Centers of Excellence 2024 Report

Health General Article, § 13-4204 and Public Safety Article, § 3-522(e)

Wes Moore
Governor

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November 27, 2024

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Maryland
GOVERNOR'S OFFICE OF CRIME PREVENTION AND POLICY

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November 27, 2024

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 2024 Report*. This report includes updated information pertaining to Maryland's Behavioral Health and Public Safety Center of Excellence 2023 Strategic Plan to further support the development and implementation of recommendations identified in the annual State Sequential Intercept Model Summit. It also includes information regarding the activities of the Crisis Intervention Team Center of Excellence, 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 with behavioral health needs, intellectual and developmental disabilities, and neurocognitive conditions.

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)

Table of Contents

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 (collectively known as the Centers 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 2024 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 individuals with behavioral health needs, intellectual and developmental disabilities, and neurocognitive conditions by redirecting these individuals when appropriate to the healthcare 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 individuals with behavioral health needs, intellectual and

[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

developmental disabilities, and neurocognitive conditions by redirecting these individuals when appropriate to the healthcare 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:

- Lead and develop a multi-year strategic plan with the University of Maryland to implement the recommendations determined by the *2020 Maryland Lieutenant Governor's Commission to Study Mental Health and Behavioral Health: State Summit on Behavioral Health and the Justice System*.[2]
- 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 healthcare resources and advance public safety.
- Provide guidance to develop 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.

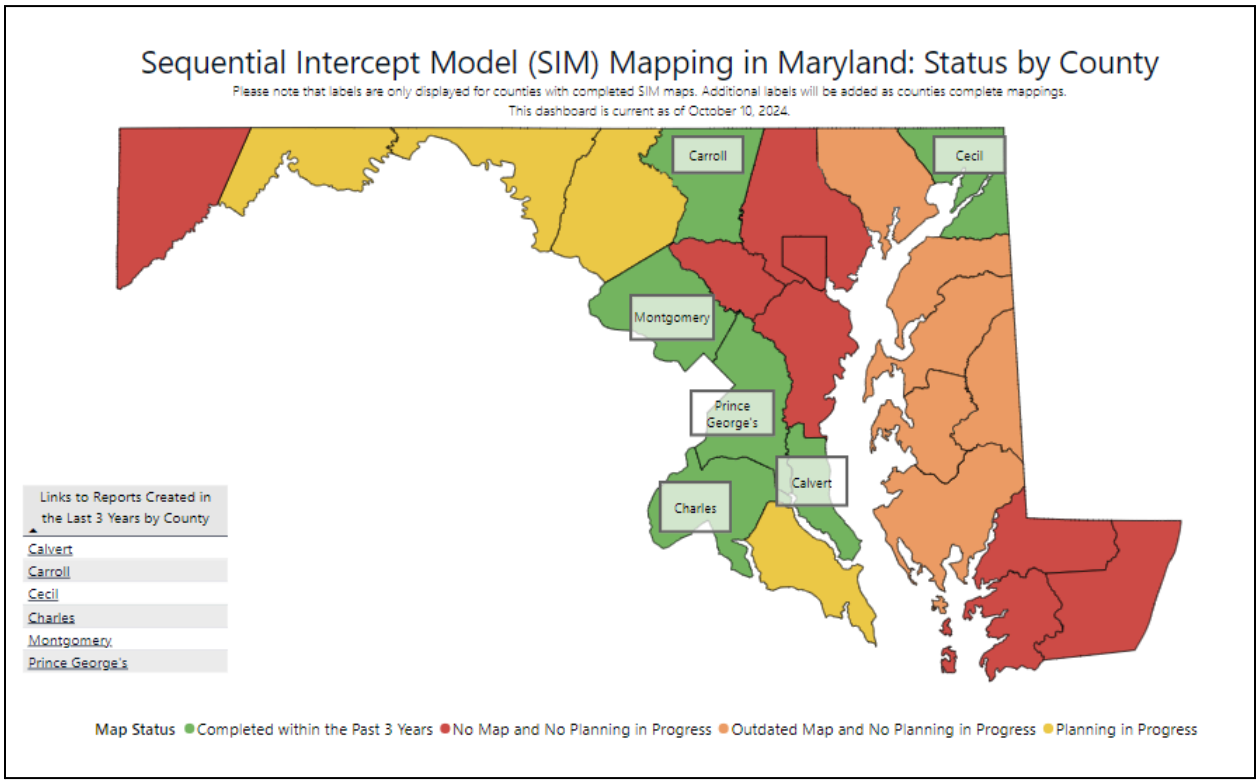
Centers of Excellence

The Centers use the Sequential Intercept Model (SIM) as a framework for organizing and achieving its objectives, strategies, and tactics. The SIM helps communities understand how people with behavioral health needs come in contact with and flow through the criminal legal

[2] Substance Abuse and Mental Health Services (SAMHSA) GAINS Center. (2020). *Maryland Lieutenant Governor's Commission to Study Mental and Behavioral Health: State Summit on Behavioral Health and the Justice System*. https://mgaleg.maryland.gov/cmte_testimony/2021/fin/1w2lWIzHMEGqu7XjMmRCtNvOjfxJyj6Ft.pdf

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 people 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 2024, the Centers conducted three jurisdiction-specific SIM mapping workshops and scheduled four additional workshops to occur in 2025.[3] To illustrate these efforts, the Office created a data dashboard to highlight the completion and implementation of such reports and programs (*as illustrated below*). To view the data dashboard, please visit https://gocpp.maryland.gov/data-dashboards/centers-of-excellence/.



