# Sequential Intercept Model Mapping Report for Calvert County, Maryland

Final Report
November 2023

Governor's Office of Crime Prevention,
Youth, and Victim Services
Centers of Excellence

Maryland
GOVERNOR'S OFFICE OF
CRIME PREVENTION, YOUTH,
AND VICTIM SERVICES

## Acknowledgments

This report was prepared by the Centers of Excellence established in the Governor's Office of Crime Prevention, Youth, and Victim Services. The Centers of Excellence wishes to thank Andrea McDonald-Fingland, Director of Calvert County's Local Behavioral Health Authority, for leading this effort, as well as all local stakeholders who participated in the discussion.

## Recommended Citation

The Centers of Excellence. (2023). *Sequential intercept model mapping report for Calvert County, Maryland.* Crownsville, MD: Governor's Office of Crime Prevention, Youth, and Victim Services.

# Contents

# Background

The Sequential Intercept Model, developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,[1] has been used as a focal point for states and communities to assess available resources, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders that cross over multiple systems, including mental health, substance abuse, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

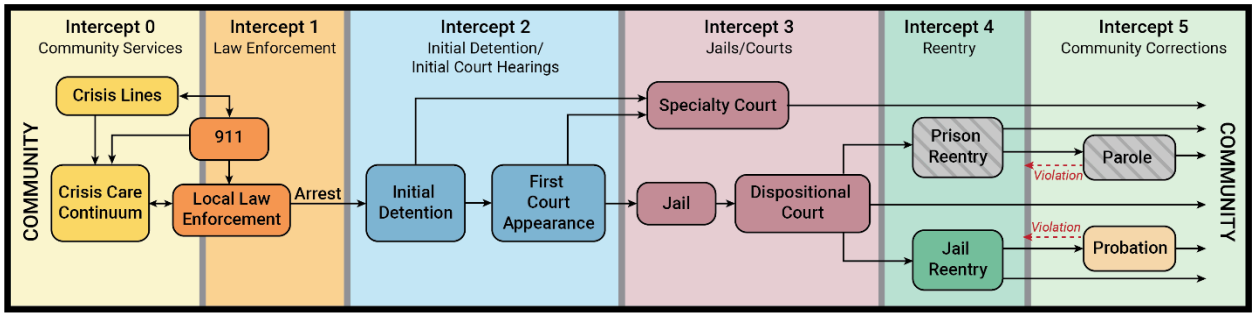
Sequential Intercept Model mapping is a workshop to develop a map illustrating how people with behavioral health needs come in contact with and flow through the criminal justice system. Through the workshop, facilitators and participants identify opportunities for linkage to services and for prevention of further penetration into the criminal justice system.

The Sequential Intercept Mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along six distinct intercept points: (0) Mobile Crisis Outreach Teams/Co-Response, (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.

2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.

3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.






[1] Munetz, M., & Griffin, P. (2006). A systemic approach to the decriminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, *57*, 544-549.

# INTRODUCTION

In May 2020, Senate Bill 305, “Public Safety - Crisis Intervention Team Center of Excellence” was established to operate within the Governor’s Office of Crime Prevention, Youth and Victim Services. This Center’s purpose is to provide technical support to local governments, law enforcement, public safety agencies, behavioral health agencies, and crisis service providers and to develop and implement a crisis intervention model program.

In April 2021, Maryland legislators passed the second ‘Center’ through Senate Bill 857, “Maryland Behavioral Health and Public Safety Center of Excellence.” This bill requires that the center act as a statewide information repository for behavioral health treatment and diversion programs related to the criminal justice system and more. Additionally, the creation of this bill facilitates statewide, local, and/or regional planning workshops using the Sequential Intercept Model (SIM). By August 2022, the Centers of Excellence hosted a train-the-trainer process training seventeen individuals across the state to conduct mapping workshops.

In November 2023, the Centers of Excellence met with a group of behavioral health and criminal justice system stakeholders from Calvert County, Maryland at the local Detention Center’s Work Release building. The Centers of Excellence staff provided a brief presentation on the SIM and facilitated discussions focused on identifying:

- Existing resources for responding to the needs of adults with mental and substance use disorders who are involved or at risk for involvement in the criminal justice system.
- Gaps in services for justice-involved individuals with behavioral health needs.
- Opportunities for diverting individuals in the target population out of the criminal justice system and connecting them with treatment and other support services in the community.
- Opportunities for cross-system collaboration and partnerships.

The discussions touched on all the intercepts of SIM. The Centers of Excellence captured information about the resources, gaps in services, and opportunities. Following this discussion, the group reviewed the gathered information and identified short and long-term goals. This process assisted in identifying priorities for community change. At the conclusion of this meeting, the stakeholders in attendance participated in a voting process of the identified priorities which can be found on page 28.

# AGENDA

Maryland
GOVERNOR'S OFFICE OF CRIME PREVENTION, YOUTH, AND VICTIM SERVICES

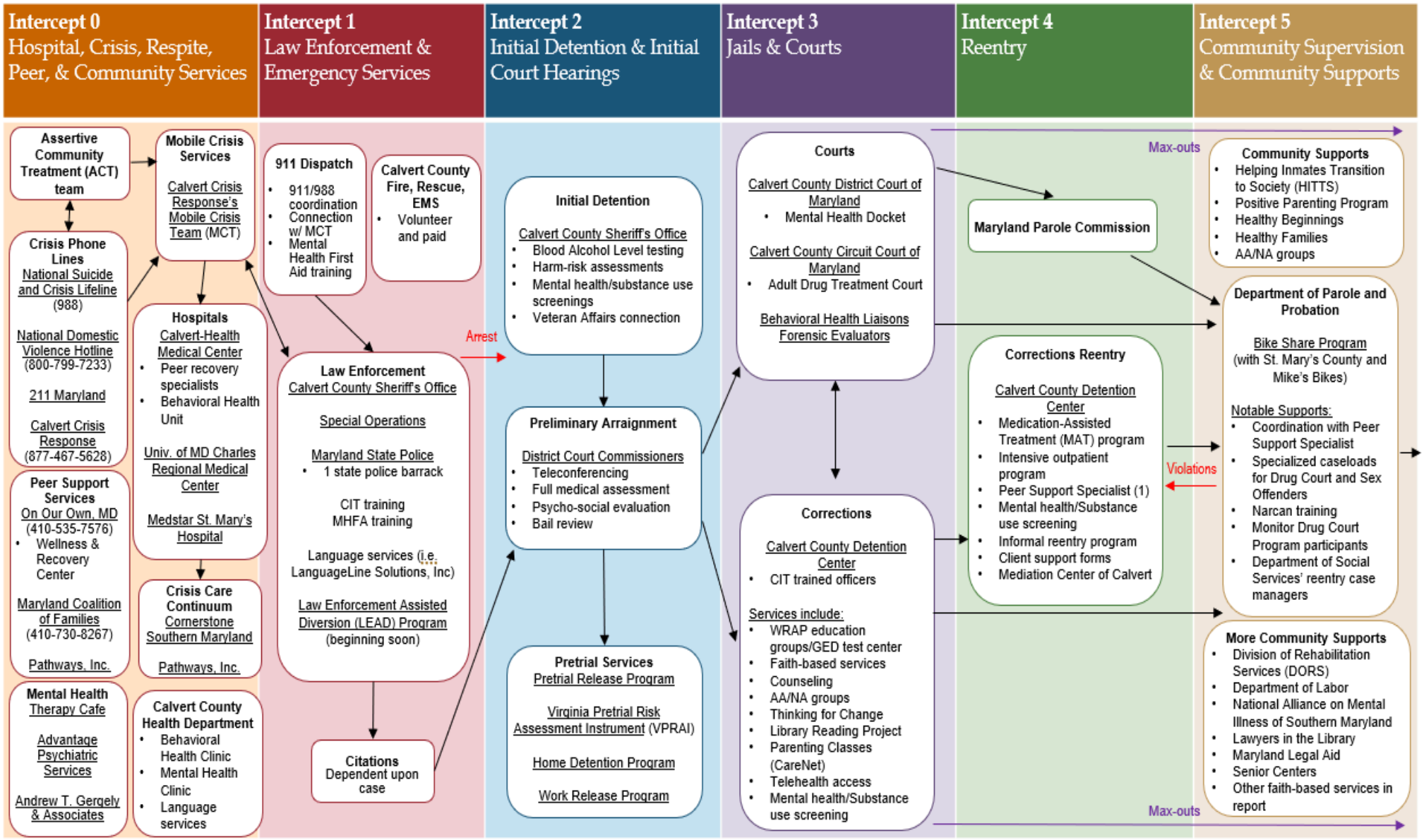
**Sequential Intercept Model Mapping Workshop**
**Calvert County, Maryland**

