centers documented the following key elements related to the program's referral and coordination processes: referrals to the program come from legal and community partners, with initial screenings often occurring during the public defender application process; case management is jointly coordinated by the court and Platoon 22, a Veteran-focused nonprofit, with additional support from a Veterans Justice Outreach Specialist; and each participant is matched with a volunteer Veteran mentor who provides peer support and transportation to court. This program exemplifies how structured screening protocols, especially early identification of Veteran status, and coordinated partnerships can significantly enhance diversion outcomes. It reinforces the Centers' focus on intentional data collection and targeted screening practices to better serve individuals at the intersection of behavioral health, public safety, and military service.

While SIM mappings serve as a vital tool for supporting the development of formal screening processes, they also provide a platform to promote comprehensive training for all personnel across the behavioral health continuum. During these workshops, the Centers not only inquire about existing training programs but also highlight additional training opportunities to enhance skills and knowledge. Notably, the Centers regularly discuss crisis intervention training and Mental Health First Aid training, and include information about other relevant training opportunities in the resource section of each jurisdiction's summarized report. In 2025, the Centers focused on spreading awareness about the development of a standardized CIT curriculum, designed to ensure that all individuals completing the 40-hour training gain consistent and effective skills. This outreach aims to promote broader adoption and enhance the quality of crisis response across jurisdictions.

Formal screening processes remain an area of significant concern. Moving forward, the Centers will prioritize efforts to address these issues in the upcoming year and focus on supporting effective strategies to enhance screening processes and early identification.

Please refer to **Table 6** for a detailed update on the status of each objective and its corresponding action steps. The table also includes brief descriptions of the action steps to achieve each objective.

Table 6: Priority 4 by Objective, Action Step, Status, and Description			
Objective	**Action Step**	**Status**	**Description**
4a. Inform and monitor the collection of data from screeners and diversionary outcomes.	Data, research, and evaluation	Forthcoming	Promote data collection as part of the training process for administering screeners.
		Forthcoming	Encourage the adoption of electronic data entry/management, including the potential adoption of tablets for easier and mobile data collection and management.
		Forthcoming	Offer materials and presentations on "best practices" in data collection.
4b. Inform evidence-based adoption of standardized screeners within each intercept across the State.	Technical assistance and training	Forthcoming	Support the JRA team in the follow-up on the 2018 report to assess whether the Brief Jail Mental Health Screen (BJMHS) has been adopted across Maryland jails and prisons.
		Continuous	Promote compliance with § 9-603 of the Correctional Services Article, which requires opioid use disorder screening and treatment in all correctional facilities.
		Continuous	Encourage correctional facilities to incorporate a question in screeners about Veteran status.
		Forthcoming	Provide relevant evidence and information to criminal justice entities to assist with the adoption of the most appropriate and best-performing screening tools.
		Forthcoming	Where/when possible, encourage the use of tools that incorporate structured professional judgment at the assessment stage, which are more reliable for detecting mental health problems among racial/ethnic minorities.[22]
		Forthcoming	Encourage the adoption of multiple tools that allow for the screening of co-occurring disorders, such as IDDs and SUDs (e.g., TCU Drug Screen (TCUDS V)).
	Data, research, and evaluation	Forthcoming	Explore processes underway to screen for behavioral health calls at dispatch and during interactions with law enforcement.
4c. Develop protocols for appropriate timing and number of intervention points to administer screeners.	Technical assistance and training	Forthcoming	Explore initiatives already underway locally and consider broader adoption across the State.
		Continuous	Support and inform the piloting of screening tools at the arrest stage.
		Continuous	Encourage a minimum of two screenings at correctional facilities, one at intake and one at release.
		Forthcoming	Develop protocols for appropriate timing and number of intervention points.
	Data, research, and evaluation	Forthcoming	Investigate changes in screening results across repeated time points for those in jail or prison.

[22] Singh, J. P., Fazel, S., Gueorguieva, R., & Buchanan, A. (2014). Rates of violence in patients classified as high risk by structured risk assessment instruments. *The British Journal of Psychiatry, 204*(3), 180–187.