In November 2022, the Centers hosted the first in-person *State Summit on Behavioral Health and the Justice System* which presented recommendations to improve access to housing, peer support specialists, and crisis intervention training. The Summit included discussions that led to

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

recommendations to cultivate the behavioral health workforce, expand mental health courts, and create a shared data system. It also identified objectives, priorities, and actions to address each recommendation, as outlined in the 2023 strategic plan.[4] Using the 2023 strategic plan as a roadmap, the Centers continue to work with partner agencies to take the necessary action steps (in progress, immediate, forthcoming, and continuous) for each priority to fulfill its mission (*as described in Maryland Behavioral Health and Public Safety*).

In October 2023, the Centers hosted the second in-person annual two-day Summit which presented recommendations to continue to improve access to housing, cultivate the behavioral health workforce, and create a shared data system. Throughout the Summit, discussions repeatedly underscored the importance of fostering interagency collaboration and breaking down isolated efforts, ultimately leading to the recommendation to actively facilitate cross-agency collaboration. The Centers continue to leverage insights gathered at the Summit to further advance its mission.

In October 2024, the Centers hosted the third in-person annual two-day Summit which aimed to collaborate with partner agencies to identify service gaps and learn from jurisdictions that have successfully implemented evidence-based and emerging best practices for each intercept. The Summit included intercept-focused presentations in which participants learned about innovative services and prosperous organizations in Maryland. The Summit also facilitated guided intercept-focused discussions to help identify opportunities for linkage to services. These discussions assisted in developing an accurate depiction of Maryland's behavioral health and criminal legal system. Both days provided valuable networking opportunities for stakeholders to forge new connections and explore ideas for future collaboration. The conference also helped to further reduce siloed work by fostering collaboration and encouraging cross-disciplinary engagement.

Maryland Behavioral Health and Public Safety

Pursuant to § 13-4204 of the Health General Article, this *Centers of Excellence 2024 Report* includes updated information pertaining to the 2023 strategic plan to further support the development and implementation of recommendations identified in the annual State SIM Summit (*as described in Priorities, Objectives, and Action Steps*).[5] The identified recommendations include the following: expand behavioral health screening for Veterans at jail booking; coordinate behavioral health and criminal justice initiatives with related State health initiatives; invest in preventative services (i.e., assertive community treatment, crisis response

[4] 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

[5] 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.

services, harm reduction services, and other preventative services for individuals with behavioral health needs); expand the use of technology and data analysis across the behavioral health, public safety, and criminal legal systems; expand the use of peer support services across intercepts; and conduct a racial impact analysis. To support the identified recommendations, the 2023 strategic plan included seven priorities with accompanying objectives and action steps to build upon current efforts.

Priorities, Objectives, and Action Steps

In 2024, the Centers continued to work with partner agencies to take the necessary action steps (in progress, immediate, forthcoming, and 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 12 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
Calvert County				X	
Caroline County			X		
Carroll County					X
Cecil County			X		
Charles County					X
Dorchester County			X		
Harford County	X				
Kent County			X		
Montgomery County					X
Prince George's County		X			
Queen Anne's County			X		
Talbot County			X		

*It is important to note that one jurisdiction conducted a SIM mapping over a decade prior to other jurisdictions.
†All identified counties, 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 2024, the Centers facilitated SIM mapping workshops in three jurisdictions (*as shown in **Table 2***). Four additional jurisdictions (Allegany, Washington, Frederick, and St. Mary's counties) requested jurisdictional mappings through the SIM mapping request form which is on the

Office's website.[6] The four requesting jurisdictions are preparing for SIM mapping workshops projected to occur in spring 2025.