**November 8, 2023**
**8:30 a.m. - 4:00 p.m. Eastern Time**

## AGENDA

| | |
|---|---|
| 8:30 a.m. - 8:45 a.m. | Welcoming/Opening Remarks |
| 8:45 a.m. - 10:00 a.m. | Intercept 0/1 Resources and Gaps |
| 10:00 a.m. - 11:15 a.m. | Intercept 2/3 Resources and Gaps |
| 11:15 a.m. - 12:30 p.m. | Review 0/1 and 2/3 |
| 12:30 p.m. - 1:30 p.m. | LUNCH |
| 1:30 p.m. - 2:30 p.m. | Intercept 4/5 Resources and Gaps |
| 2:30 p.m. - 3:00 p.m. | Identify Quick Fixes/Parking Lot |
| 3:00p.m. - 3:30 p.m. | Identify and Vote on Priorities |
| 3:30 p.m. - 4:00 p.m. | Next Steps |

# Sequential Intercept Model Map for Calvert County, Maryland

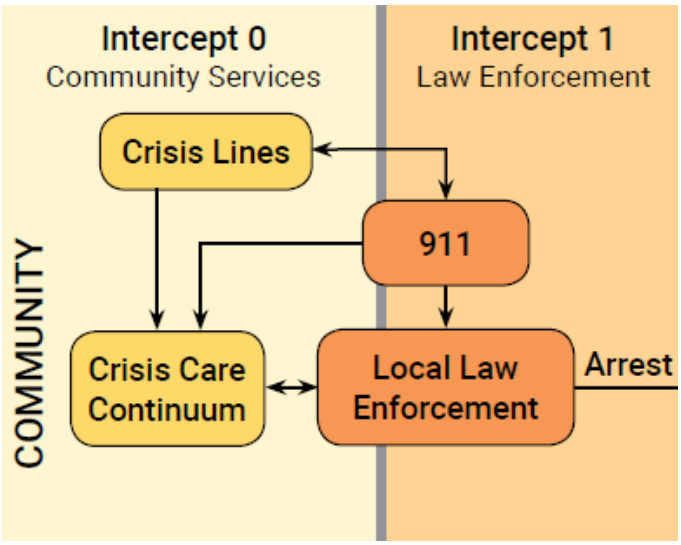


[2]

# Resources and Gaps at Each Intercept

The centerpiece of this workshop is to develop a Sequential Intercept Model map. Thus, the facilitators worked with the workshop participants to identify resources and gaps at each intercept. This process provided contextual information for understanding the local map as the criminal justice system and behavioral health services are ever-changing. Furthermore, this catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with mental and substance use disorders by addressing the gaps and building upon existing resources.

[2] https://roubler.com/za/wp-content/uploads/sites/52/2020/04/COVID19-Recovery-1.jpg




## Intercept 0 and Intercept 1

## Intercept 0/1 Resources

**Community Services**

***Overview:*** Calvert County is an exurban county in Southern Maryland with a population of approximately 92,00 individuals and a population density significantly lower than the state average. Calvert is the smallest county in Maryland by landmass, stretching 35 miles from north to south and only 10 miles east to west at its widest point. Geographically, the county is a narrow peninsula with just one major route connecting its southern and northern ends; entry to two of the four adjacent counties requires crossing a bridge, making it occasionally challenging to move between counties.

According to the 2020 US Census, the county's population is 50.4% female, 49.6% male, 81% white, 13.3% black or African American, 3.2% two or more races, 1.9% Asian, 0.5% American Indian and Alaska Native, and 0.1% Native Hawaiian and Other Pacific Islander. 4.4% of the population identifies as Hispanic or Latino. Calvert County had the greatest per capita veteran population in the state of Maryland between 2014 and 2018, with 8,792 veterans making up 9.6% of our county's population.

An array of services are available to Calvert County residents with behavioral health needs; promoting collaboration across intercepts, the Local Behavioral Health Advisory Council meets bi-monthly to develop the plans, strategies, and priorities of the county for meeting the

identified needs of the general public for behavioral health evaluation, prevention, intervention, and treatment.

***Peer Services**:* For residents seeking an array of peer-provided services, On Our Own of Calvert, Inc. assists individuals over age 18 and refers those under age 18 to the Maryland Coalition of Families and the Calvert County Health Department; On Our Own operates a Wellness and Recovery Center, providing an average of 25 individuals per month with free and voluntary recovery support services without requiring a medical diagnosis, referral, or other criteria. Grant-funded peer recovery specialists can access CalvertHealth Medical Center by referral based on availability; peer recovery specialists are also accessed through Calvert Crisis Response (CCR), through harm reduction and jail/reentry roles, and via a peer recovery specialist with Pathways, Inc. located within Department of Social Services, the District Court, and the Parole and Probation Office.

***Clinic-based Services:*** As a safety net for behavioral health providers in the community, clinic-based behavioral health services are provided to residents age 5 and older by Calvert County Behavioral Health Clinic (a division of Calvert County Health Department with four locations throughout the county). There are 1 -2 psychiatric providers at each location. The capacity for each location is as follows: Prince Frederick (675 adults, 125 adolescents, 175 children), Barstow (145 adults, 15 adolescents, 10 children), Lusby (175 adults, 15 adolescents, 15 children), and Chesapeake Beach (95 adults, 10 adolescents, and 10 children). Additional clinic-based services are available through CalvertHealth Medical Center Behavioral Health Unit (in partnership with Sheppard Pratt) for adults and adolescents age 13 and older.

***Co-occurring Mental Health and Substance Use Services:*** Cornerstone Southern Maryland (the merger of Southern Maryland Community Network and Cornerstone Montgomery) serves 5 counties including Calvert, providing psychiatric rehabilitation programs for adults and children, targeted case management, supported employment programming, in-home intervention programming, adult crisis programming, and community behavioral health liaison services; while individuals with co-occurring mental health and substance use needs can be treated, the primary diagnosis must be related to mental health. Pathways, Inc. offers psychiatric assessment, medication management, therapeutic counseling, brain injury rehabilitation, psychiatric rehabilitation, supported employment, and housing assistance; maximum capacity is 20-25 active clients, while the average number of clients served monthly is 10-12 individuals.

***Assertive Community Treatment.*** The Assertive Community Treatment (ACT) team is coordinated through Cornerstone Montgomery/Southern Maryland which covers three counties (Calvert, Charles, and St. Mary's) for high-risk high-needs individuals who require a greater level of care coordination. The ACT team has a partnership with Calvert County Behavioral Health and the Calvert Crisis Response Mobile Crisis Team. The ACT team has a maximum caseload of 100

individuals, but there are 40 individuals seeking guidance from the team as of November 2023. Referrals to ACT come from the courts, LifeStyles of Maryland, and other agencies.

***Substance Use and Addiction Services**:* Services primarily addressing substance use are available through Avenues Recovery Center, Project Chesapeake, and Bayside Recovery.

***Mental Health Services**:* Additional mental health services including therapy and psychiatric medication management are available through Therapy Cafe, Advantage Psychiatric Services, and Andrew T. Gergely & Associates.

***Youth Services:*** For youth and adolescents, the Department of Juvenile Services outsources to providers in the community for those in need of behavioral health services. The Calvert County Local Care Team acts as an interdisciplinary team of diverse stakeholders who meet with a family to discuss needs and provide resource referrals and connections. Calvert County Health Department school-based therapists provide both mental health and substance use services at every school in the district. Barstow Acres Children's Center provides mental health services that are accessible for even children as young as two years of age. For ages 5 and older, Project Chesapeake offers psychiatric services while Pathways, Inc. provides therapy and medication management. Center for Children provides mental health services for children ages 4 years and older and families, including case management, co-parenting education, psychiatric rehabilitation programs, group therapy, trauma-focused cognitive behavioral therapy, functional family therapy, and child-parent psychotherapy. Cornerstone Southern Maryland provides Maryland's In-Home Intervention Program for Children (IHIP)-C services. Telehealth options are frequently utilized for the child and adolescent population in Calvert County.

***Housing Services:*** The Human Services Division of LifeStyles of Maryland Foundation, Inc. (Lifestyles of Maryland) provides a single point of access to gain services to support a household's self-sufficiency. Case managers are available in the Calvert office to connect clients with available resources, including emergency financial assistance, financial management, homeless prevention subsidies, rehousing subsidies, and gap-filling financial assistance. Calvert County residents who require assistance with housing can also access Project Echo, a local non-profit organization that provides emergency shelter and supportive housing for individuals and families with a capacity of 40 beds; there were 113 households served in 2019 and 59 in 2020. Local churches such as St. John Vianney, Emmanuel Church, Grace Brethren Church Of Calvert County, and the churches of the Calvert Interfaith Council also offer shelter and meals through Safe Nights. Calvert Crisis Response can provide temporary shelter in its 3 treatment rooms at the Health Department for those actively engaged in crisis management. Cornerstone Southern Maryland manages an adult crisis program designed to provide 24/7 assessment and stabilization to persons at risk of or stepping down from hospitalization; clients spend on average 7-10 days stabilizing in a home-like environment. Veterans in Calvert County have

access to Maryland Department of Veteran Affairs locations in DC and Baltimore and MedStar St. Mary's Hospital outpatient services.