4d. Facilitate training and support of staff who are involved in screening and diversionary decisions.	Technical assistance and training	Continuous	Promote the hiring of culturally competent staff to administer screeners.
		Forthcoming	Seek out connections with local Veterans Affairs offices to promote the hiring of Veterans to administer screeners.
		Continuous	Encourage yearly training sessions for jail/prison personnel and 911 dispatchers.
	Centralized communication	Forthcoming	Encourage a (virtual) space in which 911 call dispatchers can share experiences, reflect, and develop support networks.
4e. Provide technical assistance to jurisdictions in terms of training and implementation of screeners.	Technical assistance and training	Forthcoming	Field questions related to screeners (e.g., how to interpret scores).
		Forthcoming	Provide best practices to all Maryland organizations screening for behavioral health.
		Forthcoming	Assist with content to be used in training sessions, which can be provided on a case-by-case basis and made available on the Office's website.
		Forthcoming	Explore the potential utility of technology (e.g., tablet) for self-reporting of symptoms.

Priority 5: Promote Comprehensive and Consistent Data Collection, Management, and Integration

The Centers play a vital role in promoting comprehensive and consistent data collection, management, and integration within the criminal legal and behavioral health systems. While collection and management strategies differ within and across jurisdictions, staff capitalize on every opportunity to promote best practices that enable agencies to gather accurate and comparable information across various sectors. These strategies allow for data analysis at the local, regional, and State levels to inform strategic planning and drive public safety initiatives.

The Centers are actively working with stakeholders to identify and obtain data on programs and outcomes that, if shared across local agencies, may support better deployment of behavioral health care resources and advance public safety. The Centers are committed to prioritizing transparency and accountability and encourage data sharing and data visualization strategies, such as publicly accessible dashboards. To meet these needs, the Centers work closely with the Research, Analysis, and Evaluation division for data-related projects. The division collects data related to Law Enforcement Assisted Diversion (LEAD) initiatives and the Violence Intervention and Prevention Program (VIPP). It has also developed a publicly accessible dashboard for sharing data collected through SIM mapping. This information can be used to support data-driven public health strategies. As additional data is collected, these efforts have the capacity for expansion and enhancement.

To advance data-informed decision-making across Maryland's crisis response system, the Centers have undertaken several foundational projects to standardize and enhance data collection, analysis, and integration. These initiatives, all described in greater detail within priority 2, include the Centers' partnership with UMB SSW to conduct a CIT landscape analysis.

Additionally, in collaboration with MCRIC and Morgan State University's Center for Urban Violence and Crime Reduction, the Centers began developing a scorecard of quantifiable public safety indicators. These projects complement the Maryland CIT Training and Impact Analysis, an ongoing initiative with the Behavioral Health Administration that collects standardized participant-level data. Collectively, these efforts ensure that program effectiveness, officer readiness, and community safety are measured consistently and used to guide statewide and local decision-making.

Please refer to **Table 7** for a detailed update on the status of each objective and its corresponding action steps. The table also includes brief descriptions of the action steps to achieve each objective.

Table 7: Priority 5 by Objective, Action Step, Status, and Description

Objective	Action Step	Status	Description
5a. Identify key indicators designed to assess the utilization of resources that will be measured consistently across intercepts and systems/agencies.	Data, research, and evaluation	Forthcoming	Convene stakeholders to identify key measures/metrics to be captured by agencies and organizations at each intercept point.
		Forthcoming	Inventory data stored in major data systems (police, fire/EMS, jails, courts, homeless services, health care providers/ hospitals) to develop a better understanding of what information is currently collected and how it could be used to track individuals and the services they receive.
		Forthcoming	Investigate the utility of screening tools for data collection purposes (e.g., screeners used at jail booking can provide information for service delivery and for understanding the population of jailed individuals with specific behavioral health needs).
5b. Develop standardized/ best-practice procedures for data collection and sharing.	Data, research, and evaluation	Immediate	Set clear parameters for how data will be protected and used; what people, policies, and procedures will manage that data, and prioritize client confidentiality.
		Immediate	Provide access to RBA (Result-Based Accountability) training for identified data personnel.
		Forthcoming	Identify and disseminate information on what platforms/systems will be utilized for data collection.
		Forthcoming	Develop and maintain a system for ongoing data collection and submission.
		Forthcoming	Develop and enter into data-sharing agreements with local agencies in each jurisdiction to formalize established protocols.

Priority 6: Support Data-Driven Decision-Making

The Centers actively support data-driven decision-making through a variety of approaches. The Centers harness SIM mapping workshops to learn about data collection and sharing methods across jurisdictions. Once the SIM mapping workshop is complete, a report is created to summarize the findings and identify areas for improvement. All reports are publicly accessible through the data dashboard (*previously discussed in the Centers of Excellence section*) to

enhance transparency and accessibility. The Centers also regularly attend meetings, webinars, and conferences to enhance understanding of data-driven approaches and decision-making. Furthermore, the Centers regularly partner with research collaborators from the University System of Maryland and local research agencies (*as discussed in priority 2*). Through this partnership, the Centers share best practices and resources with stakeholders. Compiled resources will be made publicly available following the redesign of the Office's website.