Table 2: SIM Mapping Workshops (Facilitated and Requested)		
Location	**Facilitated**	**Requested**
Allegany County		X
Carroll County	March 2024	
Charles County	February 2024	
Frederick County		X
Montgomery County	May 2024	
St. Mary's County		X
Washington County		X

In May 2024, the Centers worked with Policy Research Associates to host a third SIM facilitator training for 56 individuals from various parts of the State. The Centers invited two of the newly trained facilitators to attend each jurisdictional mapping and requested six trained facilitators to support the annual State SIM Summit. The Centers intend to host mid-year refresher training to reinforce key skills, update facilitators on new methodologies or changes, and ensure they remain confident and well-prepared to assist with SIM mappings and summits. **To host future SIM facilitator training events and refresher training to increase the number of trained facilitators across the State as the transition of roles occurs, the Centers need additional funding.**

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

In September 2023, the Centers developed a procedure for jurisdictions to request a SIM mapping or remapping through an electronic form on the Office's website. This procedure formalizes the waiting list and ensures the continuity of the program to provide each jurisdiction with a mapping or remapping every two to three years (upon request). The first request submitted through the SIM mapping request form occurred in May 2024.[7]

The Centers also streamlined the planning process by creating a shared drive with individual folders for each jurisdiction, which are shared with the jurisdiction's planning group at the start of the planning process. Each folder contains essential resources, including a 12-week external planning kit, a participation guide, pre-workshop data forms, and a registration form. At the

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

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

jurisdiction's request, additional resources—such as invitations and save-the-date flyers—are also included to ensure all necessary materials are easily accessible and organized for effective collaboration.

The Centers aim to facilitate four jurisdictional mappings each year and will continue to work with jurisdictions throughout the State to develop a SIM mapping, upon request. **To increase the number of jurisdictional mappings and reports conducted each year, and conduct remapping every two to three years as recommended, the Centers need additional staff.**

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 Summit, the Centers publish a report to summarize the event. The Summit receives increasing interest and popularity with each passing year, largely due to the expanded outreach efforts of the Centers. To accommodate the increase in participants, the Centers contracted with external facilities to host the Summit. **To provide an engaging and accessible experience for all attendees, as well as fulfill its other essential mandates, the Centers need additional funding.**

Objective 1c: Monitoring statewide progress in SIM.

The Centers partnered with the Office's Research, Analysis, and Evaluation division to develop a Sequential Intercept Model (SIM) Mapping Dashboard available at: https://gocpp.maryland.gov/data-dashboards/centers-of-excellence/sim-mapping-dashboard/. 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 workshop report. The dashboard is regularly updated by the division which reflects the following map statuses:

- 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 work with the division to develop a summary of gaps and priorities across the State, based on the 12 jurisdictions that completed mapping workshops. The Centers also refer to the Oregon Center of Behavioral Health and Justice Integration's (OCBHJI) innovative strategy to promote data transparency and collaboration.[8] **In order to gather relevant data and regularly update information to ensure it remains accurate and comprehensive, a designated data analyst is needed.**

The Centers also monitor statewide progress through the SIM mapping request form which filters into an internal spreadsheet that includes historical reports for each jurisdiction. In

[8] Please refer to page 34 of the 2023 strategic plan.

addition, the Centers regularly track and maintain a directory of agencies and participants from each SIM mapping workshop which is saved in a shared drive for future reference. This information is maintained internally to foster a more open environment for stakeholders to comfortably discuss gaps in services. The planning group of each jurisdiction shares 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.

Please refer to **Table 3** for a detailed update regarding the status of each objective and action steps, as identified in the 2023 strategic plan. It also includes a brief description relating to 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	In Progress	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.
		In Progress	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.
		Continuous	Ensure the Centers have access to SIM training and refresher courses focused on best and promising practices regularly and/or when needed (e.g., special issue/population training).
	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.[9]
		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.
		Forthcoming	Follow-up with SIM jurisdictions approximately every six months 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.

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

		Continuous	Develop and maintain a SIM learning community by organizing and hosting a bi-annual learning community to foster collaboration, continuing education, and skill development across the State.
1c. Monitoring statewide progress in SIM.	Technical assistance and training	Continuous	Track and maintain data on SIM progress across jurisdictions including when a jurisdiction (re)mapped, and to identify gaps in service and resources.
		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 (CRI) Programs

The efforts to build community-based crisis response teams in Maryland are guided by several key initiatives that focus on improving crisis intervention services, particularly for adults with behavioral health needs. The Centers play a central role in this process by promoting layered community- and police-based crisis response approaches that meet local needs. The Centers serve as a hub for resources that support strengthening the local infrastructure for behavioral health crisis interventions and ensuring that law enforcement officers are equipped to provide safe and effective policing.

The Centers provide technical assistance and educational resources to local law enforcement agencies to develop or implement programs that align with the crisis intervention team (CIT) model to ensure that law enforcement officers are equipped to ensure the safety of consumers, officers, and the public. Information pertaining to the Centers and relevant best practices - including logic models, strategic plans, data statistics, CIT models, toolkits, training/conferences, and relevant academic entities - are located on the Office's website at: https://gocpp.maryland.gov/center-of-excellence/crisis-intervention-team-center-of-excellence/.

The Centers also partner with the Crisis Intervention Team-Collaborative Planning and Implementation Committee ("Collaborative Committee") which oversees the development of statewide crisis intervention models.[10] The Collaborative Committee works closely with the CIT

[10] Governor's Office of Crime Prevention and Policy. *Crisis Intervention Team Center of Excellence-Collaborative Planning and Implementation Committee*.

