Sequential Intercept Model Mapping Report for Carroll County, Maryland

Final Report
March 2024

Governor's Office of Crime Prevention and Policy

Centers of Excellence

Acknowledgments

This report was prepared by the Centers of Excellence established in the Governor's Office of Crime Prevention and Policy. The Centers of Excellence wishes to thank all local stakeholders who participated in the discussion while acknowledging Amy Baker, Program Director of Special Populations at the Carroll County Health Department, and Veronica Dietz, Director of Crisis Services at the Carroll County Health Department, for leading this effort.

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Contents

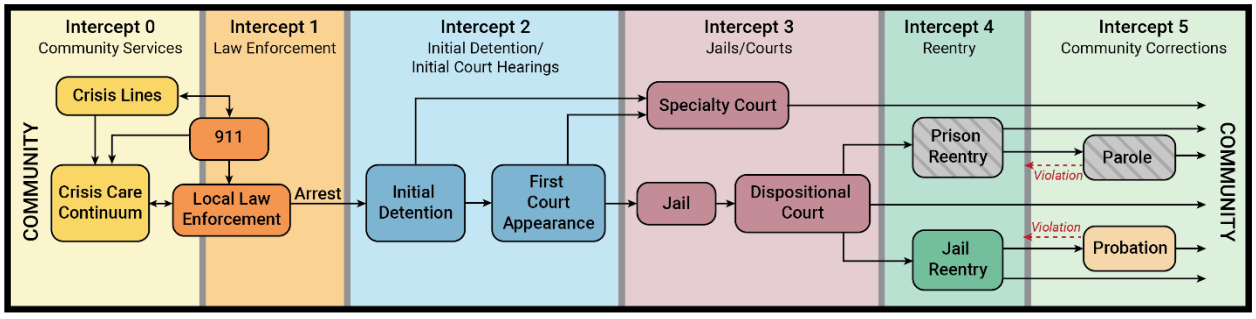
Background

The sequential intercept model (SIM), developed in the early 2000s by Mark R. Munetz, M.D., and Patricia A. Griffin, Ph.D.,[1] has been used as a framework to help states and communities assess available resources, determine gaps in services, and plan for community change. These activities are best accomplished by a team of stakeholders across multiple systems, including mental health, substance use, law enforcement, pretrial services, courts, jails, community corrections, housing, health, social services, peers, family members, and many others.

The SIM illustrates how people with behavioral health needs come into contact with and flow through the criminal legal system. Through a SIM mapping workshop, facilitators and participants identify opportunities for linkage to services and prevention of further penetration into the criminal legal system. Additionally, SIM workshops guide communities in connecting individuals with services as they exit the criminal legal 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 legal system along six distinct intercept points: (0) Community Services,[2] (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.

[2] Community services are provided by civilians and include community resources; preventative and chronic care; and acute and urgent care.

INTRODUCTION

Section 3-522 of the Public Safety Article of the Maryland Code established the Crisis Intervention Team Center of Excellence to develop and implement a crisis intervention model program. Section 13-4202 of the Health Article of the Maryland Code established the Maryland Behavioral Health and Public Safety Center of Excellence as a statewide information repository for behavioral health treatment and diversion programs related to the criminal legal system and more. Collectively known as the Centers of Excellence, this unit within the Governor's Office of Crime Prevention and Policy provides technical support to local governments, law enforcement, public safety agencies, behavioral health agencies, and crisis service providers to evaluate and improve the intersections of behavioral health, public safety, and criminal justice. Additionally, the Centers facilitates statewide, local, and regional planning workshops using the sequential intercept model (SIM). By March 2023, the Centers of Excellence had hosted two facilitator trainings certifying 34 individuals across the state to assist with conducting mapping workshops.

In March 2024, the Centers of Excellence, joined by two trained SIM facilitators, met with a group of behavioral health and criminal legal system professionals from Carroll County, Maryland, at the Carroll County Public Safety Training Center. The Centers of Excellence staff provided a brief presentation on the SIM and guided discussions focused on identifying:

- Existing resources for responding to the needs of adults with mental health and substance use conditions who are involved or at risk for involvement in the criminal legal system.
- Gaps in services for systems-involved individuals with behavioral health needs.
- Opportunities for diverting individuals in the target population out of the criminal legal 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 voted on the identified priorities found on page 39.