While the Office assesses options to strengthen analytical and evaluation support, the Centers continue to rely on the Research, Analysis, and Evaluation division for essential functions such as website and public-facing dashboard maintenance. Limited capacity has paused several strategic plan data initiatives, including data-related technical assistance requests submitted through the Centers' general information request form (*as described in priority 3*).

Please refer to **Table 8** for a detailed update on the status of each objective and its corresponding action steps. The table also includes brief descriptions of the action steps to achieve each objective.

Table 8: Priority 6 by Objective, Action Step, Status, and Description

Objective	Action Step	Status	Description
6a. Promote research practitioner partnerships to facilitate ongoing data analysis, evaluation, and performance training.	Data, research, and evaluation	Continuous	Recruit research collaborators from the University System of Maryland, HBCUs, and other local research agencies.
		Continuous	Develop systematic reviews of the evidence-based approaches and maintain an inventory of promising and evidence-based practices (see Objective 7c).
		Forthcoming	Identify research questions and analyses to be conducted.
		Forthcoming	Facilitate access to data (e.g., data sharing agreements, IRB approval).
6b. Build a comprehensive data repository as part of the Centers' data hub to support information sharing and improve understanding of resource utilization.	Centralized communication	Forthcoming	Host a learning community to learn from other state-level data hubs (e.g., Minnesota's Minn-LInK)[23] or area-specific consultants (e.g., Criminal Justice Coordinating Center of Excellence - Ohio)[24] on topics such as information sharing, record linking, confidentiality, HIPAA protections, MOUs, data output, etc.
6c. Regularly analyze data, conduct evaluations, and publicly disseminate findings.	Data, research, and evaluation	In Progress	Design and publish public-facing data dashboards to provide stakeholders and community members with frequently updated information on behavioral health and public safety indicators and initiatives, as well as links to existing dashboards such as the Maryland Overdose Data dashboard.

[23] Regents of the University of Minnesota. (2024). *Minn-LInK*. https://cascw.umn.edu/community-engagement-2/minn-link/

[24] Northeast Ohio Medical University. (2024). *Criminal Justice Coordinating Center of Excellence: Promoting Jail Diversion Alternatives for People with Mental Health Disorders*. https://www.neomed.edu/cjccoe/

	Centralized communication	Continuous	Upon completion, publish data reports on the Office's website for public access.
		Continuous	Publish regular reports (e.g., template, timeline, performance indicators, etc.) in advance of legislative sessions to promote meaningful translation.

Priority 7: Facilitate Communication and Information Dissemination about Opportunities and Best Practices Across Jurisdictions, the State, and the Nation

Statewide Coordination and Communication Efforts

Several strategic approaches are essential to facilitate communication and information dissemination about opportunities and best practices across jurisdictions, the State, and the nation. At the State level, the Centers engage in workgroups and meet with stakeholders across various intercept points within the criminal legal system and behavioral health continuum to build strong connections and foster cross-sector collaboration. The Centers regularly engage with members of various entities[25] to help ensure consistent updates, coordination on initiatives, and timely dissemination of relevant information. This, in turn, ultimately enhances system-wide responsiveness to behavioral health needs.

In 2025, the Centers launched an independent webpage on the Office's website to enhance user accessibility and streamline resource sharing (*as described in priority 3*). The independent webpage features a user-friendly layout with dedicated sections on crisis intervention services, diversion programs, regional collaboration, and more. It serves as a centralized hub for materials gathered through SIM mappings, workgroup meetings, and other collaborative efforts. The Centers regularly update the webpage to strengthen collaboration and ensure the timely dissemination of information, ultimately supporting broader and more effective program implementation across the State.

Additionally, the Centers continue to convene the Collaborative Committee (*as referenced in priority 2*) to review services and training offered, establish outcome measures and evaluation processes, develop recommendations for full implementation of the CIT model program, and provide overall oversight of the Centers. The Centers also convene certified CIT Coordinators from jurisdictions across Maryland each quarter to discuss successes and limitations in crisis intervention services. Discussions from these meetings are shared with the Collaborative Committee to support informed decision-making and effective oversight of the Centers.