Coordinators Group which consists of certified CIT coordinators who meet to share best practices, identify challenges, and promote the enhancement of crisis intervention services. The group also assists in developing, implementing, and monitoring a statewide crisis intervention model program aligned with the nationally recognized CIT model.

In partnership with stakeholders across the State, the Centers developed a standard training curriculum adapted from CIT training curricula to align with the widely recognized 40-hour in-person training curriculum. In the summer of 2024, the Maryland Police and Correctional Training Commissions reviewed the standard training curriculum to further ensure a standardized approach to crisis intervention training statewide. Because the curriculum was adapted from CIT training across the State, it remains relevant to local needs and challenges. It also ensures that the training can evolve while maintaining its core principles and effectiveness. Furthermore, the standardized curriculum:

- Makes it easier to scale training efforts across jurisdictions;
- Simplifies training logistics, reduces duplication of efforts, enables more efficient use of resources; and
- Reduces variability in the quality of training provided to officers to ensure they receive uniform instruction which is crucial for long-term adoption and implementation.

In addition to these efforts, the Centers contracted with the University of Maryland School of Social Work (UMB SSW) to conduct a crisis intervention team landscape analysis in Maryland. The analysis aims to gather information on the implementation and history of CIT programs and develop data-driven recommendations to strengthen crisis response services. UMB SSW is collaborating with the Maryland Crime Research and Innovation Center (MCRIC) and the Maryland Department of Health Behavioral Health Administration (BHA) to complete the analysis.

To further support data collection and analysis, the Centers are in the process of hiring a data analyst. This role will focus on improving the criminal legal system's response to individuals with behavioral health needs, intellectual developmental disabilities, and neurocognitive conditions. The data analyst will work with MCRIC, Morgan State University Center for Urban Violence & Crime Reduction, and stakeholders across Maryland to support the development of a scorecard and dashboard of quantifiable public safety indicators that can be used to inform strategic planning, as required by § 9-3602(b) of the State Government Article; and evaluate CIT-related data for impacts on officer readiness and community safety.

The integration of community- and police-based crisis intervention approaches remains an area of significant concern. A layered approach to handle a variety of situations depends upon a well-integrated crisis system of care that meets local needs; unfortunately, many existing

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https://gocpp.maryland.gov/crisis-intervention-team-center-of-excellence-collaborative-planning-and-implementation-committee/

programs are hindered by an overreliance on law enforcement, gaps in community-based resources, and insufficient community collaboration. As communities evaluate the role of law enforcement in crisis response and the broader behavioral health continuum, they must address existing gaps in service and coordination. The Centers intend to prioritize efforts to address existing barriers in the upcoming year, and focus on supporting effective strategies to foster direct and/or indirect partnerships between law enforcement and local mobile crisis and stabilization services of various models.

Please refer to **Table 4** for a detailed update regarding the status of each objective and action steps, as identified in the 2023 strategic plan. It also includes a brief description relating to 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	In Progress	Assist in identifying CIT core competencies to prioritize for statewide coverage.
		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 emergency practices such as technology-assisted (e.g., virtual mental health co-responder) crisis response models to increase the availability of specialized mental health responses 24/7 throughout the State.
		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 (eg., Integrating Communications,

[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

			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 attend to their unique challenges.
	Data, research, and evaluation	Immediate	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).
		Forthcoming	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).
		Forthcoming	Identify and disseminate information on emergency CIT opportunities such as CIT+ Advanced Training.
	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,

[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/

[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

			arrest, use of force).
		In Progress	Assist with the collection and coordination of data for implementation and outcomes analysis and evaluation.
		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	Forthcoming	Maintain a roster of active CIT officers by jurisdiction for use in recruitment and collaboration efforts.
		Continuous	Maintain a CIT coordinator 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.
		Forthcoming	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 crisis.
	Centralized communication	Forthcoming	Develop and maintain an interactive map of available crisis services within and across jurisdictions with evidence-based designations (e.g., under evaluation, promising, evidence-based) such as mental health receiving centers, crisis respite centers, recovery resource centers, and 24-hour crisis stabilization.
		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.
		Immediate	Identify a liaison between the Centers and the Justice Reinvestment Act to bridge the two entities, both of which sit within the Office, and identify collaborative supports to enhance diversion opportunities for those with behavioral health needs.
		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 data collection, evaluation, and sharing strategies. The Centers continuously update the website to improve clarity and accessibility; the website is designed to reflect legislative requirements, initiatives, and progress while acting as an information repository for resources including models, toolkits, policy summaries, funding sources, and training opportunities. It also creates publicly accessible dashboards to promote transparency and accountability through data visualization. To improve technical assistance efforts, the Centers included a general information request form on the site.[15]

The Centers regularly engage with representatives to support collaboration across systems including the public and private sectors. To coordinate with the behavioral healthcare system, the Centers provide representation to the Behavioral Health Advisory Council, attend Bay Bridge Partnership and BHA Regional Stakeholder Meetings, participate in Behavioral Health Equity Listening sessions, and partner 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. The Centers actively seek opportunities through SIM events and external meetings to enhance partnerships with corrections, parole, and probation.