AGENDA

Maryland
GOVERNOR'S OFFICE OF CRIME PREVENTION AND POLICY

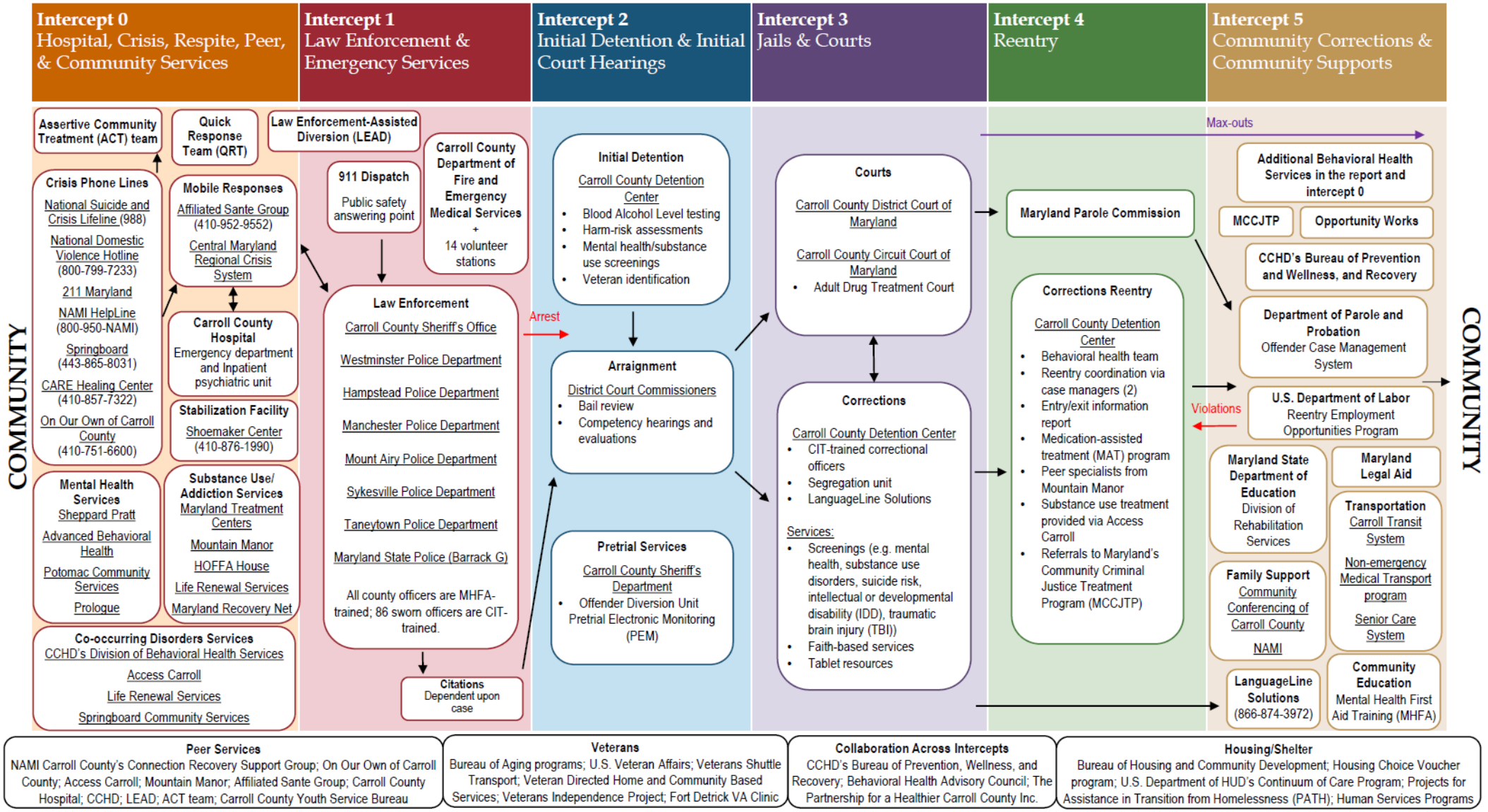
Sequential Intercept Model Mapping Workshop
Carroll County, Maryland

March 21, 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. - 9:00 a.m.	Overview of Sequential Intercept Model
9:00 a.m. - 10:00 a.m.	Intercept 0/1 Resources and Gaps
10:00 a.m. - 10:15 a.m.	Break
10:15 a.m. - 11:15 a.m.	Intercept 2/3 Resources and Gaps
11:15 a.m. - 11:30 a.m.	Break
11:30 a.m. - 12:30 p.m.	Intercept 4/5 Resources and Gaps
12:30 p.m. - 1:30 p.m.	Lunch
1:30 p.m. - 3:00 p.m.	Identify Quick Fixes/Parking Lot
3:00 p.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 Carroll County, Maryland

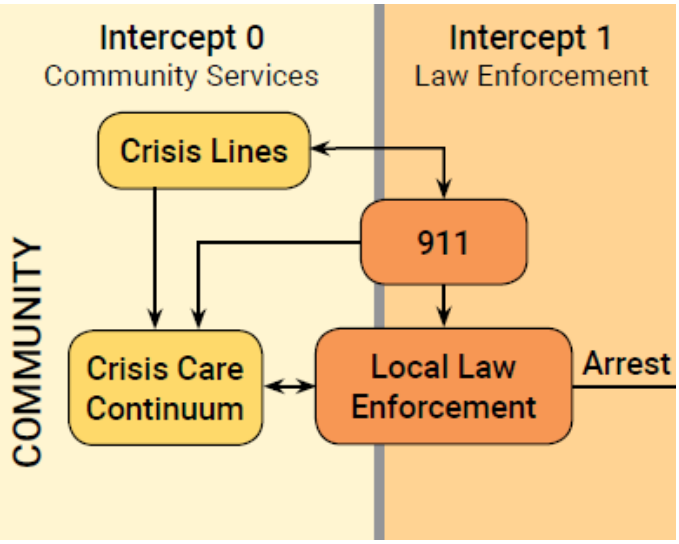


[3]

Resources and Gaps at Each Intercept

The focus of this workshop is the development of a sequential intercept model map. Thus, the facilitators work with the workshop participants to identify resources and gaps at each intercept. This process provides contextual information for understanding the local map as the criminal legal 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 behavioral health conditions, intellectual and developmental disabilities (IDD), and neurocognitive conditions by addressing the gaps and building upon existing resources.

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



Intercept 0 and Intercept 1

Intercepts 0/1 Resources

Community Services

Carroll County is located in the Central Maryland region with a population of approximately 173,000 individuals and a population density significantly lower than the state average. While Carroll County is rural and has an agriculture-related employment rate four times higher than the state average, it is becoming increasingly suburban given its location within the Baltimore metropolitan area. The county includes eight incorporated municipalities: Taneytown, Hampstead, Manchester, Mount Airy, New Windsor, Sykesville, Union Bridge, and the county seat of Westminster. The county has 447.6 square miles of land area and is the tenth-largest county in Maryland by total area. It is adjacent to Adams County, Pennsylvania; York County, Pennsylvania; Baltimore County, Maryland; Howard County, Maryland; and Frederick County, Maryland.

Coordination: The Carroll County Health Department (CCHD) Bureau of Prevention, Wellness, and Recovery (BPWR) functions as the Local Behavioral Health Authority (LBHA) and plans, manages, and monitors the Maryland Public Behavioral Health System (PBHS) within Carroll County, as mandated by statute and at the direction of the Secretary of the Maryland Department of Health (MDH). The BPWR reports directly to the Behavioral Health Administration (BHA), which is housed within MDH and oversees the delivery of all specialty behavioral health services to Medicaid recipients. BPWR maintains a readily accessible phone number and a printed behavioral health directory to promote resources to stakeholders and the community. BPWR holds provider council meetings on the second Thursday of each month and

operates with the support and direction of the Carroll County Behavioral Health Advisory Council (CCBHAC), which serves as the local mental health advisory council and the local alcohol and drug abuse council. Membership consists of representatives from various community organizations; public meetings are held in September, December, March, and June. The Partnership for a Healthier Carroll County Inc., an affiliate of Carroll Hospital and the Carroll County Health Department, is a private nonprofit organization that acts as the coordinating hub connecting agencies and individuals to promote a healthy lifestyle, inspire leadership, track emerging health issues, influence policies that impact health, oversee community health assessments, and monitor health data; this organization maintains an online version of *Behavioral Health Resources and Services Directory for Carroll County*.