***Language Services:*** Calvert County has several types of language services. The Health Department has access to an in-house Spanish translator and a nurse who is fluent in sign language, the Sheriff's Office includes two Spanish-speaking and two Russian-speaking sworn officers, and all government agencies have access to interpretation and translation services through the current contractor LanguageLine Solutions, Inc (866-874-3972). Additionally, there are currently hiring incentives for bilingual employees within the state government and Maryland State Police to encourage the recruitment and retention of linguistically diverse employees.

**Crisis Response Continuum**

***Hotlines / Warmlines / Resource Lines:*** The National Suicide and Crisis Lifeline (988) can be accessed 24/7 by call, text, or chat with a goal of live response within 25 seconds; an option for video chat is available for individuals who communicate through sign language. The National Domestic Violence Hotline (800-799-7233) is also available 24/7 by call, text, or chat. 211 Maryland (211) is a resource line that operates 24/7 with a statewide reach that connects individuals with referral specialists. Resource lines are also operated by On Our Own of Calvert County (410-535-7576) and Maryland Coalition of Families (410-730-8267), providing peer support for individuals and families with behavioral health needs. In partnership with the health department, Calvert Crisis Response (CCR, 877-467-5628) operates within Calvert County Behavioral Health Clinic (CCBHC) to provide a voluntary crisis line manned by live operators 24/7 to serve Calvert County. This group acts as both a crisis line and a resource line. In connection with 988 and 911 emergency dispatch, CCR provides crisis response to approximately 100 Calvert County residents per month; it can also connect individuals with peer specialists and provide electronic referrals. Cornerstone Southern Maryland and Pathways, Inc. operate 24/7 crisis lines accessible by call or text for those individuals already enrolled in their programming.

***Mobile Responses:*** Mobile Crisis Team (MCT) is a component of Calvert Crisis Response (CCR). This team, composed of a medical provider (physician, nurse practitioner, or nurse), a certified and/or licensed therapist, and a peer recovery specialist, coordinates with 988 and 911 to mobilize a response within 60 minutes to assess behavioral health needs and initiate services; as staff are not first responders, they rely on clearance from law enforcement and EMS before engagement. MCT provides services to approximately 100 residents per month. Additionally, Calvert Crisis Response provides grant-funded care management for up to 12 weeks after a mobile crisis response.

***Crisis Receiving and Stabilization Facilities:*** Calvert County Behavioral Health Clinic (CCBHC) provides behavioral health urgent care for individuals with acute behavioral health needs at its Prince Frederick location via same-day scheduled appointments or unscheduled walk-in care; individuals who would otherwise be brought to the emergency department can receive up to 23 hours of immediate care and linkage to community-based treatment. Services include screening, assessment, brief intervention, and prescription capabilities for immediate mental health and substance use support (with the exception of active withdrawal) during day hours with limited weekend access. CCBHC also provides diversion for individuals prior to emergency petition (EP) custody for rapid evaluation and care; prior to an EP execution, individuals can be voluntarily transported to CCBHC by EMS personnel for stabilization services. Cornerstone Southern Maryland provides the only crisis residential unit within the county with a capacity of 19 beds, of which 5-6 can be used as intensive beds providing more than 40 hours of supervision per week depending on staffing; Medicaid and Medicare are accepted, as are uninsured clients, but private insurance is not accepted. Services are available by walk-in but are only accessible to clients already enrolled with Cornerstone Southern Maryland. Additional crisis beds are located in Montgomery County (Cornerstone Montgomery) and Charles County (Safe Journey House) for individuals who are waitlisted. CalvertHealth Medical Center provides hospital services for the county, both emergency department and psychiatric inpatient; last fiscal year, the hospital served approximately 1200 residents. Residents also use MedStar St. Mary's Hospital and University of Maryland Charles Regional Medical Center, although these facilities are located outside of Calvert County. Many agencies in the county utilize Crisis Prevention Institute training to instruct employees on nonviolent crisis intervention techniques, including Calvert Crisis Response, Cornerstone Southern Maryland, Pathways, Inc., CalvertHealth Medical Center, and the Calvert County Public School System.

**First Responders:** Calvert County emergency communications (911) are handled through county dispatch. Currently, the 911/988 coordination is in its inception phase, but for now, 911 dispatchers can contact mobile crisis to facilitate a co-response with law enforcement as needed. Emergency medical services (EMS) are managed by Calvert County Fire, Rescue, & EMS; EMS providers, both volunteer and paid, co-respond with law enforcement. Law enforcement is handled by the Calvert County Sheriff's Office (CCSO) and Maryland State Police (MSP). The Calvert County Sheriff's Office executed 359 emergency petitions (EPs) last year and has already exceeded that number as of November 2023; the majority of EPs are handled by the Special Operations Team. All CCSO and MSP officers receive Mental Health First Aid (MHFA) training at the academy, and approximately 50% of CCSO officers and under 50% of the MSP officers assigned to the local barracks are crisis intervention team (CIT) trained. Regarding diversion, Calvert County has recently received grant funding to initiate a law enforcement-assisted diversion (LEAD) program that will run from 8 a.m. to 4 p.m. to divert nuisance calls on weekdays. Self-care is available through the Cordico wellness app, 8 trained

peer support specialists, Harbor of Grace Enhanced Recovery Center in Harford County, and at an outpatient facility in McLean, VA; there is currently a partnership to identify the needs and resources for first responders in the county via survey.

**Collection and Sharing of Data:** Given that most services in the county are grant-funded, much of the relevant data is collected and maintained by grant management. Most data sharing occurs within the Health Department, although the Local Behavioral Health Authority (LBHA) engages in outreach events with outside stakeholders. Chesapeake Regional Information System for our Patients, Inc. (CRISP), a database that facilitates the sharing of health information among doctors, hospitals, labs, and other healthcare organizations, provides safer, more efficient patient-centered care for individuals who do not opt out and whose providers participate; CRISP also prevents duplication and diversion of medication. Law enforcement flag addresses safety concerns, allowing dispatch to alert patrol prior to arrival.

## Intercept 0/1 Gaps

**Community Services:** Although Calvert County has a high median income and a relatively low poverty rate, the cost of living is nevertheless considerable. As a result, a family income above the poverty line may still not be enough for shelter, food, clothes, and health care; data indicates that racial and ethnic minorities are some of the most underserved people in Southern Maryland, and there are areas of economic distress and pockets of poverty. Unfortunately, Project Echo, the only housing shelter in the county, is regularly at capacity.

Obtaining behavioral health services is a challenge both in terms of professional availability and physical access to providers. Health Professional Shortage Area (HPSA) designations have been given to the county for primary care and mental health; psychiatric services are particularly difficult to secure. Additionally, county residents face geographical barriers coupled with a lack of public transportation that can impact residents' ability to access the available services. Further compounding the issue, insurance can be an obstacle for residents in need of care; gaps are particularly prominent when transitioning from one type of service to another and attempting to align insurance coverage.

There are additional systemic challenges in providing services for juveniles in Calvert County: the county lacks an intensive outpatient program (IOP) for juveniles; accessing therapeutic services for adolescents is difficult and lengthy; there is a gap in reentry services, particularly for medications; there is a shortage of providers who service children and adolescents; and the commuting patterns make it difficult for families to find appointments as evening slots are very limited.

**Crisis Response Continuum:**

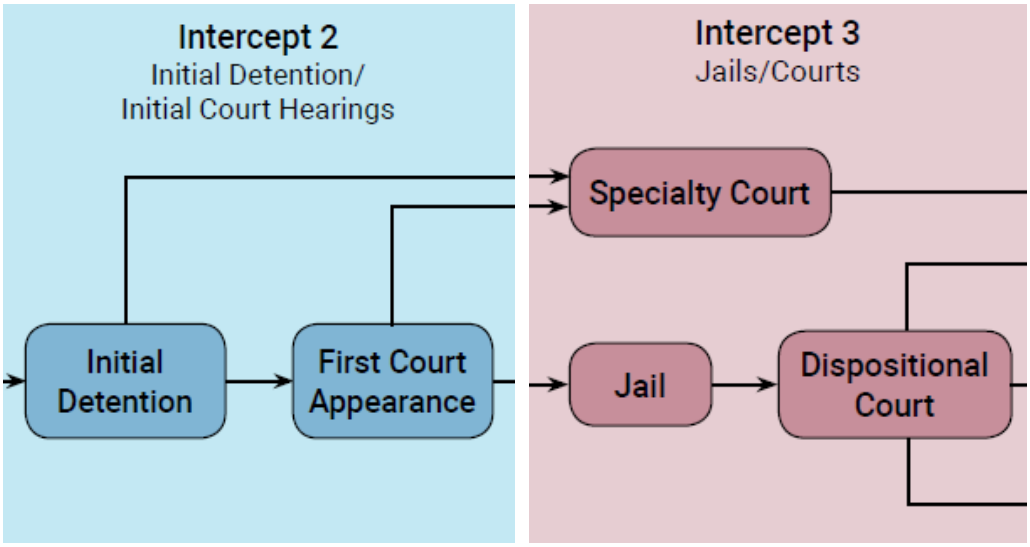
***Hotlines, Warmlines, Resource Lines:*** Nationally, 988 lacks GPS capabilities, resulting in individuals being assigned based on area code and not the actual location.