Furthermore, the Centers partnered with the UMB SSW to perform a CIT landscape analysis that provides a statewide snapshot of current CIT program implementation (*as described in priority 2*). The completed analysis enhanced communication and information dissemination by offering a comprehensive, data-driven view of how CIT models are being applied across jurisdictions. It

[25] It is important to note that additional information regarding the Centers' engagement with representatives to support collaboration across systems is described in priority 3.

enabled stakeholders to assess implementation levels, identify service gaps, and share best practices, fostering a more coordinated and informed approach to crisis intervention across the State. Building on these findings, the Centers plan to develop a publicly accessible online resource to promote transparency, support cross-jurisdiction learning, and encourage informed community engagement.

Jurisdictional Engagement and Knowledge Sharing

The Centers also leverage jurisdictional SIM mapping workshops and annual State SIM Summits to provide opportunities for stakeholders to share insights and align on statewide goals. One notable outcome of the mapping workshops and annual State SIM Summits is the standardization of language, which addresses discrepancies in definitions across jurisdictions; significant effort has been dedicated to ensuring consistency in terminology throughout the reports. Resources are regularly shared among stakeholders at both events and subsequently distributed in a follow-up email from the Centers to ensure that key information and materials remain accessible and actionable after the event. Following the workshops and annual State SIM Summits, the Centers publish a comprehensive report summarizing the event, highlighting key priorities identified by stakeholders. These reports help shape the Centers' strategic plan and guide resource allocation to address the most pressing needs. The Centers also developed and published an interactive data dashboard that allows stakeholders to access reports from jurisdictional mappings, and partnered with academic institutions to support the creation of landscape analyses and scorecards that will be publicly accessible upon completion (*as referenced in priority 2*). To view these reports, please visit the Office's website at: https://gocpp.maryland.gov/reports-and-publications/.

In 2025, as part of their ongoing effort to facilitate communication and disseminate information about opportunities and best practices, the Centers worked closely with two jurisdictions, Carroll and Frederick counties, to follow up on the goals established during their SIM mapping workshops (*as described in priority 1*). The Centers joined these efforts to help sustain communication among local stakeholders, share best practices and resources when applicable, and gather information to support broader dissemination efforts. By actively participating in these meetings, the Centers also help align local implementation strategies with broader State-level priorities and promote cross-jurisdictional learning.

Partner-Led Events and Learning Opportunities

In April 2025, the Centers of Excellence supported the Maryland Judiciary's behavioral health initiative by presenting during a pre-summit webinar. This session provided an overview of the SIM model, covering intercepts zero through five, and helped establish a shared understanding among participants, both those new to the framework and those already familiar with it. This presentation set the stage for deeper discussions at the upcoming event.

The following month, in May 2025, the Centers sponsored the *Statewide Summit on Behavioral Health: An Opportunity for Collaborative Change*, led by the Maryland Judiciary. The event

convened local and statewide stakeholders to explore coordinated strategies for addressing the needs of individuals with mental health disorders who are currently justice-involved, or at risk of becoming so, across courts, jails, prisons, and community supervision settings. The event focused on identifying system-level solutions to strengthen diversion and support pathways and to reduce initial or repeated involvement in the justice system. During the event, the Centers were invited to participate in a panel discussion focused on intercepts zero and one of the SIM model, where they highlighted the role of crisis services and shared updates on collaborative projects led by the Centers, including best practice training initiatives and statewide CIT coordination efforts.

In June 2025, following the event, the Centers joined the newly formed steering committee tasked with advancing the initiative's priorities. This committee includes broad, cross-sector representation from the Office, the General Assembly, the Maryland Judiciary, the Maryland Department of Health, and the Office of the Attorney General. It also includes local behavioral health authorities, crisis response programs, law enforcement and public safety agencies, hospitals, behavioral health providers, advocacy organizations, and individuals with lived experience. In the coming months, the Centers will participate in related workgroups focused on targeted areas such as diversion strategies, data integration, and local jurisdictional priorities.

In the same month, the Centers were also invited to present at the 43rd NAMI Maryland Annual Conference to share the impactful work occurring across the State. The presentation highlighted the Centers' ongoing efforts, including the SIM mapping initiative, notable progress in mapping workshops, and the technical support provided to stakeholders to help identify opportunities for diversion and enhance behavioral health responses at each intercept point.