Housing and Homelessness Services: Residents of Carroll County can access housing programs administered by the Carroll County Department of Citizen Services Bureau of Housing and Community Development that promote adequate and affordable housing, economic opportunity, and a suitable living environment free from discrimination to encourage economic self-sufficiency among participating low- and moderately low-income people and families. The housing choice voucher program ("Section 8") provides rental assistance to income-eligible applicants, helping them afford more suitable housing or paying a portion of the monthly rent where the family currently lives; the current wait time is approximately 30-36 months for county residents. Voucher holders are eligible to participate in the Thrive program, a voluntary family self-sufficiency program (FSS) that helps families with housing choice vouchers connect with resources for education, training, and employment. Special rental assistance is limited for families facing the prospect of children being removed from the home and/or reunited with parents; special assistance and counseling are also limited for families experiencing domestic violence. The U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) Program (24 CFR part 578) is designed to promote a community-wide commitment to the goal of ending homelessness; through this grant, 47 qualifying Carroll County households received rent and/or utilities subsidies in FY23.

A spectrum of self-sufficiency and housing services are available through the Human Services Programs of Carroll County Inc. (HSP), Carroll County's Community Action Agency (CAA). In addition to the youth services detailed below, HSP operates programs targeting employment, financial education, and tax preparation. To support suitable housing, HSP works with Maryland's Office of Home Energy Programs (OHEP) to assist Carroll County residents with electric and fuel costs, bill assistance, the Maryland Energy Assistance Program (MEAP), and utility arrearages; additional community resources may also be available to assist with utilities related to heating, electricity, cooking, and hot water. Residents in need of housing services can access HSP's helpline or receive walk-in assistance Monday through Friday, 9 a.m. through 12 p.m. Housing services for income-eligible recipients include security deposits and eviction

prevention services; permanent housing, case management, home visits, and resource referrals for chronically homeless, disabled persons; and rapid rehousing services including temporary rental assistance, case management, home visits, and referrals for homeless (street/shelter) individuals and families. The current wait time for rapid and permanent rehousing programs depends on the availability of funding and is based on priority rating per the coordinated entry assessment.

Carroll County residents experiencing homelessness have access to three shelters operated by HSP. The adult shelter contains 40 fixed beds, and the shelter for families with minor children can serve seven families at a time. The night-by-night shelter accepts walk-ins aged 18 and older.[4] The night-by-night shelter is the sole option for individuals with behavioral health needs. The goal for overnight staff is to calm any agitation exhibited by guests and provide food and a safe place to sleep; in the morning, individuals with needs beyond a nightly shelter can meet with a case manager who provides referrals to food resources and recovery-based options. Staffing at the night-by-night shelter fluctuates but is estimated to include two paid employees and a few volunteers per night; the shelter's capacity is 133 including staff and averages 40 nightly guests, reflecting a recent surge of county residents and non-residents alike.

Transportation: Carroll Transit System operates two fee-for-service transportation options for county residents. TrailBlazers offers six fixed routes to the public that run Monday through Friday, while Demand Response Service offers door-to-door service for pick-up and drop-off locations within the county. Reservations for dialysis, radiation, day programs, employment, routine doctor's appointments, and education may be scheduled up to four weeks in advance; other trips can be scheduled two weeks in advance. Same-day reservations may be requested; however, availability is limited. Both Trailblazers and Demand Response Service are fully ADA accessible; however, they can be cost-prohibitive for low- and no-income individuals. Local charitable organizations such as the HOFFA Foundation (described in more detail below) and Caring Carroll, a 501(c)3 non-profit organization, may assist with locating transportation services for behavioral healthcare appointments; however, these two options are not typically appropriate for individuals exhibiting symptoms associated with mental illness. The Senior Care System through the Carroll County Bureau of Aging and Disabilities provides case management and funds for services for people 65 or older who may be at risk of nursing home placement due to factors such as decreasing independence; services include transportation assistance.[5]

[4] A "fixed bed" is an officially licensed, permanent, designated space or bed in a healthcare facility that is recognized as part of the facility's capacity; it can only be moved or reclassified with regulatory approval. Fixed beds are often contrasted with "temporary" or "flex" beds, which can be adjusted based on patient needs and are not permanently assigned to a specific space or category.

[5] Placement is based on medical necessity per Maryland Medicaid criteria and can require evaluation per the federal requirements of Pre-Admission Screening and Resident Review (PASRR) to ensure that individuals are provided the services that will meet their unique needs.

Residents can apply to the Non-Emergency Medical Transportation (NEMT) program in Carroll County, which coordinates "last-resort" transportation services for selected medical assistance recipients who reside within the county and need transportation to access medically necessary services.

Veterans Services: The Carroll County Bureau of Aging oversees several veteran-focused initiatives. The Veteran Services Program of Carroll County within the Bureau of Aging and Disabilities provides guidance and assistance to Carroll County Veterans, their dependents, and survivors with applying for Federal and State benefits; this assistance includes help with an application for Veteran's benefits via the system administered by the State of Maryland and the U.S. Department of Veterans Affairs. The Carroll County Veterans Shuttle Transportation program provides free shuttle transport to VA medical facilities for Veterans and an accompanying caregiver. Through the Veteran Directed Home and Community Based Services program, enrolled Veterans self-direct and manage a budget that may be used to supplement or meet long-term care support needs without resorting to assisted living or nursing home care; Veterans are referred to this program by VA primary care physicians, and the Bureau of Aging and Disabilities staff provides the local support planning. Finally, through a generous grant from the Kahlert Foundation, the Bureau of Aging and Disabilities can assist approximately 35 Veterans per year with temporary housing, emergencies that could result in homelessness, transportation, training, and education.

Carroll County Veterans Independence Project (CCVIP) is a local 501(c)(3) and community hub for case management and advocacy[6] for Veterans and their families in Carroll County Maryland and surrounding communities. Services include but are not limited to, education and career planning, physical and mental health services, housing, transportation, and help navigating the Veteran's medical and benefits system.