***Mobile Responses:*** Calvert Crisis Response faces staffing constraints, particularly on weekends; they also do not respond during the overnight shift due to low call volume.

***Crisis Receiving and Stabilization Facilities:*** Funding is an issue; crisis services are generally grant-funded. No crisis services in the area accept private insurance. Calvert County lacks a 23-hour crisis stabilization unit, and CalvertHealth Medical Center does not have adequate capacity to meet this population's needs. Wait times for emergency petitions can range from 30 minutes to several hours; without security, law enforcement must stay until the individual is accepted by staff. Cornerstone Southern Maryland only accepts individuals already enrolled in services to the crisis residential unit, and they are chronically at capacity with a waitlist 90% of the time. Calvert Crisis Response is able to provide transitional housing for individuals actively creating a care plan, but this space is at capacity 50%-70% of the time.

**First Responders:** The integration of 911 and 988 is in discussion but incomplete. At this time, paid EMS providers receive Mental Health First Aid training but not CIT training, and volunteer EMS providers receive neither, although a desire has been expressed for more training. There is no formal diversion training at this time for dispatch or first responders. Crisis intervention team (CIT) training is coordinated across multiple counties in this region and offered only 3 times per year with limited slots reserved for officers from Maryland State Police and Calvert County Sheriff's Office.

**Data Collection and Sharing:** There is a lack of data regarding the frequency of use, transfer, and coordination of services in Calvert County. Most data is quantitative and focused on the provision of services, not the impact of services, although there is some use of client surveys. Grant information is public but not all data can be shared without a Freedom of Information Act (FOIA) request. There is a "bedboard" managed by the Maryland Behavioral Health Administration (BHA), but the BHA contact for that program is unknown to the community.




# Intercept 2 and Intercept 3

## Intercept 2/3 Resources

**Intake (Processing)**: Upon arrest, individuals are taken to the Calvert County Sheriff's Office before they are sent to the detention center and then seen by the court commission. Those under the influence of alcohol are placed in a holding cell until they are sober. There is a disorderly charge for those under the influence. All new arrivals are processed in the booking area where they undergo a primary assessment by medical staff (i.e. certified nursing assistants or registered nurses), who are contracted through Wellpath Medical. The medical staff completes a quick screening to determine whether the individual is eligible to be booked, or if they must be transported to a hospital for further care. This screening includes harm-risk assessments, injury and/or pain assessments, medical and behavioral health history intake, and questions regarding veteran status. There is a mental health screening using the American Society of Addiction Medicine's (ASAM) Level of Service/Case Management Inventory (LS/CMI) standard biopsychosocial evaluation. There is also a substance use disorder screening conducted with a reentry screening tool and a suicide screening mirroring a Columbia suicide screening. If an individual needs life-threatening medication (i.e. insulin), then an officer will contact family members to provide the individual's medication before arraignment. There is also an on-call doctor who coordinates the confirmation of prescriptions provided by family members. Those who are veterans are referred to services within the community or through the U.S. Department of Veteran Affairs website. A representative from Veterans Affairs visits the facility once a month to interview inmates who have already been screened and booked to identify veteran status in case it was missed.

Individuals are not dressed in an inmate jumpsuit unless they are strip-searched. However, their shoes, belts, and other accessories that could pose a danger to themselves or others are confiscated from the individual before placement in the waiting area. Once an individual is booked and processed, the individual will wait to see the District Court Commissioner. To see the Commissioner, the individual must blow zero on an Alcohol Breath test and/or appear sober from illegal substance use. An individual who has been booked is now eligible to speak with a peer support service specialist, upon request.

Initial appearance, or arraignment, in front of the Commissioner, will vary in length of time depending on various aspects of a situation, but will typically occur within 12 hours of processing. Preliminary arraignments are still held via teleconferencing and average 3-4 hours after an individual is processed. If the decision is made to hold an individual until a court hearing, then the individual is strip-searched and put into a jumpsuit. The individual is then provided access to the phone system and given a full medical assessment along with a psycho-social evaluation. 89% of referrals to such services are made by the medical team. The medical team is staffed from 8 a.m. - 5 p.m. to engage in suicide management and grief therapy because many of the individuals in holding have mental health concerns that may pose a safety risk. When evaluated, an individual's information is placed in a system queue for services. Services may be provided sooner depending on the situation.

Booking and jail populations are slowly rising, however, with the Justice Reinvestment Act (JRA) initiatives and the COVID-19 pandemic, the jail is morphing from smaller-scale offenses to those more serious. At this time, approximately 30% of individuals arrested make up the no-bonds population, and approximately 70% of individuals are released after initial hearings and referred to pretrial services. 60% of the individuals involved in pretrial are identified as the maximum classification/serious crime that is accepted within those services.

**Pretrial Services:** Calvert County Detention Center has a pretrial release program that provides inmates, who are deemed to be minimal danger to the community, the opportunity to be released from incarceration and serve their sentence through the program. Two pretrial officers, who are also case managers for individuals involved in the program, work Monday through Friday typically from 6 am-6 pm. Officers pre-screen inmates with online risk assessments through the Virginia Pretrial Risk Assessment Instrument (VPRAI) to determine who is due up for bail review and gauge whether the individual is suitable for pre-trial release. This tool is currently being tested to see if it is suitable for the community. As of November 2023, pretrial officers oversee nine inmates within the program, however, they were overseeing about 24 inmates a few months ago. There are four levels of pretrial supervision; the level correlates to the suitability established through the risk assessment, a review of the individual's criminal

history, as well as communication with the courts. Each case will have its own set of stipulations based on the crime and severity type, in addition to the requirements of each level of pretrial programming. Level 1 requires once-a-week urine and either a phone call or physical check-in with the assigned case manager compared to Level 4 which requires GPS monitoring, multiple urinalysis testing, phone calls, and case management every week. These services are provided through a partnership with the Calvert County Behavioral Health Clinic within the Calvert County Health Department. This partnership allows for coordination with employment, pre-trial peer support, and more. The Detention Center collaborates with the Labor Department to help pre-trial participants in their workforce development. It is important to note that any services offered through the Calvert County Health Department are available to individuals engaged in pre-trial programming. Furthermore, the College of Southern Maryland offers a GED program during pre-trial release so an individual can take classes for free.

The detention center also offers a home detention program where individuals may be sentenced by the courts with the opportunity to serve their sentence at home with electronic monitoring under strict supervision. This can only be served by authorization from Courts or an order from a judge. In conjunction with the home detention program, participants may also be able to enroll in work release. The work release program is another sentencing alternative for individuals recommended by the court. At this time, the facility currently has four or five individuals on active work release. This program used to have upwards of 80 enrolled, but due to COVID-19, is just now starting back up.

**Jail and Court Structure:** The county's jail and court system includes the Calvert County Detention Center, the District Court of Maryland for Calvert County, and the Circuit Court for Calvert County. The Calvert County Detention Center was originally built in 1654 in Battle Town on Battle Creek. It relocated during the 1950s behind the courthouse and expanded soon after due to overcrowding and outdated structure. In 1990, the detention center expanded again due to overcrowding. Today, the detention center has a maximum capacity of 172 individuals with flexible housing units to accommodate males and females as needed. As of November 2023, the detention center held 118 individuals of which 14 were being held for nearby jurisdictions (ie. Charles and Prince George's County) or other agencies (i.e. US Marshal Services and the military). All deputies have received Mental Health First Aid training.

The detention center has a contract with Wellpath for medical and behavioral health services. The prevalence of mental illness and co-occurring disorders in the detention center is approximately 85%. 24 of the 80 law enforcement professionals in the Calvert County Detention Center are CIT trained. In 2018, official recidivism data demonstrated that 41% of individuals recidivated. The most recent gathering of such information demonstrated a decline to 27%. However, the JRA initiative in conjunction with the COVID-19 pandemic drastically affected the

jail system across the nation. As a result of the changes, individuals charged with a misdemeanor offense are not often booked. Historically, the jail population has been categorized as approximately 60% misdemeanor offenses and 40% felony offenses, while the current split is approximately 70% for misdemeanors and 30% for felonies.

**Jail Services:** Inmate services include WRAP education groups, a GED test center, faith-based services, one peer specialist, one-on-one counseling, and other groups such as Thinking for Change. Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups are also offered in the detention center. Parenting classes through Care Net were previously offered, but it is no longer needed because of a lower population. Additionally, the Center has a Library Reading Project in partnership with the county library which provides two books per week to each individual incarcerated. The types of books range from novels to self-help, and if an individual wants to try and get their CDL or driver's license, the detention center will work with the library to obtain the study material.