By hosting SIM jurisdictional mappings and the annual summits, the Centers engage partners, facilitate connections across agencies and geographical regions, and empower decision-makers to develop integrated, comprehensive strategies for Maryland communities. SIM events and reports provide an opportunity for the Centers to promote State-level health initiatives that support continuity in care and healthcare integration. The development of standardized protocols (including diversion protocols) and the identification of opportunities to expand the use of certified peer recovery specialists are valuable outputs of SIM-related efforts. Although SIM mappings often identify innovative strategies to provide reentry services, these conversations also allow the Centers to highlight the need for formalized procedures to effectively provide needs-based reentry services that facilitate seamless transitions between correctional facilities and community treatment.

Awareness of and access to services remain an area of concern, especially for justice-involved individuals. Maryland's vision of a comprehensive behavioral health continuum of care includes promotion and prevention; primary behavioral health and early intervention services; urgent and

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

acute care; and treatment and recovery services. Throughout the State, many resources are underutilized due to a lack of awareness of such services and the criteria to utilize them. Although education that targets community members, caregivers, first responders, and healthcare providers increases awareness, the Centers continue to promote the use of online resource locators for behavioral health services. Even though the Maryland Behavioral Health Network of Care,[16] jurisdictional online behavioral health directories, and external resource hubs like Findhelp (findhelp.org) are already available, the streamlining, integration, and promotion of a singular source would simplify the process and public messaging. These resources benefit all Marylanders with a targeted impact for the justice-involved community given that locating resources for individuals with histories of involvement in the criminal legal system can be particularly challenging.

Workforce development is another crucial element that relies on the recruitment and retention of qualified staff that can adequately address demand. Because wellness is an essential component of retention, burnout, and compassion fatigue can lead to staffing shortages if it is not addressed. While the disparity between government and private sector salaries may serve as a hiring and retention barrier, the Centers are aiding stakeholders to address workforce shortages by identifying opportunities for collaboration with academic institutions to develop a pipeline that provides upward mobility and reduces the cost of entry into the professional workforce.

Please refer to **Table 5** for a detailed update regarding the status of each objective and action steps, as identified in the 2023 strategic plan. It also includes a brief description relating to 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 healthcare integration.	Technical assistance and training	Continuous	Provide technical support to promote collaboration in healthcare-related initiative planning and development.
		Continuous	Aid local jurisdictions in connecting local behavioral health authorities (LBHA's) and criminal justice system healthcare 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.

[16] Trilogy Integrated Resources LLC. (2024). *Maryland Behavioral Health Network of Care*. https://portal.networkofcare.org/Sites/maryland/mh

		Continuous	Participate in workgroups and advisory groups working on behavioral health issues and state-level health initiatives to identify opportunities for expanding access to healthcare and healthcare-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, FindHelp.org, the 988 crisis lifeline, mobile response and stabilization services, and pressone.211md.org.
		Continuous	Collaborate with DPSCS and MDH to identify challenges to providing and expanding access to 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 healthcare such as telehealth, mobile clinics, health apps, etc.
		Continuous	Promote awareness of community-based behavioral health treatment and other harm reduction and recovery services.
		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.
		Forthcoming	Ensure that the CIT Coordinators' meeting includes the development of a standardized protocol as a goal.
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	Forthcoming	Encourage caseworkers to draft a plan in collaboration with a currently incarcerated person at least two months before release.
		Continuous	Encourage local peer navigation programs to assist returning community members with connecting, understanding, and managing treatment.
		Continuous	Encourage access to ID cards prior to release for ease of access to social services that promote continuity of health care delivery.
	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 healthcare 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.[17]
		Forthcoming	Facilitate local access to peer certification training by building awareness of training opportunities through links on the Office's website and potential regional training workshops to expand statewide coverage. Connect with On Our Own of Maryland, Inc. (OOOMD) to assess training options to achieve statewide coverage.
		Forthcoming	Convene regional and statewide virtual learning collaboratives for certified peer recovery specialists to share best practices, seek support, and strategize about local challenges.
	Centralized communication	Continuous	Coordinate communication and dissemination efforts with the CIT Coordinators (e.g., include updates in the CIT Coordinators' meetings).
		Continuous	Conduct and maintain a review of scientific literature on the implementation and impact of peer recovery specialists.
		Continuous	Identify and disseminate information on nationally recognized, evidence-based, training curriculums for peer recovery specialists.[18]
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 (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.
		Immediate	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

[17] 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

[18] 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.

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.

The Centers recently learned about an innovative pilot program through the Maryland Judiciary, where community services and problem-solving courts are collaborating to establish prescreening tools and opportunities for diversion prior to hearings. Recognizing the potential impact of the initiative, the Centers invited the program that demonstrated the most progress among the three pilots to present at the 2024 *Summit on Behavioral Health and the Justice System*. The group shared their protocol for identifying risks and needs related to substance use and mental health before hearings, increasing referrals to community-based services, and reducing the processing time between arrest and admission to necessary treatment services. Following the event, the speakers' presentation and contact information were shared with participants; a summary of the presentation will be included in the Summit's report which will be accessible on the Office's website upon completion. The Centers will continue to share information on these pilot programs, as appropriate, to support the development of formal screening processes across jurisdictions for jurisdictional mappings.