Veterans residing in Carroll County do not have in-county access to U.S. Department of Veterans Affairs (VA) care. Fort Detrick VA Clinic in neighboring Frederick County is the local community-based outpatient clinic (CBOC) affiliated with Martinsburg VA Medical Center in West Virginia; Fort Detrick VA Clinic offers primary care and specialty health services, including mental health services. Additionally, in nearby Baltimore City, Baltimore VA Medical Center and its affiliated CBOC Loch Raven VA Clinic provide primary care and specialty health services, including mental health services. All VA healthcare facilities offer same-day assistance for individuals with behavioral health needs.

[6] The term "advocacy" is used broadly in this report to include actions that support individuals and populations in exercising their rights at the patient or system level. Advocacy includes assisting individuals in navigating the healthcare system as well as promoting policies and practices that support patient rights and access to care at the community, organizational, and/or policy level.

Carroll County utilizes 100% of the ten vouchers awarded by the U.S. Department of Housing and Urban Development VA Supportive Housing (HUD-VASH) program, which pairs HUD's housing choice voucher (HCV) rental assistance with VA case management and supportive services; these services are designed to help homeless Veterans and their families obtain permanent housing and access the health care, mental health treatment, and other supports necessary to help them improve their quality of life and maintain housing over time.

Youth Services: Human Services Programs of Carroll County Inc. (HSP) serves as Carroll County's Community Action Agency (CAA). HSP programs are designed to address the root causes of poverty and complement and leverage public services while guiding low-income households toward self-sufficiency. In partnership with Maryland Family Network, the HSP Family Support program delivers the following no-cost co-programming services for expectant parents and parents with children under the age of three: child health and development, adult education and parenting, family enrichment, and home visitation. Transportation within 12 miles is available, schedule permitting. Sheppard Pratt's outpatient mental health center in Westminster offers behavioral health services to children and adolescents. Springboard (described below) is the on-site mental health provider at the Child Advocacy Centers (CAC) in Carroll County.

Language Services: All government agencies can access interpretation and translation services through the current contractor, LanguageLine Solutions Inc. (866-874-3972). The LBHA has deaf and hard of hearing grant funds for interpretation services available to Public Behavioral Health System (PBHS) providers. While LanguageLine services are available, the Carroll County Sheriff's Office (CCSO) reports increased success utilizing available bilingual officers or Google Translate for calls of service involving a language barrier.

Outreach and Education: 211 Maryland (211) is a resource line that operates 24/7 with a statewide reach that connects individuals with referral specialists. Carroll County Health Department's monthly Mental Health First Aid (MHFA) class at Carroll Community College teaches the skills to respond to the signs of mental illness and substance use; this in-person class is free for Maryland residents.

Primary, Long-Term, and Recovery Services

The Carroll County Health Department Division of Behavioral Health Services coordinates mental health and substance use programs available to county residents who are Medicare and Maryland Medicaid recipients.

Co-Occurring Mental Health and Substance Use Services: Many providers offer same-day or next-day walk-in services for assessment and resource connection. The Carroll County Youth Services Bureau (CCYSB) is a licensed outpatient mental health treatment agency largely designed to support children, adolescents, and families; adult services are also available.

Treatment options include psychotherapy and psychiatric evaluations, which are offered through the outpatient clinic, and home-based services through the family preservation and mobile treatment programs. Parenting education is emphasized in all facets of service delivery. The staff comprises master-level social workers, professional counselors specializing in child and family therapy, and psychiatrists providing psychiatric assessments and medication management. The walk-in service through CCYSB provides a same-day, comprehensive behavioral health assessment with a licensed therapist; clients receive treatment recommendations and/or referrals within three days. Treatment options are offered when available, or individuals are referred to appropriate care. Medicare and Maryland Medicaid are accepted. All services are available Monday through Thursday, 8:30 a.m. until 8:00 p.m., and Friday, from 8:30 a.m. until 4:00 p.m. Access Carroll provides integrated medical, dental, and behavioral health care services for low-income residents; in partnership with the Carroll County Health Department (CCHD) Bureau of Prevention, Wellness, and Recovery (BPWR), Access Carroll offers behavioral health care for individuals and families, including group therapy, recovery support, and ambulatory detoxification services. Services are available Monday through Thursday, 8:00 a.m. until 8:00 p.m., and Friday from 8:00 a.m. until 4:30 p.m. Access Carroll accepts Medicare, Maryland Medicaid, and self-pay clients. Life Renewal Services Inc. (LRS) has a location in Westminster offering therapy, medication management, Suboxone treatment, and psychiatric rehabilitation program (PRP) services; same-day/next-day intake appointments are available Monday and Wednesday, 9 a.m. until 2 p.m. LRS offers in-person and telehealth services and accepts Medicaid.

For uninsured individuals requiring a bridge to behavioral healthcare, all local providers have the option to submit exception requests to the LBHA for uninsured individuals who require substance use and/or mental health services; while there are criteria per Optum (the administrative service organization that provides billing services for Medicaid) to approve requests, every effort is made to assist consumers in need.

Housing programs also exist that specifically target individuals with diagnosed behavioral health conditions. Projects for Assistance in Transition from Homelessness (PATH) is a grant-funded outreach program currently contracted through the LBHA for Carroll County residents with diagnosed mental illnesses (and possibly substance use issues) who are homeless or at risk of becoming homeless and referred by any Carroll County social service providing agency; this program provides outreach and case management, advocacy, and assistance with applying for housing and Supplemental Security Income (SSI).

Mental Health Services: Sheppard Pratt's outpatient mental health center in Westminster offers services for children aged four and older, adolescents, adults, and older adults including psychiatric assessment and diagnosis; individual, group, and family therapy; medication

management; couples and marital counseling; family psychoeducation; play therapy; education and support groups; and vocational services for individuals whose employment opportunities have been limited or interrupted due to mental illness. Sheppard Pratt also operates an adult psychiatric rehabilitation program (PRP) in Westminster that emphasizes self-management of mental and physical health conditions and independent living skills for adults living with serious mental illness. Medicaid-eligible individuals already enrolled in PRP may also be eligible for Sheppard Pratt's Health Home services including lifestyle management, physical health care, and family support. Sheppard Pratt participates with Maryland Medicaid, Medicare, and many private insurance providers. Advanced Behavioral Health (ABH) provides psychiatric care, medication management, and onsite, offsite, telehealth, community, and in-school therapy. ABH specializes in Axis I disorders and only accepts Medicaid. At its Taneytown location, Potomac Community Services provides targeted case management for adults. The residential rehabilitation program (RRP) through Prologue Inc. (Prologue) offers housing in the community for individuals who are managing mental illness; staff provides rehabilitation and recovery services such as medication management, assistance with skill development (activities of daily living), symptom management, community integration, social integration, and conflict resolution to help individuals develop the skills needed to graduate to more independent living, often in supportive housing. The RRP consists of homes in Baltimore and Carroll Counties, approximately one-quarter of which are ADA-accessible; Prologue can serve up to 28 willing individuals (26 males and two females) with reports of five openings at the time of the workshop. The RRP operates 24/7/365, and referrals are processed through the local Core Service Agencies. Individuals should have or be in the process of applying for SSI/SSDI, as this service is not free.