Individuals are identified for behavioral health services through self-referral, by medical and correctional staff, and by case managers. WellPath is contracted by the detention center to help with medical health services. On average, case management handles 40 cases per month; services are based on individual needs and can vary. Individuals with behavioral health concerns at the detention center are seen by staff from the Calvert County Behavioral Health Clinic. The clinic provides opioid use disorders (MOUD), peers, therapists, and some case managers for the detention center. There is also a 10-week intensive outpatient (inside facility) program and a level 1 jail substance use program (JSAP) within the detention center for individuals experiencing substance use disorders. These two programs are analogous. JSAP provides counseling in group and one-on-one settings as well as telehealth access. The Behavioral Health Clinic ensures individuals are receiving necessary medications by partnering with the on-call psychiatrist to contact an individual's doctors and verify prescription use (this applies to individuals undergoing initial processing, pretrial services, and sentencing).

House Bill 116 (2019) further established programs for opioid use disorder screening, evaluation, and treatment (specifically medications to treat opioid use disorder in conjunction with counseling services and reentry planning) in local correctional facilities. The medication-assisted treatment (MAT) program at Calvert County Detention Center began on January 1, 2023. There is one reentry coordinator who manages this program. As of November 2023, there are 12 individuals enrolled. At the start of the program, the biggest growing pain was managing the timing of administering doses. This logistics challenge resulted in nurses administering medications at 2 a.m. taking 10-12 minutes on average. The program uses Methadone, Zubsolv, and Vivitrol to fulfill the mandate of providing one of the FDA-approved medications for opioid use treatment. Effective December 2023, the detention center will offer

Sublocade. Vivitrol shots are also available to those graduating from the program upon release. The detention center would like to obtain more Vivitrol shots to assist with the continuum of care, minimize cost, and improve time efficiency in obtaining medication during release. Narcan is available for individuals leaving the facility as well.

**Competency:** Individuals charged with serious offenses who require competency hearings are held at Calvert County Detention Center while awaiting assessment and placement by a forensic evaluator at Spring Grove.

**Problem-Solving Courts**: Calvert County has an Adult Drug Treatment Court Docket for post-plea, coordination, case managing, and peer advocating in the Calvert County Circuit Court. This 18-month program utilizes an individualized intensive and structured treatment program. The Judge who sits on the drug court is Honorable Mark S. Chandlee. The rest of the drug court team includes representatives from the State's Attorney's Office, Public Defenders, Calvert Behavioral Health, case workers, parole and probation, the Sheriff's department, and the Department of Social Services. In addition, a Substance Use Disorder Court Accessor from the Calvert County Behavioral Health Clinic assists with connections to treatment in efforts to divert individuals. This non-adversarial court team works together to restore the defendant as a productive, non-criminal member of society, using graduated sanctions for non-compliance.

There are two ways in which individuals can be seen by this court: independent applications or motions by lawyers. A form with questions regarding behavioral health concerns, substance use disorders, veteran status, and prior history and nature of the offense is available on the circuit court website.[3] Prosecutors will look through applications and exclude for-profit dealers, those with historic or current violent crimes, and those with firearm violations. Once an application is submitted to the drug court team, the prosecutor will gather additional information (ie. nature of the offense and previous criminal history). The drug court team meets once a week to approve applications based on candidacy evaluations. Eligibility to participate in the drug court program includes abstinence, but the court team understands that recovery is not a linear process and abstinence is not a disqualifying factor to a degree. This requirement is monitored by case managers. Those seen by the drug court will present a plea and sentencing is deferred until the end of the drug court program. The parole or probation officer monitors the individual, as well as the case manager, who checks in weekly, or more if needed. The case managers notify the court and relevant attorneys if the participant isn't doing well in the program. If an individual is unsuccessful in the drug court program, it is considered a violation of probation and results in a 15-day sentence to the detention center.

[3] https://www.calvertag.com/3165/Adult-Treatment-Court

Calvert County also has a Mental Health Docket within the Calvert County District Court. This docket is not a formal mental health court and comprises the State's Attorney's Office, the Health Department, and the Office of the Public Defender. Cases seen by this docket are usually referred from the State's Attorney's Office and sometimes from other agencies such as the Calvert County Health Department. The docket holds monthly meetings to assess individuals' progress in connecting with necessary services and determining any necessary additional help that the docket may provide. A representative from the docket will also meet with participants regularly if they appear to be struggling during assessments. The length in which an individual is engaged in the mental health docket is driven by how they are improving. If a participant self-identifies as having experienced trauma or traumatic brain injuries, the docket will steer them to trauma therapy or neurologists if necessary. To mitigate re-traumatizing participants, the initial intakes from the mental health docket do not require elaboration on an individual's trauma. However, participants are welcome to discuss their individual experiences if they are comfortable.

The Mental Health Docket has been in place for five years and served 300 individuals. Most participants reach the docket already having a mental health diagnosis, however, a formal evaluation may be conducted depending on the individual charges (ie. domestic violence and weapon charges are avoided). A Mental Health Court Assessor, or mental health professional, from the Calvert County Behavioral Health Clinic, assists with the completion of treatment and/or provides referrals to services. Offenses typically routed to the mental health docket include trespassing, thefts, and DUIs. There is also an informal family component to the problem-solving courts where case managers will assist the families of incarcerated individuals. However, there are no family-specific needs assessments and most of the behavioral health services offered to specialty court participants are fee-for-service and do not cover the costs of family services.

**Data Collection and Sharing**: Lack of information regarding data collection and sharing provided at the workshop.

## Intercept 2/3 Gaps

**Intake (Processing):** Veterans experience delays in services if they have not previously enrolled or engaged in services before referral. In addition, some veterans have noted negative experiences with the U.S. Department of Veteran Affairs (VA) which diminishes their likelihood of seeking assistance. Requesting records and information from the VA is an extensive process due to the number of entities sending referrals. However, the VA has improved over the last few years in providing timely services and engaging in "warm" handoffs. Assessment tools also need improvement for validity and accuracy from the Pre-Trial Justice Institute. There is no traumatic

brain injury (TBI) screening or assessment tools for adverse childhood experiences. Instead, this information is typically provided by family members, if at all.

**Jail and Court Structure:** There are only two slots allocated per class for law enforcement CIT training. Narcan training has been informally provided to personnel in the detention center, but training has not been formalized. Problem-solving courts and dockets are seeing more aggressive offenses that are ineligible for specialty court treatment. There is no formalized family assessment or component within problem-solving courts to assist families of incarcerated individuals. There is only one individual responsible for managing transfer cases in the courts. Another individual oversees cases related to the drug court. Additionally, a designated person is in charge of handling cases involving domestic violence alongside regular cases.

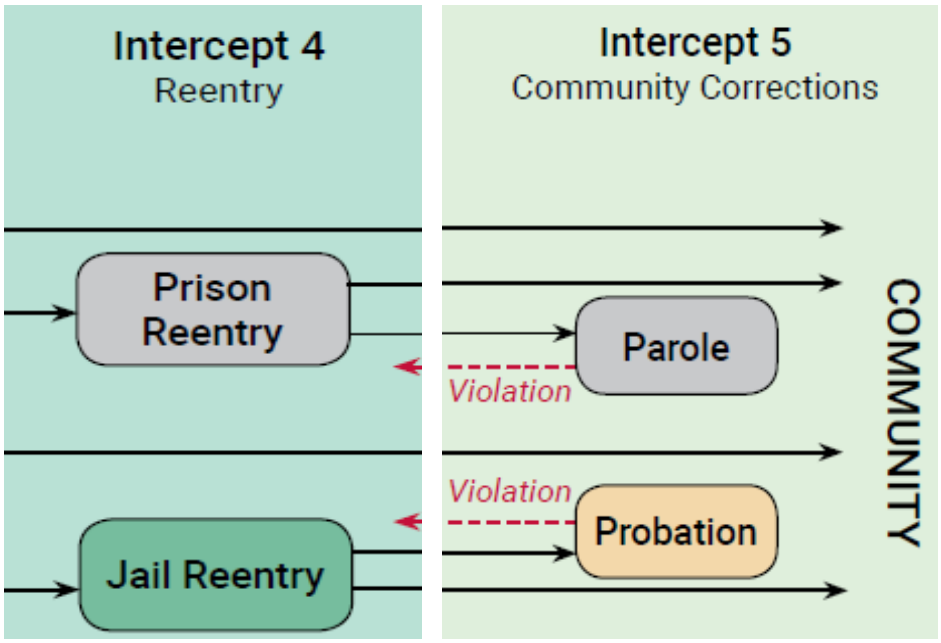
**Jail Services:** Discharge planning needs improvement. The initiation of medication-assisted treatment (MAT) is difficult due to the cost of medication and the length of time for administration; Sublocade costs $2,000 per shot, and Vivitrol costs $1,200 per shot.