During SIM mapping workshops, the Centers emphasize the importance of robust data collection and management processes to support screening and diversion 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. To address this, the Centers are compiling best practices in data collection for screening processes and diversion outcomes in partnership with the Justice Reinvestment 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 Office's Justice Reinvestment team and the Research, Analysis, and Evaluation division; jurisdictions submit data specific to programs established for MOUD using the reporting guide[19] and reporting template[20] 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 Justice

[19] Governor's Office of Crime Prevention and Policy. *Opioid Use Disorder Examinations and Treatment: Data Defintions and Reporting Guide*. https://gocpp.maryland.gov/wp-content/uploads/Opioid-Use-Disorder-Examinations-and-Treatment_-Data-Definitions-and-Reporting-Guide-Revised.pdf

[20] Governor's Office of Crime Prevention and Policy. *Opioid Use Disorder Examinations and Treatment Reporting Template*. https://gocpp.maryland.gov/wp-content/uploads/Opioid-Use-Disorder-Examinations-and-Treatment-Reporting-Template-Updated-5_24.xlsx

Reinvestment team to provide technical assistance materials, and ensure the Centers can address these issues effectively and support continuous improvement in compliance efforts.

SIM mappings serve as a vital tool for supporting the development of formal screening processes as well as 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 in the resource section of each jurisdiction's summarized report. The Centers also provide updates on the development of a standardized CIT curriculum which aims to ensure that everyone who undergoes the 40-hour CIT training acquires equivalent skills, thereby promoting consistency and effectiveness in responding to individuals in crisis.

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. **In order to advance developments in this area, the Centers require an additional staff position to oversee the development of a formal screening process to identify candidates for diversion.**

Please refer to **Table 6** for a detailed update regarding the status of each objective and action steps, as identified in the 2023 strategic plan. It also includes a brief description relating to 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	Follow-up on 2018 report to assess whether 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-performance screener(s).

		Forthcoming	Where/when possible, encourage the use of tools that incorporate structured professional judgment at the assessment stage, which have been shown to be more reliable for detecting mental health problems among racial/ethnic minorities.[21]
		Forthcoming	Encourage and assist with 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.
		Forthcoming	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.
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.
		Forthcoming	Encourage yearly training sessions for jail/prison personnel and 911 dispatchers.
		Forthcoming	Promote an incentivizing structure to encourage attendance at training sessions.
	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

[21] 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.

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, region, 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 healthcare resources and advance public safety. The Centers are committed to the prioritization of 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 (which houses the Maryland Statistical Analysis Center (MSAC)) within GOCPP for data-related projects. The division collects data related to LEAD and the Violence Intervention and Prevention Program (VIPP), and 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.

The Centers contracted with UMB SSW and MCRIC to conduct a CIT landscape analysis and develop a scorecard on quantifiable safety indicators (as referenced in priority 1). **To build upon current efforts, the Centers need a data analyst to take the lead on all data projects pertaining to the Centers.** The data analyst will have access to Results Based Accountability (RBA) training to ensure fluency in this method for learning, planning, and taking action to improve the performance of specific programs, agencies, and service systems that improve the quality of life for whole communities.

Please refer to **Table 7** for a detailed update regarding the status of each objective and action steps, as identified in the 2023 strategic plan. It also includes a brief description relating to 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 composed of local practitioners and data scientists/researchers to identify key measures/metrics to be captured by agencies and organizations at each intercept point. The task force should consider reviewing SAMHSA's *Data Collection Across the Sequential Intercept Model* report[22] and other resources such as *Justice Counts Metrics*.[23]

[22] Substance Abuse and Mental Health Services Administration. (2019). Data Collection Across the Sequential Intercept Model. https://store.samhsa.gov/sites/default/files/d7/priv/pep19-sim-data.pdf
[23] The Council of State Government. (2024). Justice Counts Metrics. https://justicecounts.csgjusticecenter.org/metrics/justice-counts-metrics-2/

		Forthcoming	Inventory data stored in major data systems (police, fire/EMS, jails, courts, homeless services, healthcare 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 jail inmates with specific behavioral health needs).
5b. Develop standardized/best-practice procedures for data collection and sharing.	Data, research, and evaluation	Forthcoming	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 Results-Based Accountability (RBA) 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. An outcome of such collaborations includes an upcoming project to redesign the Office's website to enhance usability (further discussed in priority 7).

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.