Springboard Community Services (Springboard), formerly Family and Children's Services, provides families, children, and older adults with several free or low-fee social services focused on prevention, intervention, counseling, and advocacy. Springboard is the identified domestic violence provider for Carroll County, offering violence intervention (domestic, child, and family), intervention/prevention, and victim services. Springboard also offers individual and family therapy, psychiatric evaluation, and medication management. Hours of operation are Monday and Wednesday, 9 a.m. until 6 p.m., Tuesday and Thursday, 9 a.m. until 7 p.m., and Friday, 9 a.m. until 3 p.m.

Substance Use and Recovery Services: Operated by Maryland Treatment Centers, Mountain Manor Westminster ("Mountain Manor") offers outpatient and intensive outpatient programs with in-person and telehealth options; these services include individual and/or group counseling, access to addiction medicine specialists, and medication-assisted treatment (MAT) (Suboxone and Vivitrol). Mountain Manor accepts Maryland Medicaid as well as private insurance. Westminster Rescue Mission's Addiction Healing Center (AHC) offers ASAM Levels 1

(virtual and onsite outpatient) and 2.1 (intensive) group therapy; 3.1 (low intensity), 3.3 (population-specific high intensity) & 3.5 (high intensity) clinically managed residential treatment; MAT (naltrexone, Suboxone, and Vivitrol in-house; monthly injections of Vivitrol and Sublocade through coordinated care with Access Carroll or other providers; no methadone service capacity); and transitional housing.[7] Genesis Treatment Services ("Genesis"), an affiliate of Addiction Treatment Centers of Maryland, is the only county provider with methadone capacity; Genesis also offers individual and intensive outpatient group therapy, addiction counseling, DUI/DWI education classes, and MAT (Suboxone in addition to methadone) at its Westminster location.

Recovery housing for Carroll County residents is available but limited. The Maryland Certification of Recovery Residences (MCORR), established by the Behavioral Health Administration, administers the certification process for recovery residences. As of January 2024, there are two certified recovery residence options in Carroll County; Mulligan Recovery Centers operates several homes for men and women, while Maddie's House operates a single home serving women exclusively. Additionally, Maryland Treatment Centers offers recovery housing in Westminster ("Westminster House") for young adults aged 18 through 26 with opioid use disorder or stimulant use disorders. HOFFA House provides alternative sober living for adult men in recovery. For individuals receiving Maryland State Care Coordination, Maryland Recovery Net (MDRN) is a safety net service that develops partnerships with services statewide and funds access to clinical and recovery support services treatment and recovery support needs for individuals with substance use/co-occurring disorders; all Maryland RecoveryNet service recipients receive care coordination through which they can access funding for recovery housing as well as other services related to transportation, employment, vital records, peer/recovery coaching, medical/dental services, and other unmet needs. MDRN is discussed in further detail in the "Intercepts 4/5 Resources" section.

Assertive Community Treatment (ACT): The Assertive Community Treatment (ACT) program is a client-centered, community-based mental health service model that has received substantial empirical support for facilitating community living, psychosocial rehabilitation, and recovery for persons who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient programs. The Carroll County Youth Services Bureau (CCYSB) coordinates

[7] Released in October 2023, the fourth edition of the American Society of Addiction Medicine (ASAM) criteria includes updates to the continuum of care but still retains four whole number treatment levels (1-4) with decimals to express further gradations of intensity and types of care provided. Current ASAM levels are defined as follows: Recovery Residence; Level 1 (Outpatient); Level 2.1 (Intensive Outpatient, IOP); Level 2.5 (High-Intensity Outpatient, HIOP); Level 3.1 (Clinically Managed Low-Intensity Residential); Level 3.3 (Clinically Managed Population-Specific Residential); Level 3.5 (Clinically Managed High-Intensity Residential); and Level 3.7 (Medically Managed Residential).

the Assertive Community Treatment (ACT) team for these high-risk, high-needs individuals; ACT team members work with clients in their homes, neighborhoods, and community locations, providing on-call phone support 24 hours a day, 7 days a week. Additionally, the ACT team has assigned points of contact within the Carroll County Sheriff's Office for high-frequency consumers. As of June 2024, the ACT team has a caseload of 92 clients with a maximum capacity of 100 individuals. Referrals to the ACT team come from the courts and local service agencies.

Peer Services: NAMI Maryland provides education, support, and advocacy for persons with mental illnesses, their families, and the wider community. NAMI Carroll County is currently restructuring its Connection Recovery Support Group, a free, peer-led support group for any adult who has experienced symptoms of a mental health condition; however, its Family Support Group continues to meet twice monthly. On Our Own of Maryland Inc. (OOOMD) is a statewide peer-operated behavioral health advocacy and education organization which promotes equality, justice, autonomy, and choice about life decisions for individuals with mental health and substance use needs. Through funding from the Maryland BHA, OOOMD operates a network of wellness and recovery centers (WRCs) which are recognized as part of the Public Behavioral Health System continuum of care; the local WRC, On Our Own of Carroll County Inc. in Westminster, provides free and voluntary recovery support services to individuals aged 18 and older. Peer recovery specialists can also be accessed through CCHD, Carroll Hospital, Access Carroll, Mountain Manor Westminster (an affiliate of Maryland Treatment Centers), the local Law Enforcement Assisted Diversion (LEAD) program, Affiliated Santé Group's mobile response stabilization service (i.e., the "behavioral health unit"), and the Carroll County Youth Service Bureau (CCYSB) Assertive Community Treatment (ACT) program, all detailed further below.

Urgent and Acute Services

Hotlines / Warmlines: Carroll County residents can access various national hotlines and warmlines. The 988 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. The NAMI HelpLine (800-950-NAMI), is a free, nationwide peer-support warmline accessed by call, text, or chat between 10 a.m. and 10 p.m.