There is also a need for trauma-informed care and training for correctional staff. Critical care services are not reimbursed, therefore it is difficult for the detention center to inquire what medication an individual is prescribed unless it is a billed request.

Lastly, Medicaid is put on hold as someone is booked into the detention center. While Medicaid can be restarted up to 30 days before an individual's release, it cannot be active during the individual's incarceration or it is considered "double-dipping." Additionally, release is sometimes uncertain which limits the ability to restart coverage efficiently.

**Pretrial Services**: Grants do not cover all costs of the urinalysis testing for those on pretrial release anymore. There is no deferred prosecution at pretrial, although the Office of the State's Attorney does maintain an unofficial Stet docket.

**Data Collection and Sharing:** Datalink through Behavioral Health Associates (BHA) is delayed.




## Intercept 4 and Intercept 5

### Intercept 4/5 Resources

**Jail Reentry Services:** The Calvert County Detention Center has an informal reentry program and a full-time Reentry Sergeant position as well as case managers. Individuals are expected to meet with case managers within two to three days following their release. All individuals released from jail are eligible to access services through Calvert's Crisis Response which is described in intercepts 0 and 1. The Local Behavioral Health Administration administers the Maryland Community Criminal Justice Treatment Program state general fund to support case managers overseeing individuals during reentry for up to six months post-release. Additionally, the agency administers State Opioid Response funds for medications for opioid use disorders used within the detention center.

Every Thursday, the detention center has a weekly classification meeting for case assignments, medication-assisted treatment (MAT) assessments, and follow-ups to assist with linkages to other services. MAT programs assist with the reentry process by developing a reentry plan during incarceration, providing medications upon release, and setting up future appointments before leaving the facility. In addition, the Health Department has a designated time slot for individuals to obtain services and evaluations upon release. Within the framework of the Calvert County Behavioral Health, the Urgent Care facility allocates a specific time slot for each week exclusively for mental health evaluations. However, for individuals already engaged in service, scheduling a follow-up appointment is facilitated. These services are exclusively intended for individuals who have been assessed in the emergency room at Calvert Health

Medical Center. It is important to note that these individuals do not meet the criteria for inpatient care.

A Client Support Form is also available and provides jail personnel and case managers the authorization to help get birth certificates for individuals reentering society. With the ID cards that are offered in the jail, the Social Security office accepts that 60-day form of ID. This ID can also be used for picking up prescriptions and at the bank.

The Reentry Case Management staff employs the Level of Service/Case Management Inventory (LS/CMI) as an evidence-based tool. However, its application is contingent upon the results of an initial screening conducted during the reentry enrollment process to ascertain the necessity of a comprehensive LS/CMI assessment. Participation in multiple programs. Including these evaluations, is contingent upon the client's informed consent.

To increase participation and encourage an open line of communication, case managers can support returning individuals in the application process for government phones and tablets, which are provided for their ownership and can be obtained at the local library. Peer Support Specialists are available for returning citizens as they have common life experiences with the people they are serving. Peer Support Specialists assist others in building their own self-directed recovery goals, find healthy alternatives to replace unhealthy activities, facilitate peer-self help and education groups, etc. These specialists also coordinate with Parole and Probation, and will soon collaborate with the Law Enforcement Assisted Diversion (LEAD) program coordinator upon hiring.

Approximately 75% of the time, the Maryland Department of Health will follow up with individuals upon release to verify if prescriptions are received and/or if they need medication. The Maryland Parole Commission and Maryland Division of Parole and Probation may help manage specialized caseloads for Drug Court and sex offenders. They may also offer Narcan training provided by the Calvert County Behavioral Health weekly. The Department of Social Services also has reentry case managers who assist with referring individuals to case management.

**Community Reentry Services:**

***Behavioral Healthcare:*** Project Chesapeake provides services for individuals with substance use and mental health disorders; these services are mentioned in Intercepts 0/1. The Calvert County Center for Change assists individuals who have experienced trauma with crisis planning, counseling, access to shelter, etc. Furthermore, Hope 4 Calvert is a regularly updated website that offers information on substance use prevention, treatment, and recovery events at the local, state, and federal levels.

***Professional Development:*** The Division of Rehabilitation Services (DORS) and the Department of Labor assist with training, job coaching, resume building, workforce opportunities, and education, including preparation for the GED tests. There are vouchers for the College of Southern Maryland available to individuals who received SSI/SSDI benefits.

***Legal Assistance:*** Lawyers In the Library provides pro bono legal services that help with expungement, social security disability insurance/social security income, housing issues, foreclosure prevention, unfair debt collection practices, MVA issues, veteran issues, unemployment benefits, child custody, divorce, etc. The Maryland Legal Aid provides direct legal services for civil cases involving child custody, housing, consumer law, criminal record expungements, etc.

***Housing:*** Sober Gals and Gents, Inc. is a licensed sober transitional home with 16 available beds. Providers may utilize this service to assist individuals leaving the county for their first three months post-release. The Homeless Management Information System is designed to collect data on housing and services for individuals and families who are at risk of or experiencing homelessness; it monitors the continuum of care, including the Calvert County Project for the Assistance in the Transition from Homelessness (PATH) Program. Helping Inmates Transition To Society (HITTS) provides housing as well as food and clothing.

***Transportation:*** Senior Centers serve as a central hub for assistance with the transportation of individuals. There is also a Bike Share program available through Parole and Probation in partnership with St. Mary's County and Mike's Bikes. The Calvert County Health Department utilizes the Mobile Crisis Team and/or a Peer Support Specialist to offer transportation assistance to individuals following their release. This service intends to become fare-free.

***Faith-Based Services:*** The Calvert County Baptist Church offers counseling, mentoring, and resource referrals in the community. Emmanuel Church offers assistance for individuals with mental health and substance use disorders as they reenter society through their program, Celebrate Recovery. Celebrate Recovery offers services such as providing weekly meals for dozens of their Friday evening meeting attendees and providing transportation to and from the Friday evening meetings.

***Family Support:*** The National Alliance on Mental Illness (NAMI) of Southern Maryland also offers support groups and classes for families who have a loved one who is mentally ill, providing education, support, and advocacy. The Triple P (Positive Parenting Program) also guides families in hopes of enhancing a family support system. Additionally, Healthy Beginnings provides education on pregnancy, childbirth, infant care, and more. Healthy Families is another program in which support is provided for parents during the first three years of their child's development to ensure that children are meeting developmental milestones. The Community

Mediation Center of Calvert (CMCC) offers no-cost mediation services for family members, victims, and employers within the detention center and during reentry. The mediation group also assists with curating informal contracts for individuals to be able to have their children move back home once they are released from incarceration.

***Special Populations:*** Chesapeake Valor focuses on assistance for veterans and first responders. They host meetings every Tuesday from 5 pm-7 pm.

## Intercept 4/5 Gaps

**Corrections Reentry Services**: There is currently a lack of designated transitional or housing facilities for individuals upon their release. There is a need for enhanced communication between case management and individuals post-release. In numerous cases, obtaining birth certificates before the release date proves challenging for individuals who have limited access to funds; low-income individuals do have access to Consumer Support grant funding to address this need. Additionally, there are restrictions on the distribution of medication post-release. Timely distribution of psychiatric medications is impeded because behavioral health services are not promptly furnished with the necessary information to coordinate medication dispensation before an individual's release.

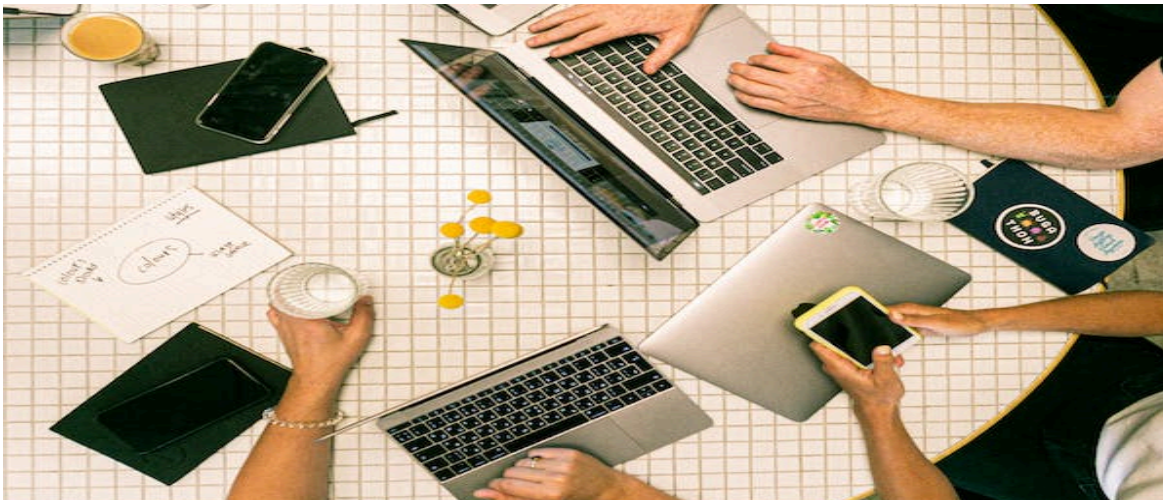
In instances where inmates experience crisis upon release or are discharged to homelessness, they engage with Calvert County Response to request transportation services. While such occurrences are infrequent, case managers initiate discharge planning promptly to address these situations.