National and Cross-State Collaboration

In March 2025, the Centers were invited to attend the 2025 National Assisted Outpatient Treatment (AOT) Symposium hosted by Treatment Advocacy Center. This invitation provided an opportunity to learn from other states' AOT implementation efforts, both their successes and challenges, to better understand national best practices. This knowledge is especially relevant following the passage of §§ 10-6A-01 through 10-6A-12 of the Health General Article, which authorizes Maryland counties to establish AOT programs. By participating in the symposium, the Centers aim to support informed and effective AOT implementation in Maryland as jurisdictions explore this option.

A key effort in facilitating national communication and information dissemination involves connecting and collaborating with individuals through national and international channels. The Centers participate in a *Statewide SIM Coordinators Call* to meet quarterly with SIM Coordinators from other states, including Alabama, Connecticut, Guam, Indiana, Massachusetts, Michigan, Mississippi, New Hampshire, North Carolina, Oregon, South Carolina, Texas, Vermont, Washington, and West Virginia. During these meetings, coordinators share insight into

how the SIM framework is used in different states and its impact on diverting individuals with behavioral health needs from the criminal legal system. The collaborative sessions also provide a platform to explore the unique challenges faced by each state, such as resource limitations or system gaps. Additionally, the meetings highlight innovative strategies that states developed to address challenges and allow participants to exchange best practices and adapt solutions to their local and regional contexts. This cross-state collaboration fosters continuous learning and improvement in crisis response systems nationwide.

In September 2025, following a brief hiatus, the Centers joined a *Statewide SIM Coordinators Call*. During the meeting, it was noted that co-chairs had recently resumed leadership, and there is a desire to reconvene quarterly. The Oregon Center on Behavioral Health and Justice Integration shared an overview of its SIM efforts since 2016, including recent expansion and statewide coordination efforts. Connecticut representatives participated, and the Centers briefly reported on their progress over the past three years. The chairman highlighted Missouri's post-SIM facilitator technical assistance support, with plans for a tailored technical assistance session and additional facilitator engagement. A follow-up presentation from Maryland and Oregon was requested for November 2025.

In November 2025, the Centers joined a *Statewide SIM Coordinators Call* to present on the use of the SIM as a framework for organizing and representing legislative mandates. During the call, the Centers shared insights into how SIM mappings are initiated and planned, emphasizing the collaborative process with local agencies and stakeholders to ensure alignment with legislative requirements. The discussion also focused on the overall progress of the SIM initiative across Maryland, highlighting successful mappings, ongoing efforts to engage new jurisdictions, and how the framework is being used to enhance crisis response and diversion programs. This meeting served as a platform for coordinators to learn from each other and refine their approaches to SIM implementation. The call also spotlighted the Oregon Center on Behavioral Health and Justice Integration.

In addition to participating in national convenings focused on SIM, the Centers were also invited to contribute to a key publication shaping the broader national discourse on SIM implementation. In January 2025, PRA invited the Centers to contribute a chapter to the forthcoming second edition of *The Sequential Intercept Model and Criminal Justice: Promoting Community Alternatives for Individuals with Serious Mental Illness*, edited by Patricia Griffin and Mark R. Heilbrun. This nationally recognized publication will highlight innovative strategies for applying the SIM to support diversion and community-based alternatives for individuals with behavioral health needs involved in the criminal legal system. The Centers' chapter showcases Maryland's approach to SIM implementation, including strategies for statewide coordination, jurisdiction-specific mapping, and data-informed planning. In March 2025, the Centers submitted their final draft to PRA for inclusion in the volume. Through this contribution, the Centers aim to support the national dialogue on system transformation and promote cross-sector collaboration grounded in the SIM framework.

Building on these SIM-focused collaborations, the Centers also engage in focused efforts to facilitate communication and share best practices in crisis intervention at the national level. The Centers have actively participated in the CIT International Conference in three of the past four years, excluding 2024. The conferences provided valuable opportunities to connect with fellow professionals, exchange insights, and gather feedback on best practices in crisis intervention. Through this engagement, the Centers continue to stay informed about national trends and innovations while also showcasing their initiatives and successes to a broader audience.

In August 2025, the Centers also joined the first national convening of statewide CIT coordinating efforts, hosted by the Northeast Ohio Medical University Criminal Justice Coordinating Center of Excellence, to discuss effective statewide coordination strategies, share lessons learned, and strengthen communication networks. The Centers also participated in the second convening in September 2025, which focused on funding, data collection and reporting, implementation in rural communities, and the formation of the CIT International State Coordinator Network. These experiences directly support the Centers' mission to foster collaboration and promote best practices at the State and national levels.

Please refer to **Table 9** for a detailed update on the status of each objective and its corresponding action steps. The table also includes brief descriptions of the action steps to achieve each objective.