Carroll County residents also have access to local hotlines and warmlines. Springboard, the identified domestic violence provider for Carroll County described above, operates a 24/7 domestic violence hotline (443-865-8031) that can be accessed by call or text. CARE Healing Center, formerly Rape Crisis Intervention Services, operates a 24/7 hotline (410-857-7322) for survivors of sexual violence. On Our Own of Carroll County Inc. operates a warmline

(410-751-6600) during business hours which vary. Affiliated Santé Group (described in further detail below) operates a warmline (410-952-9552) between 9 a.m. and 9 p.m. seven days per week.

Mobile Response Services: Mobile response and stabilization services (MRSSs) provide early behavioral crisis intervention to identify and respond at early interruption points with no-cost, immediate, on-site crisis intervention and debriefing services for community members experiencing severe situational, emotional, or behavioral crises. The local MRSS provider for the county is Affiliated Santé Group, which is contracted to provide services from 9 a.m. through 12 a.m. 365 days per year; however, current coverage is for 8-hour shifts from 4 p.m. through 12 a.m. due to staffing shortages. Calls are received through a transfer from 988 or directly via the warmline listed above. The call center staff conducts initial assessments to link individuals to appropriate resources or dispatch a local behavioral health unit, which is a mobile response team comprising a licensed clinical professional and a certified peer recovery specialist who responds in person but is unable to transport clients. Behavioral health unit response times are reportedly manageable when there is coverage, with maximums approximated at 30 minutes. Behavioral health units are on law enforcement computer-aided dispatch (CAD) and radio channels to facilitate communication. Carroll County is also one of four counties afforded regional MRSS coverage through the Central Maryland Regional Crisis System, formerly the Greater Baltimore Regional Integrated Crisis System (GBRICS) Partnership, a network of behavioral health crisis response services supported by the GBRICS project. These regional services are intended to be available Monday through Friday, 12 a.m. through 7 p.m., and Saturday through Sunday, 12 a.m. through 4 p.m.; consumers who call 988 may be forwarded to one of two regional teams when the local team (i.e., the behavioral health unit) is unavailable. Unlike the behavioral health units, the regional response teams have transport capabilities.

Crisis Receiving and Stabilization Facilities: On March 8, 2024, Governor Wes Moore announced that the Maryland Department of Health awarded $13.5 million in grants to 19 jurisdictions across the state to help promote health equity and improve access to behavioral health crisis services for Marylanders; among other projects, this funding will establish a behavioral health crisis stabilization center in neighboring Howard County.

High-intensity short-term detoxification and inpatient treatment can facilitate crisis stabilization when outpatient treatment is insufficient. Shoemaker Center (410-876-1990) in Sykesville, operated by Maryland Treatment Centers, partners with the Carroll County Health Department and offers inpatient treatment to adults aged 21 and older; Shoemaker Center accepts Maryland Medicaid and private insurance. Through State Opioid Response (SOR) grant funding, Shoemaker Center can offer limited non-fee-for-service crisis bed services for individuals with SUD and co-occurring disorders; while persons experiencing a behavioral health crisis are

eligible, this facility is not intended for individuals experiencing active psychosis who require psychiatric evaluation. These six triage crisis beds are available 24/7/365 for a four-day stay with the possibility of an extension upon request; individuals are provided with a clinical assessment, peer support, residential facility services (Levels 3.1-3.7), and connection with follow-up resources.

Carroll Hospital in Westminster provides emergency department and/or inpatient psychiatric care for county residents. If the inpatient psychiatric unit is full, referrals can be provided to other inpatient units outside the county; health navigation teams follow up to connect patients with resources. Peer support services are available to residents receiving emergency department and inpatient care related to substance use.

First Responders

Carroll County emergency communications (911) are handled through one public safety answering point (PSAP) which links calls to appropriate dispatchers for the various county agencies. The Carroll County Sheriff's Office (CCSO) serves as the lead law enforcement agency for the county, providing road deputies and court security while also overseeing the local detention center. Additional agencies include the Westminster Police Department, the second largest county law enforcement agency, and the following small municipality agencies: Hampstead Police Department, Manchester Police Department, Mt. Airy Police Department, Sykesville Police Department, and Taneytown Police Department. Maryland State Police maintains Barrack G in Westminster. Carroll Community College and McDaniel College employ campus safety patrol officers (SPOs) without arresting rights. The Carroll County Department of Fire and Emergency Medical Services (EMS) provides administrative oversight to the 14 volunteer fire/EMS stations in the county; the department is currently transitioning to include career (county) employees who will staff paramedic-level ambulances (medics) in 13 of the 14 stations as well as fire apparatus driver operators to assure 24/7 expedient coverage to all areas of the county.

Carroll County also maintains a Law Enforcement Assisted Diversion (LEAD) program within CCHD through a Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) grant from the Governor's Office of Crime Prevention and Policy; this program, initiated four years ago, embeds LEAD teams composed of a case manager and two peer recovery specialists within law enforcement agencies to respond to LEAD-trained officer referrals throughout Carroll County to provide warm handoffs and linkage to services. Referrals are made for individuals who are not being served by traditional resources; there are currently 11 participants receiving long-term intensive services through the LEAD program. The Quick Response Team (QRT) is an expansion of LEAD and a secondary response to overdose survivors who refuse transport to the hospital; a portion of LEAD referrals are generated through QRT responses. The team operates

Monday through Friday on split shifts from 8:00 a.m. through 8:30 p.m., providing coverage for the jurisdictions of Westminster PD, Sykesville PD, and portions of CCSO's jurisdiction; the real-time QRT response is only available in Westminster. Like the behavioral health unit, the LEAD/QRT team may access law enforcement radio channels to facilitate communication.