**Community Reentry Services:** Overall, there is a lack of data regarding the reentry population. Due to the rural nature of Calvert County, there is currently no formalized state infrastructure in place to facilitate the issuance of IDs, other than knowing who to contact. Some town centers lack essential amenities such as water and sewage while existing locations are operating at full utility capacity. Despite the small size of town centers, residents are resistant to expansion, resulting in a shortage of affordable housing options for families, with no dedicated resources for transitional housing. Although there are 1,400 local housing vouchers provided by the housing authority to support access to affordable housing in the county, there exists a considerable 5-year waitlist for these vouchers.

There is a lack of supportive housing for individuals with mental health needs.While the Local Behavioral Health Authority offers continuity of care housing vouchers, the escalating cost of rent limits their capacity to assist a greater number of individuals in need. Furthermore, the availability of housing is contingent upon the provision of water and sewage infrastructure. There are currently only three towns that possess the infrastructure to support housing

development, and residents are reluctant to extend water and sewage facilities to new locations. Moreover, Lusby and Prince Frederick are recognized as areas presenting more cost-effective housing options.

Calvert College collaborates with individuals post-release; however, they are required to cover the cost of testing. Faith-based community groups are actively engaged in supportive efforts, but the efficacy of their services is hindered by inadequate collaboration with other organizations.



# Priorities for Change

The priorities for change are determined through a voting process. Workshop participants are asked to identify a set of priorities followed by a voting process where each participant has the ability to make three votes on what they believe to be priorities for the county. The voting took place at the conclusion of the workshop. The top three priorities are highlighted in bold text.

1. **Limited access to housing and lack of housing assistance/support. There is currently only 1 shelter with 40 beds that is regularly at capacity. The county would like to focus on increasing permanent housing availability rather than transitional and short-term solutions. It should be noted that in Charles County, LifeStyles of Maryland is trying to establish efficient housing that will include employment, rent, furnishing, and a maximum stay of 18 months to assist individuals transitioning into society and establishing normalcy. (17 votes)**

2. **Community collaboration needs improvement to enhance response to, and treatment of, justice-involved individuals with behavioral health needs. One specific relationship in which stakeholders in attendance wish to ameliorate is that of the inpatient prescriber and outpatient prescriber to obtain inmates' medications efficiently. This report will be used to assist in fostering relationships and facilitating collaboration. (13 votes)**

3. **Limited trauma-informed and crisis intervention-related training opportunities for public safety and volunteers. Stakeholders in attendance will be looking into training opportunities through the Substance Abuse and Mental Health Services**

**Administration (SAMHSA) and seeking technical assistance from the Centers of Excellence (i.e. Mental Health First Aid training). (8 votes)**

4. Transportation is limited for individuals released from incarceration. Transportation concerns heighten during after-hours. It is important to note that stakeholders in attendance have identified a temporary solution to these concerns which can be found under the low-hanging fruit section below. (7 votes)

5. Supporting the behavioral health and public safety workforce needs is essential for the well-being and safety of communities. The benefits of investing in such needs include enhanced public safety, mental health crisis response, community trust and collaboration, prevention and intervention, reduced recidivism, employee well-being, and crisis preparedness. Overall, supporting the workforce needs is a catalyst for both individual empowerment and community prosperity. (5.5 votes)

6. Preserving a good level of services is a prudent strategy for the county as stakeholders begin to build upon and improve its existing offerings. This approach recognizes the value of maintaining stability and reliability in service delivery while laying the groundwork for future enhancements. Overall, the preservation of current services should maintain and improve community satisfaction, stability and continuity, strategic resource allocation, public perception, and flexibility for innovation. (3 votes)

7. Improving staffing and recruitment is a crucial priority for the county. In doing so, the county will improve the efficiency, effectiveness, and overall performance of local government services. Adequate staffing ensures that essential services can be delivered promptly and effectively while minimizing increased workload. (2.5 votes)

8. Data collection and sharing needs improvement across the county. Data collection amongst the crisis response system group is the most robust in terms of behavioral health crisis statistics. Funding information can also be obtained by the LBHA. There are concerns with data sharing across agencies. (2 votes)

9. Implementing and enhancing early diversion services for individuals with behavioral health needs to minimize the demand for services in the intercepts to follow. In doing so, the county will provide and improve alternative pathways for individuals at the initial stages of legal involvement that include intervention and support. (2 votes)

## Quick Fixes/Low-hanging fruit

While most priorities identified during a Sequential Intercept Model mapping workshop require significant planning and resources to implement, quick fixes are priorities that can be implemented with minimal investment of time and little, if any, financial investment. Nonetheless, quick fixes can have a significant impact on the trajectories of people with behavioral health problems in the justice system.

1. The Local Behavioral Health Authority (LBHA) has recognized the importance of establishing a criminal justice sub-committee or coordinating council composed of multi-disciplinary teams to improve the continuum of care, facilitate cross-collaboration, and seek funding for a variety of services. Members from the LBHA will be working to gather voluntary members to establish the group.

2. The LBHA has received funding for several purposes that have been brought to the attention of stakeholders in attendance. LBHA members have encouraged individuals across intercepts to facilitate collaboration with LBHA when seeking funding.

3. Stakeholders in attendance have established a temporary solution to address limited transportation concerns for individuals released from incarceration. Following the mapping, stakeholders in attendance will work together to develop a memorandum of understanding between the county and detention center for access to transportation services within the first 30 days of release for a smoother transition to society.

4. Stakeholders have identified an opportunity to facilitate communication between inpatient facility prescribers and outpatient prescribers to ensure that individuals can maintain uninterrupted access to medication.

5. Stakeholders have expressed interest in exploring the use of additional behavioral health notes about a given address or individual that can be provided to first responders by emergency dispatch, similar to procedures in Anne Arundel County. The Anne Arundel County CIT Unit has created a program in which individuals with behavioral health needs may voluntarily be flagged by address in the 911 database, providing responding officers with crucial information to aid in positive interactions between a person and officers. Adults or the guardians of minors can request participation either proactively or as part of follow-up to an incident. With permission, the release form in use by Anne Arundel County is attached to this report.

# Parking Lot

Some gaps identified during the Sequential Intercept Mapping are too large or in-depth to address during the workshop.

1. **Establishing permanent housing, specifically for individuals with behavioral health needs.** This will require funding, pilot agreements, and rent control. Stakeholders in attendance reported that the discussion of this topic has focused on transitional and short-term housing that is affordable.

2. **Supporting licensure for recovery residences.** As the designated credentialing entity for recovery residences under House Bill 11411 (2016), the Behavioral Health Administration has adopted the National Alliance for Recovery Residences' 2015 Quality Standards for the certification of recovery residences in Maryland. Stakeholders reported that the continuum of care would benefit from a resource similar to the Maryland Addiction Recovery Center in Baltimore; however, licensure requires funding, staffing, and physical space.

3. **Maintaining funding for critical transition intervention (CTI).** Funding is uncertain for critical transition intervention (CTI), which targets the reduction of recidivism and /or homelessness of individuals with mental illness who are not receiving targeted case management or psychiatric rehabilitation (PRP).

4. **Resurrecting the one-stop shop (OSS) model.** In addition to physical space and staffing, this will require engagement. Stakeholders indicated that prior efforts did not produce adequate cross-agency or client participation; suggestions to increase engagement include incentivizing participation for clients, extending hours into the evening to

address some transportation issues, and modeling after successful programs in nearby locations such as St. Mary's County.

5. **Supporting longevity of programs and communication between organizations.** The use of subcommittees to focus on broad intercepts and succession planning (for retirement or replacement) collectively promotes continuity.

6. **Standardizing language across relevant agencies.** This requires coordination across agencies and intercepts in the form of agency representatives and possibly an accessible reference document such as a glossary.

7. **Developing deflection programming.** Stakeholders have expressed an interest in further developing deflection programming, particularly within the courts. While the developing Law Enforcement Assisted Diversion (LEAD) program can serve as a starting point for this type of coordination, it requires the ongoing cultivation of partnerships within and across behavioral health, law enforcement, and the judiciary.

8. **Enhancing community collaboration.** This requires coordination across all intercepts. Stakeholders in attendance have indicated a desire for improved coordination in particular with the faith community and other public-facing agencies outside of behavioral health and criminal justice that could act as resources to serve individuals with behavioral health needs.