Table 9: Priority 7 by Objective, Action Step, Status, and Description

Objective	Action Step	Status	Description
7a. Enhance and streamline communication across jurisdictions, agencies, and similarly motivated workgroups, task forces, and advisory boards.	Centralized communication	Continuous	Create opportunities for communication and information sharing by facilitating meetings with stakeholders (e.g., lunch and learn sessions, quarterly stakeholder meetings). The frequency of these meetings should best meet each group's needs.
		Forthcoming	Establish an online community/forum/website to facilitate ongoing/continuous communication to share challenges, opportunities, and strategies across Maryland and jurisdictions as part of regular operating procedures.
		Continuous	Convene meetings of similarly-motivated workgroups and advisory boards to identify actions/efforts and coverage (i.e., people and places), opportunities for collaboration, and potential duplicative efforts.
		Continuous	Encourage workgroups and advisory boards working at the intersection of behavioral health and the criminal justice system to include among their members individuals with justice-system experience.
7b. Standardize language and policies.	Centralized communication	In Progress	Develop and disseminate a glossary of terms with definitions for practitioners and the public.[26]

[26] A working draft developed by the Centers in collaboration with stakeholders from multiple agencies and organizations is accessible at: https://docs.google.com/document/d/1TCtlwDXYNppzlsLKZgC0DXyMWWPGz5couUNx7TShx9s/edit?tab=t.0

		Continuous	Promote the use of culturally inclusive, person-focused language to decrease harm caused by stigma.
		Continuous	Promote focused deliberation across agencies to ensure the use and acceptance of common terms and definitions.
7c. Facilitate the dissemination and adoption of best practices in behavioral health and criminal justice policies and programs.	Centralized communication	Continuous	Maintain a website to function as a centralized location for information sharing and organizing, and routinely update evidence-based/informed approaches to best practices, such as: curriculum and outcomes of CIT training; models and effectiveness of preventive services; and implementation and impact of peer recovery specialists/coaches.
		In Progress	Develop a method for regular communication (e.g., newsletter, blog) of timely information on evidence-based/informed and promising practices across the State and nation.[27]
	Technical assistance and training	In Progress	Provide communication and dissemination assistance to promote innovative, evidence-based/informed practices occurring across Maryland.
		Continuous	Provide resources and technical assistance for evaluative opportunities.

Crisis Intervention Team

Pursuant to § 3-522(e) of the Public Safety Article, this *Crisis Intervention Team* section includes information pertaining to the activities of the Centers, efforts to direct individuals away from the criminal legal system, and an analysis regarding deficiencies and recommendations on priorities for improving the criminal legal response to individuals with behavioral health needs, intellectual and developmental disabilities, and neurocognitive conditions.

Activities of the Centers

As discussed in priority 3 and priority 7, the Centers created a dedicated webpage on the Office's website to provide easier access to resources, technical assistance, and initiative updates. To enhance data collection and analysis efforts, the Centers have partnered with UMB SSW and MCRIC to conduct a *Crisis Intervention Team Landscape Analysis* (report) and develop a scorecard on quantifiable safety indicators (*as referenced in priority 2*). The Centers continue to collaborate with the Research, Analysis, and Evaluation division to support critical data efforts that remain unaddressed (*as referenced in priority 2*).

The Centers also partner with the Collaborative Committee, which oversees the development of statewide crisis intervention models. In addition, representatives from the Centers serve on the Maryland Commission on Behavioral Health Care Treatment and Access which was created to recommend "appropriate, accessible, and comprehensive behavioral health services" statewide

[27] The C*IT Monthly Newsletter* (*as described in priority 2*) fulfills this need for CIT Coordinators and partners, but no regular communication channel exists for other behavioral health and public safety topics.

across the behavioral health continuum of care,[28] as well as the Maryland Behavioral Health Advisory Council which advocates for a comprehensive, broad-based, person-centered approach to provide social, economic, and medical support for people with behavioral health needs.[29],[30] At the jurisdictional level, the Centers collaborate with CIT Coordinators and partners from local agencies to facilitate the development and implementation of a statewide crisis intervention model.

Collaborative Planning and Implementation Committee

In 2025, the Collaborative Committee met four times to discuss services and training, develop outcome measures for evaluative purposes, develop recommendations for full implementation of the crisis intervention model program, and provide general oversight. The Centers briefed the Collaborative Committee on its efforts related to priority action items, which included the development of a standardized CIT training curriculum. A brief description of each meeting is listed below. For more information, including meeting agendas and minutes, please visit the Office's website at: https://gocpp.maryland.gov/crisis-intervention-team-center-of-excellence-collaborative-planning-and-implementation-committee/.