Efforts are underway to provide behavioral health and crisis intervention team (CIT) training to first responders in Carroll County. All officers receive Mental Health First Aid (MHFA) training through the academy curriculum and continued education mandated through the Maryland Police and Correctional Training Commission. Of the approximately 100 professionals currently CIT-trained county-wide, 86 are sworn law enforcement including 54 Sheriff's deputies, while the remainder include dispatchers, SPOs, and correctional officers. Currently, there are approximately four CIT-trained dispatchers (three through PSAP and one through Maryland State Police). CIT-trained coverage varies by agency. There is typically one CIT-trained officer per shift for Westminster PD and several per shift for CCSO, which reports that approximately 40% of its force is CIT-trained; Sykesville PD reports approximately 50% of sworn officers are trained, while Manchester PD is reportedly at or near 100%. CCHD partners with other agencies to provide CIT training opportunities to assist agencies in achieving CIT-trained coverage, but turnover presents a challenge. Outreach efforts by law enforcement agencies have been undertaken to educate the community to request a CIT officer for behavioral health calls, especially for those consumers known to law enforcement due to behavioral health needs. Regarding critical incident stress management (CISM) training and response, CCSO maintains a team of 18 individuals, of which 13 are law enforcement. CCSO uses CISM-trained officers in a peer-to-peer capacity, addressing law enforcement wellness and critical incidents.

Law enforcement adds caution notes to the 911 database to flag those addresses associated with safety concerns, allowing dispatch to alert patrol before arrival to ensure the safety of officers and the public. Once on the scene, law enforcement evaluates the individual to determine the best course of action. If a behavioral health unit is available, it may be dispatched simultaneously or upon a responding officer's request; similarly, if LEAD/QRT is appropriate, a team may also be dispatched. If an individual has already self-harmed, EMS will respond as well. A safety plan and referral may be appropriate; additionally, a CIT officer follow-up can be requested. If the consumer is transported to the hospital via ambulance, EMS can request that law enforcement accompany combative patients. However, if the consumer meets the criteria for an emergency petition, law enforcement will transport them to Carroll Hospital, accompanied by LEAD/QRT if on the scene. If needed, security can be alerted before hospital arrival; while compliant hand-offs are completed at the ambulance door, combative patients are brought through a side door to triage. Forced off-load is permitted for EMS, but law enforcement must wait until nursing staff accepts responsibility for the individual; wait times for officers reportedly average 20 minutes but can take over an hour. Behavioral health

assessments must be postponed until a patient is not intoxicated. When an emergency petition is appropriate, law enforcement officers also encourage families to file for extreme risk protective orders (ERPOs) when applicable to seize weapons temporarily. If families are unwilling, law enforcement will file an ERPO as needed. Following emergency petitions, CIT officers provide follow-up to consumers. There is also a standardized model for overdose follow-up. The CCHD Behavioral Health Liaison follows up with all CIT behavioral health referrals from local law enforcement at two weeks, four weeks, and 90 days as needed; upon request, the Liaison also provides linkages to ongoing behavioral health services as appropriate and requested.

Data Collection and Sharing

Given that most services in the county are grant-funded, much of the relevant data is collected and maintained by grant management teams for evaluation purposes; this data is not published for the public. Most data sharing occurs within the local health department, although the LBHA engages with outside stakeholders. The Overdose Prevention Coalition (OPC, formerly the Opioid Overdose Coalition) meets every other month to facilitate data collection and sharing among members. The OPC receives a data report summary from the Overdose and Drug Awareness Coordinator through the Washington/Baltimore HIDTA/Carroll County Drug Task Force that is provided to LBHA staff. In addition, regular reports on overdoses are sent out by the Overdose and Drug Awareness Coordinator to a select group, including LBHA staff, to help target high overdose areas with harm reduction and prevention efforts. Carroll Hospital also provides overdose and suicide attempt data. Victims of crime can access the Victim Information and Notification Everyday (VINE) system to obtain court case information or to register for telephone/email notification related to hearings and releases; law enforcement officers access VINE for the execution of professional duties as well.

Data platforms facilitate data sharing across agencies. Community ServicePoint (CSP) is a web-based data collection tool by WellSky that was adopted by the county to meet Congress' mandate of maintaining a homeless management information system (HMIS). Carroll County is striving instead to create a broader community management information system (CMIS); CSP can be used for eligibility, intake, case management, follow-up, data collection, and reporting that non-homeless-centered agencies also find useful. Because many service-centered agencies can use the system, Carroll County's Circle of Caring Homelessness Board CMIS Steering Committee (now called the CSP Steering Committee) chose "Community ServicePoint" to track the required homeless information and aid non-homeless service agencies on a broader scale. Additionally, 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.

Intercepts 0/1 Gaps

Community Services

Coordination: The community prides itself on collaboration and cooperation; however, many community resources continue to be underutilized because some community members and stakeholders are unaware of the full array of services and the criteria to utilize them. With the definition of crisis in flux and the crisis continuum expanding, community members and stakeholders would benefit from improved communication and consistency in terminology. Additionally, many stakeholders hold outdated print versions of the Behavioral Health Resources and Services Directory; however, a new directory for Carroll County can be accessed in hardcopy and online. As discussed below, agencies report a desire for a liaison to assist with identifying appropriate resources by criteria in real-time 24/7.

Carroll County's strategy to address the backlog of hospital beds provides an example of the opportunity to expand resource promotion. The Carroll County Housing Residential Rehabilitation Program (RRP) Committee follows the statewide strategy to move individuals from RRP placement into less restrictive care to create additional inpatient beds. Capacity is currently exceeding demand, as the RRP representatives report a lack of referrals. Expanding representation on the RRP Committee may improve communication and enhance the utilization of this resource.

Housing and Homelessness Services: Sheltering residents with behavioral health needs is challenging for Carroll County. While there are many housing services for residents and three shelters within the county, the night-by-night shelter is the sole option for individuals with behavioral health needs requiring immediate shelter, and it is not available to families.

Transportation: Transportation is an obstacle for county residents. While the county has innovatively addressed gaps by utilizing CCHD peer support or targeted case management to provide transportation and discounted transportation tickets when possible, the existing transportation is costly and inaccessible for many consumers. While non-emergency medical transportation is available, it does not provide immediate transportation services. Caring Carroll only provides transportation for individuals with behavioral health needs at the discretion of the volunteer driver. Lack of transportation is a barrier to treatment; for example, the lack of transportation to Maryland Treatment Center locations and the fact that transportation to those sites is not reimbursable for Medicaid-covered services limits their usefulness and reinforces their underutilization, especially by Public Behavioral Health System consumers.