# Resources

## Local Resources

**Community Services**

- Advantage Psychiatric Services: https://www.advantagepsyc.com/
- Avenues Recovery Center at Prince Frederick: https://www.avenuesrecovery.com/locations/dc-metro-drug-rehab-center/
- Barstow Acres Children's Center: https://www.childrencenter.net/
- Bayside Recovery: https://www.baysiderecoveryllc.com/
- Calvert County Center for Change: https://www.calverthealth.org/personalhealth/crisisintervention/
- Calvert County Health Department Behavioral Health Clinic: https://www.calverthealth.org/personalhealth/substanceabuse/index.htm
- Calvert County Health Department LBHA Client Support Services Request For Funds Form: https://www.calverthealth.org/_pdf/lbha/cssrof.pdf
- Calvert County Health Department Mental Health Clinic: https://www.calverthealth.org/personalhealth/mentalhealth/mhclinic.htm
- Calvert County Local Behavioral Health Advisory Council: https://www.calvertcountymd.gov/707/Local-Behavioral-Health-Advisory-Council
- Calvert County Local Care Team: https://www.calvertcountymd.gov/2629/Local-Care-Team
- CalvertHealth Medical Center Behavioral Health Services: https://www.calverthealthmedicine.org/Behavioral-Health
- Calvert Crisis Response: https://ourcalvert.org/services/crisis/calvert-crisis-response
- Calvert Crisis Response Mobile Crisis Team: https://www.ccbhcrisisresponse.org/about
- Celebrate Recovery, Emmanuel Church: https://www.emmanuelchurch.tv/cr
- Chesapeake Regional Information System for our Patients, Inc. (CRISP): https://www.crisphealth.org/about-crisp/
- Chesapeake Valor https://chesapeakevalor.com/
- Community Mediation Center of Calvert: https://www.calvert-mediation.org/
- Cornerstone Southern Maryland: https://www.cornerstonemontgomery.org/services/
- Division of Rehabilitation Services (DORS): https://ourcalvert.org/services/employment/division-rehabilitation-services-dors
- Healthy Beginnings: https://www.calverthealth.org/personalhealth/healthservices/maternal.htm#:~:text=He

althy%20Beginnings&text=Provide%20education%20on%20pregnancy%2C%20childbirth,Maryland%20Community%20Health%20Resource%20Commission.

- Healthy Families: https://ourcalvert.org/services/education/hippyhealthy-families-calvert-county
- Helping Inmates Transition To Society: https://ourcalvert.org/services/supportive-services/helping-inmates-transition-society-hitts
- Hope 4 Calvert: https://hope4calvert.org/
- Lawyers in the LibraryL https://calvertlibrary.libnet.info/event/5602061
- LifeStyles of Maryland Foundation, Inc: https://lifestylesofmd.org/
- Maryland Coalition of Families: https://www.mdcoalition.org/
- On Our Own of Calvert County: https://onourowncalvert.com/
- Pathways, Inc: https://www.pathwaysinc.org/calvert-location
- Project Chesapeake: https://www.projectchesapeake.com/#:~:text=Project%20Chesapeake%20strives%20to%20strengthen,long%2Dterm%20recovery%20and%20success
- Project Echo: https://projectecho.net/
- Request for Proposals for Mobile Treatment Services/Assertive Community Treatment. (2022). https://smchd.org/wp-content/uploads/ACT-Expansion-RFP.pdf
- Sober Gals and Gents: https://sobergalsandgents.com/
- Therapy Cafe: https://thetherapycafe.com/
- Triple P: https://www.calvert-mediation.org/event-details/triple-p-family-transitions

**Emergency Services**

- Calvert County Fire/Rescue/EMS: https://www.calvertcountymd.gov/104/FireRescueEMS
- Calvert County Sheriff's Office: https://www.calvertcountymd.gov/368/Sheriffs-Office
- Maryland State Police, Barrack U: https://mdsp.maryland.gov/Organization/Pages/FieldOperationsBureau/BarrackUPrinceFrederick.aspx

**Courts**

- ADA Accommodations and Interpreters: https://www.calvertag.com/3423/ADA-Accommodations-and-Interpreters
- Adult Treatment Court: https://www.calvertag.com/3165/Adult-Treatment-Court
- Adult Treatment Court Referral Request Form: https://docs.google.com/forms/d/e/1FAIpQLSeHG_vgzC3LQcxEiu-ksig11nu9yxqXxflQHSVosAvdWtbxqQ/viewform?c=0&w=1

- Family Law: https://www.calvertag.com/3166/Family-Law
    - Includes family law resources, family services, fee waivers, free legal consultation, and information for self-represented parties.
- States Attorney's Office for Calvert County: https://calvertstatesattorney.com/
    - Includes information regarding the county's circuit court, district court, and alternative courts (ie. adult treatment court and mental health docket).

## State Resources

- Maryland Courts. (2018). Extreme Risk Protective Orders.
- Maryland Department of Health Behavioral Health Administration. (n.d.). Maryland certification of recovery residences.
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- Maryland Legal Aid. (2023). Maryland Legal Aid.
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- Governor's Office of Crime Prevention, Youth, and Victim Services. (n.d.). *Commission on Trauma-Informed Care*. Commission on Trauma-Informed Care.
- Sklar, J. (2022). Maryland launches new program to help reduce suicides for veterans. Maryland launches new program to help reduce suicides for veterans. State of Reform.

## National Resources

**Brain Injury**

- National Association of State Head Injury Administrators. (2020). Criminal and juvenile justice best practice guide: Information and tools for state brain injury programs.
- National Association of State Head Injury Administrators. (2023). Criminal and juvenile justice best practice guide for state brain injury programs: Supporting materials.

**Competence Evaluation and Restoration**

- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009). Competency courts: A creative solution for restoring competency to the competency process. *Behavioral Science and the Law, 27,* 767-786.
- Policy Research Associates. (2023). Competence to Stand Trial.

- Policy Research Associates. (2007, re-released 2020). Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial.


**Crisis Care, Crisis Response, and Law Enforcement**


- Abt Associates. (2020). A guidebook to reimagining America's crisis response systems.
- Bureau of Justice Assistance. (n.d.). Police-mental health collaboration toolkit.
- Cordico. (2023). Wellness apps.
- Center for American Progress. (2020). The community responder model: How cities can send the right responder to every 911 call.
- Crisis Intervention Team International. (2019). Crisis intervention team (CIT) programs: A best practice guide for transforming community responses to mental health crises.
- International Association of Chiefs of Police. (n.d.). One Mind Campaign: Enhancing law enforcement engagement with people in crisis, with mental health disorders and/or developmental disabilities.
- International Association of Chiefs of Police. (2016). Improving police response to persons affected by mental illness: Report from March 2016 IACP Symposium.
- National Association of State Mental Health Program Directors: Crisis Now: Transforming services is within our reach.
- National Association of Counties. (2010). Crisis care services for counties: Preventing individuals with mental illnesses from entering local corrections systems.
- National Association of State Mental Health Program Directors. (2020). Cops, clinicians, or both? Collaborative approaches to responding to behavioral health emergencies.
- National Association of State Mental Health Program Directors and Treatment Advocacy Center. (2017). Beyond beds: The vital role of a full continuum of psychiatric care.
- Open Society Foundations. (2018). Police and harm reduction.
- Optum. (2015). In Salt Lake County, Optum enhances jail diversion initiatives with effective crisis programs.
- Policy Research Associates and the National League of Cities. (2020). Responding to individuals in behavioral health crisis via co-responder models: The roles of cities, counties, law enforcement, and providers.
- R Street. (2019). Statewide policies relating to pre-arrest diversion and crisis response.
- Substance Abuse and Mental Health Services Administration. (2014). Crisis services: Effectiveness, cost-effectiveness, and funding strategies.
- Substance Abuse and Mental Health Services Administration. (2019). Tailoring crisis response and pre-arrest diversion models for rural communities.
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- Urban Institute. (2020). Alternatives to arrests and police responses to homelessness: Evidence-based models and promising practices.
- Vera Institute of Justice. (2020). Behavioral health crisis alternatives: Shifting from policy to community responses.


**Housing**


- Alliance for Health Reform. (2015). The Connection between health and housing: The evidence and policy landscape.
- Community Solutions. (2023). Built for Zero.
- Corporation for Supportive Housing. (2022). Guide to the frequent users systems engagement (FUSE) model.
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    - Mental Health Association of Nebraska: Keya House is a four-bedroom house for adults with mental health and/or substance use issues, staffed with Peer Specialists.
    - Mental Health Association of Nebraska: Honu Home is a peer-operated respite for individuals coming out of prison or on parole or state probation.
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**Training**


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**SSI/SSDI Outreach, Access, and Recovery (SOAR)**

Increasing efforts to enroll justice-involved persons with behavioral disorders in the Supplemental Security Income and the Social Security Disability Insurance programs can be accomplished through the utilization of SSI/SSDI Outreach, Access, and Recovery (SOAR) trained staff. Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states, but also provides monthly income sufficient to access housing programs.


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