The Centers require a data analyst to effectively support priority initiatives and data-related objectives to systematically analyze and utilize information to drive decision-making and enhance program outcomes. The Centers are in the process of hiring a data analyst who will report to the Research, Analysis, and Evaluation division. Future projects for the data analyst will include overseeing updates to dashboards and advancing data-related initiatives outlined in the strategic plan. This role is crucial to ensure that data remains current

and actionable for stakeholders. The data analyst will also respond to technical assistance requests related to data collection, research, and evaluation efforts from stakeholders through the Centers' technical assistance request form, which is publicly available on the website and described in priority 3.

Please refer to **Table 8** for a detailed update regarding the status of each objective and action steps, as identified in the 2023 strategic plan. It also includes a brief description relating to 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-base 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)[24] or area-specific consultants (e.g., Criminal Justice Coordinating Center of Excellence - Ohio)[25] 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	Forthcoming	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 and links to existing dashboards like the Maryland Overdose Data dashboards.
	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.

[24] Regents of the University of Minnesota. (2024). Minn-LInK. https://cascw.umn.edu/community-engagement-2/minn-link/
[25] 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/

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

Several strategic approaches are essential to facilitate communication and information dissemination about opportunities and best practices across jurisdictions, the state, and the nation. At a 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[26] 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.

The Centers also leverage jurisdictional SIM mapping workshops and annual summits to provide opportunities for stakeholders to share insights and align on statewide goals. One notable outcome of the mapping workshops and annual summits is the standardization of language, which addresses discrepancies in definitions across jurisdictions; significant effort has been dedicated to ensure consistency in terminology throughout the reports. Resources are regularly shared among stakeholders at both events and are 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 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 1). To view these reports, please visit the Office's website at: https://gocpp.maryland.gov/reports-and-publications/.

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 across Maryland jurisdictions to discuss successes and limitations in crisis intervention services each quarter. Discussions from these meetings are relayed to the Collaborative Committee to further inform decision-making and oversight of the Centers.

Furthermore, the Centers partnered with the UMB SSW to perform a CIT landscape analysis to capture a snapshot of the current implementation of CIT model programming statewide. The completion of this analysis will enhance communication and information dissemination by

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

providing a comprehensive, data-driven snapshot of CIT model programming across the State. It will also enable stakeholders to understand current implementation levels, identify gaps, and share best practices to facilitate a more coordinated and informed approach to CIT initiatives statewide. Based on the results of the analysis, the Centers seek to develop a publicly accessible resource on its website to provide transparency on crisis intervention programs and encourage informed community engagement.

The Centers are actively working to create an independent webpage on the Office's website, dedicated to the Centers, to enhance user accessibility and resource sharing. The independent webpage will provide an array of resources gathered from SIM mappings, workgroup meetings, and other collaborative efforts. It will also provide a user-friendly layout with sections on crisis intervention services, diversion and deflection programs, regional collaboration, and more. Once created, the Centers will regularly update the independent webpage to strengthen collaboration and streamline the dissemination of information, ultimately supporting broader and more effective program implementation across the State. The Centers are also compiling a comprehensive list of resources spanning the behavioral health continuum to be featured on the webpage which will further support stakeholders with accessible and centralized information.

A key effort in facilitating national communication and information dissemination involves collaborating with individuals across the nation and attending international conferences. The Centers meet quarterly with SIM Coordinators from other states including Oregon, Massachusetts, New Hampshire, Alabama, Texas, and Indiana. 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 February 2024, the Centers joined a *Statewide SIM Coordinators Call* which provided a valuable opportunity to recap the previous meeting held on July 10, where Massachusetts presented on their SIM framework. During this call, an important update was shared from Policy Research Associates (PRA), announcing the creation of the Multi-System Collaboration Team (MSCT) website, which will include all individuals who have received SIM training to enhance accessibility and collaboration. The call also spotlighted the Texas Behavioral Health and Human Services Technical Assistance Center, which presented its data-driven approach, key priorities, and progress in implementing the SIM framework.

In June 2024, 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 the state, 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 Texas Judicial Commission on Mental Health sharing key points regarding the coordination between judicial and treatment systems.

Furthermore, the Centers have actively participated in the CIT International Conference for the past three years, where they have engaged with fellow professionals, shared insights, and gathered valuable feedback on best practices in crisis intervention. This involvement has allowed the Centers to stay informed about national trends and innovations while also showcasing their initiatives and successes to a broader audience. This year, the Centers have been invited to attend the National Criminal Justice Association (NCJA) conference to present a comprehensive overview of the efforts and progress over the years. This presentation will highlight key accomplishments, ongoing projects, and the impact of the Centers' work on crisis intervention services within the community, fostering further collaboration and knowledge exchange with stakeholders from various jurisdictions.

Please refer to **Table 9** for a detailed update regarding the status of each objective and action step, as identified in the 2023 strategic plan. It also includes a brief description relating to the action steps in order 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 interaction of behavioral health and the criminal justice system to include among their members individuals with justice-system experience.