February 24, 2025: The Centers introduced new staff and presented the 2025 CIT Coordinators' Strategic Plan to Collaborative Committee members for feedback. Staff also introduced the Maryland CIT Training and Impact Analysis, a partnership with the Behavioral Health Administration (BHA) aimed at initiating standardized data collection and analysis statewide. The Centers outlined the project's design, which included pre- and post-training assessments, satisfaction surveys, and automated follow-up surveys six months after training completion to measure community impact data. Attendees discussed CIT training considerations and opportunities for data sharing.

May 19, 2025: The Centers announced the approval of the *Crisis Intervention Team Model Standard Training Curriculum*,[31] developed by the Centers, as an official model policy of the Maryland Police and Correctional Training Commissions (MPCTC), effective April 9, 2025. The policy reserves the term "CIT" and any future program approvals for training aligning with this curriculum. Staff also introduced the new monthly newsletter for CIT Coordinators and partners and reported on efforts to compile available data sources and develop data-sharing agreements.

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[28] Maryland Department of Health. *Commission on Behavioral Health Care Treatment and Access.* https://health.maryland.gov/commission-bhc/Pages/default.aspx

[29] Maryland Department of Health, Behavioral Health Administration. *Maryland Behavioral Health Advisory Council*. https://health.maryland.gov/bha/pages/maryland-behavioral-health-advisory-council.aspx

[30] Maryland Department of Health. (2023). *The 2023 Annual Report of the Maryland Behavioral Health Advisory Council*. https://health.maryland.gov/bha/Documents/MBHAC%20-%20FY2023%20Annual%20Report_12.4.23.docx.pdf

[31] Maryland Police and Correctional Training Commissions. (2025). *Crisis Intervention Team Model: Standard Training Curriculum*. https://mpctc.dpscs.maryland.gov/pdf/Crisis%20Intervention%20Standard%20Training%20Curriculum.pdf

Potential partners include the Maryland Hospital Association, Maryland Department of Health (MDH), Chesapeake Regional Information System for our Patients (CRISP), Emergency Medical Services (EMS), and Office of the Chief Medical Officer (OCME).

The Centers updated the Collaborative Committee on several developments, including the invitation to contribute to a chapter for a second edition of *The Sequential Intercept Model and Criminal Justice: Promoting Community Alternatives for Individuals with Serious Mental Illness* by Griffin and Heilbrunn (*as referenced in priority 7*). Preparations are also underway to support the *Statewide Summit on Behavioral Health: An Opportunity for Collaborative Change*, sponsored by the Maryland Judiciary in collaboration with the Office and MDH/BHA (*as referenced in priority 7*). Committee members discussed CIT training, the importance of shared language across jurisdictions and sectors, and the value of convening CIT champions within law enforcement agencies statewide.

August 18, 2025: The Centers provided staffing updates and reminded Collaborative Committee members that new appointments and reappointments will occur by July 1, 2026. Staff also introduced two new CIT resources: a template Memorandum of Understanding (MOU) and a template In-Service Program Approval Application. In addition, the Centers announced that it had undertaken the review and alignment of local CIT curricula, at the request of BHA, with completion anticipated by October 1, 2026. The *Crisis Intervention Team Landscape Analysis* (report), published by UMB SSW, was made available to members. Staff also provided an update on the Maryland CIT Training and Impact Analysis, which began collecting data from training cohorts in July 2025. The meeting concluded with a discussion of calls to action related to the Collaborative Committee's ongoing partnerships with MPCTC and NAMI Maryland, emphasizing the importance of embedding CIT principles at all points of contact with law enforcement and corrections.

November 17, 2025: The Centers shared several updates related to CIT training, including the completion of curriculum alignment reviews for participating local jurisdictions. The Centers also provided updates on the Maryland CIT Training and Impact Analysis and the development of a related data dashboard. Additionally, the Centers announced the launch of the CIT Collaborative for Law Enforcement in November 2025, an inaugural convening designed to foster a community of practice among CIT partners in law enforcement. Staff also briefed committee members on the Centers' fourth annual State SIM Summit. This included information on scheduled jurisdictional SIM mapping workshops and ongoing post-mapping support available upon request. The Centers reiterated key calls to action from CIT partners, including improved coordination among jurisdictions and State agencies, adoption of shared terminology across systems, establishment of recertification standards for training, and enhanced data collection through mandatory reporting of behavioral health-related calls for service.