7b. Strategize language and policies.	Centralized communication	In progress	Develop and disseminate a glossary of terms with definitions for practitioners and the public.[27]
		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 updating 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.
		Forthcoming	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.
	Technical assistance and training	Forthcoming	Provide communication and dissemination assistance to promote innovative, evidence-based/informed practices occurring across Maryland.
		Forthcoming	Provide resources and technical assistance for evaluative opportunities.

Crisis Intervention Team

Pursuant to § 3-522(e) of the Public Safety Article, this *Centers of Excellence 2024 Report* 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

In 2024, the Centers updated the Office website to better serve as a statewide clearinghouse for behavioral health-related treatment and diversion programs, including developing a SIM Mapping Dashboard to display completed workshops and reports by jurisdiction. As discussed in priority 7, the Centers are actively working to create an independent webpage on the Office's website, dedicated to the Centers, to facilitate access to resources, technical assistance, and initiative progress. To support data collection and analysis efforts, the Centers are in the process of hiring a data analyst and have contracted with UMB SSW and MCRIC to conduct a CIT landscape analysis and develop a scorecard on quantifiable safety indicators (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

[27] A working draft developed by the Centers and MCRIC is accessible at: https://docs.google.com/document/d/14kckxYpT-MkuLFpsJI3mtJvUnOmJ9GnUh2rig8bje3U/edit.

Maryland Commission on Behavioral Health Care Treatment and Access which was created to recommend "appropriate, accessible, and comprehensive behavioral health services" statewide 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 2024, 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. In April 2024, the Centers presented the Maryland Police and Correctional Training Commissions (MPCTC) for review. 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://goccp.maryland.gov/crisis-intervention-team-center-of-excellence-collaborative-planning-and-implementation-committee/.

February 26, 2024: The Centers announced the renaming of the Office, from the Governor's Office of Crime Prevention, Youth, and Victim Services (GOCPYVS) to the Governor's Office of Crime Prevention and Policy (GOCPP), which took effect on January 18, 2024. Captain Jordan Satinsky, Crisis Intervention Team Commander, Montgomery County Police Department, was appointed to represent the Maryland Chiefs of Police Association on the Collaborative Committee. Drafts of the Maryland CIT Training Standard Curriculum ("Maryland CIT Curriculum") and potential CIT program outcome measures were shared with CIT Coordinators, BHA (Urgent and Acute Care), and Collaborative Committee members for comment. Attendees discussed local and state legislation relevant to the Centers' efforts.

May 20, 2024: The Centers introduced new staff. Brandy James replaced Darren McGregor as the BHA representative on the Collaborative Committee. The finalized Maryland CIT Curriculum was presented to MPCTC on April 24, 2024. Members provided recommendations for future efforts and discussed the need for standardized data to evaluate CIT program impact.

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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

August 19, 2024: The Centers reported that the Maryland CIT Curriculum was reviewed by MPCTC. The Centers also reported that strategic planning was underway to identify priorities for future projects to support CIT programs including a preferred instructor list, recorded curriculum modules, a first responder curriculum for non-law enforcement, and recommendations for refresher/recertification.

November 18, 2024: The Centers reported on the status of 2024 CIT Coordinators meeting priorities and shared the 2025 CIT Coordinators meeting strategic agenda for review and discussion. The Centers also reported on progress pertaining to the Maryland CIT Curriculum including presentations to training directors statewide.

Crisis Intervention Team Coordinators

In 2024, 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 evaluating outcome measures. Coordinators identified a standardized curriculum as a priority action item. They also supplied existing CIT training curricula for analysis by the Centers and provided feedback on analysis results. Ultimately, the Centers drafted a Maryland CIT Curriculum by adapting the training curricula across the State to align with the widely recognized 40-hour in-person training curriculum designated an evidence-based practice for officer-level cognitive and attitudinal outcomes. Coordinators identified additional priorities for the Centers to address which were shared with the Collaborative Committee and noted for strategic planning purposes. CIT Coordinator group meetings will continue to occur on a quarterly basis at the Office or virtually through Google Meet.

Analysis Regarding Deficiencies and Recommendations

Based on the results of the *2024 State Summit on Behavioral Health and the Justice System: Utilizing the Sequential Intercept Model Mapping Initiative*, 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:

- Foster collaboration between behavioral health providers, housing agencies, and transportation services to create a seamless support system for individuals in need.
- Support efforts to provide standardized, evidence-based crisis intervention training to law enforcement to facilitate the adoption of layered community- and police-based crisis response approaches that meet local needs.
- 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.
- Continue to partner with a team of stakeholders across multiple systems to further address racial equity and disparity in the State.

- Continue to partner with a team of stakeholders across multiple systems to further expand trauma-informed care throughout the State.

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 healthcare 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:

- Increase funding allocations to:
    - Expand SIM facilitator training events and refresher training(s);
    - Assist local jurisdictions in conducting SIM mapping workshops;
    - Assist with the ongoing expansion of annual summits; and
    - Increase the number of conferences staff members can attend.
- Hire a data analyst to gather relevant data and regularly update information to ensure it remains accurate and comprehensive.
- Create additional staff positions to:
    - 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.