Crisis Intervention Team Coordinators

In 2025, the CIT Coordinators Group gathered quarterly at the Office or virtually to assist in developing a statewide crisis intervention model and data collection strategies that support the evaluation of outcome measures.

Coordinators identified multiple priorities related to uniformity in language, training, and data intended to improve the integration of community- and police-based crisis intervention approaches (*as referenced in priority 2*). Starting in April 2025, Coordinators collectively began to implement the *Crisis Intervention Team Model Standard Training Curriculum*,[32] developed by the Centers and adopted by MPCTC. By July 2025, coordinators also began administering the data collection tools developed by the Centers to support the Maryland CIT Training and Impact Analysis, providing consistent data for the Centers and MDH/BHA. To further unify efforts, coordinators identified CIT champions from each jurisdiction for the first *CIT Collaborative for Law Enforcement* in November 2025, fostering a community of practice focused on law enforcement.

Coordinators also played a crucial role in the development and deployment of strategies to improve coordination within and across systems (*as outlined in priority 3*). Coordinators accessed regular updates through the Centers' *CIT Monthly Newsletter* launched in March 2025, sharing research, resources, and funding opportunities with local partners as appropriate. Additionally, coordinator attendance at the Centers' monthly drop-in technical assistance calls created a dedicated space for mentorship and open communication between coordinators, the Centers, and BHA. CIT Coordinators Group meetings will continue to occur quarterly at the Office or virtually through Google Meet.

All information discussed and reviewed by the CIT Coordinators Group is reflected in updates to the Collaborative Committee.

Analysis Regarding Deficiencies and Recommendations

Based on the results of the 2025 State SIM Summit, which identified available resources and gaps in services, the Centers recommend the following efforts to further improve the criminal legal response to individuals with behavioral health needs:

- Increase education and awareness about behavioral health challenges and systemic barriers to reduce stigma and promote understanding among providers, community members, and policymakers.
- Advocate for the incorporation of peer professionals across the SIM continuum to ensure that services are consumer-driven, recovery-oriented, and responsive to needs at various stages of systems involvement.

[32] Ibid.

- Foster collaboration between behavioral health providers, housing agencies, and transportation services to create a seamless support system for individuals in need.
- Support the tailored development and delivery of behavioral health services that reflect the specific needs of different geographic areas and populations.
- Identity strategies to ensure continuous access to services across the lifespan (e.g., youth, older adults, expectant and parenting adults, etc).
- Cultivate efforts to develop comprehensive pretrial services in all jurisdictions, including state-level initiatives to develop standardized language, monitor implementation, and provide oversight.
- Promote the standardization of screening and assessment tools to identify individual needs and guide treatment planning at the onset of justice involvement.
- Foster strategic alliances between the judiciary and cross-sector partners, including behavioral health providers, social services, corrections, and community supervision.
- Support initiatives to strengthen and coordinate reentry services across jurisdictions, beginning during incarceration to prepare individuals for successful reintegration upon release.
- Continue to provide SIM mapping workshops across the State to improve early identification of people with mental illness and substance use concerns who are involved or at risk for involvement in the criminal legal system, increase effective service linkages, enhance community safety, and facilitate cross-system communication and collaboration.

Conclusion

The Centers will continue to advise the Office on efforts that support Maryland communities to improve the response to individuals with behavioral health needs, intellectual developmental disabilities, and neurocognitive conditions by redirecting these individuals when appropriate to the health care system, thereby reducing unnecessary incarceration while improving public health and safety. It will also continue to work with partner agencies, committees, and workgroups to address the priorities within the strategic plan.

In addition, and to build upon current efforts, the Centers identified the following recommendations as required by § 13-4204 of the Health General Article and § 3-522(e) of the Public Safety Article:

- Allocate funding to:
    - Conduct SIM facilitator refresher training(s);
    - Assist local jurisdictions in conducting SIM mapping workshops;
    - Assist with the ongoing expansion of annual State SIM Summits; and
    - Increase the number of conferences staff members can attend.
- Expand the Centers' capacity to achieve goals and objectives:

- Increase the number of jurisdictional mappings and reports each year, as well as remappings as needed;
- Tackle priorities that have previously been beyond its capacity; and
- Address gaps identified through SIM mapping workshops across the State.
- Enhance efforts to gather relevant data and regularly update information to ensure it remains accurate and comprehensive.