Primary, Long-Term, and Recovery Services

Mental Health and Substance Use Services: Obtaining behavioral health services is a challenge both in terms of professional availability and physical access to providers. Medicaid-eligible population health professional shortage area (HPSA) designations have been given to the county for primary care and mental health disciplines. Further compounding the issue, insurance can be an obstacle for many residents needing care. Gaps are especially evident when transitioning between services and trying to coordinate insurance coverage. For example, ACT clients with persistent serious mental illness who have private insurance may need to seek providers that accept their insurance, rather than those best suited to their specific needs. Certified recovery housing is lacking; as of January 2024, there are only three options available within the county. Space in the local residential recovery program is limited for females to two beds, and the service is not free.

The Behavioral Health Resources and Services Directory for Carroll County can be accessed in hardcopy and online, providing a wide array of services; however, many of the resources are only available during business hours, while many calls for service occur outside of that timeframe. After-hours behavioral health services are lacking county-wide; the community is frustrated that after-hours needs can only be addressed by law enforcement and the hospital. Notably, when the COVID-19 pandemic prompted the initiation of health respite, this 24/7 service provided on site resources and unintentionally reduced law enforcement interactions with the behavioral health population; coincidentally, Access Carroll is in the planning stages of developing a medical respite center.

Peer Services: Peer support services are available depending on the need and location of the service; however, there are opportunities to expand peer support services in Carroll County to avoid leaving portions of the population underserved. For example, Carroll Hospital does not currently have overnight peer support capacity.

Urgent and Acute Services

Hotlines, Warmlines, Resource Lines: Nationally, 988 lacks GPS capabilities, resulting in individuals being assigned to call centers based on area code and not physical location; locally, 988 programming would benefit from increased psychoeducation for second and third-party callers and streamlined referral to mobile crisis services.

Mobile Responses: Significant staffing shortages have impacted the local MRSS provider for the county, Affiliated Santé Group; when fully staffed, the contract is appropriate. However, 6-9 months of intensifying shortages have resulted in failures; currently, only approximately half of the contracted hours have service coverage, and those hours are inconsistent. Further, the local provider does not have transport capabilities. The GBRICS regional team often mistakenly

denies coverage for the county despite transport capability. Of the GBRICS partnering counties, Carroll County is the only one without 24/7 mobile crisis response as the data does not support 24/7 coverage; however, the data does support the need for additional coverage during peak hours. Without the infrastructure for a walk-in crisis center and facing staffing challenges with the current crisis vendor, Carroll County did not apply for the recently awarded Maryland Department of Health funding to improve access to behavioral health crisis services including expanding and improving mobile crisis team services. This funding is an opportunity to be considered in the future.

Crisis Receiving and Stabilization Facilities: The county lacks a crisis center that provides community-based after-hours and intensive care. As a result, many of these consumers receive care at Carroll Hospital; however, the emergency department is not staffed to respond appropriately to all individuals with behavioral health needs. While its triage beds are reportedly never at capacity, Shoemaker Center is difficult to access for this purpose as it does not offer transportation to its facility. If the inpatient psychiatric unit is full, referrals can be provided to other inpatient units outside the county; however, wait times can be lengthy due to capacity shortages statewide.

First Responders

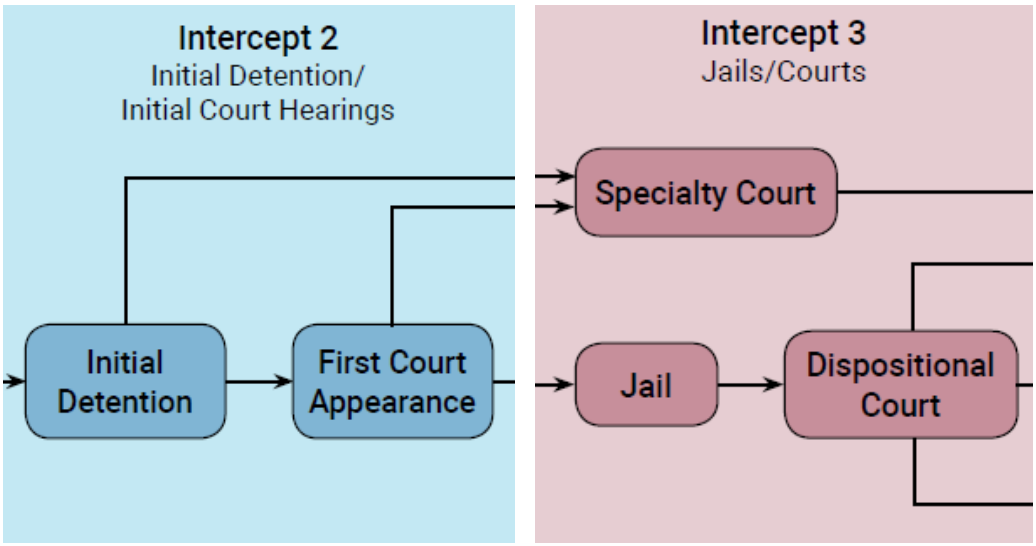
An abridged print version of the Behavioral Health Resources and Services Directory for Carroll County has been created for CIT officers to act as a directory of more accessible resources; however, there is no dedicated person to act as a liaison in real-time when services are needed. Regarding dispatch, not all dispatch have CIT training, and dispatch cannot deviate from the script but can review the mental health card. It is incumbent on the caller to request a CIT officer, and CIT certification is not tracked in the CAD, although jurisdiction-specific lists are available in some cases. Regarding diversion opportunities, the LEAD team is not available 24/7. Law enforcement agencies report a need for a no-wrong-number option to assist with identifying appropriate resources by criteria in real time and standardizing the warm hand-off process between law enforcement and providers; without this ability to connect consumers with resources, law enforcement is left with limited options and low buy-in.

ERPOs require substantial community education to improve the rate of family-initiated petitions, as many people remain unaware of the process. In cases where officers initiate ERPOs, there is a risk of supervisory liability as officers may need to appear in court after their shift ends and then return to duty for the next shift, leading to fatigue and potential scheduling conflicts. The time commitment for ERPOs can be significant, often requiring two deputies to spend between eight to ten hours each to complete the necessary steps including paperwork, filing, and court appearances. Additionally, departments face logistical challenges, such as the need for adequate storage space for firearms that are temporarily confiscated under the order.

The cumulative burden on law enforcement agencies can strain departments, especially those already facing limited staffing. This creates a broader challenge in effectively implementing and managing ERPOs while ensuring public safety.

Data Collection and Sharing

There is a lack of data regarding the frequency of use, transfer, and coordination of services in Carroll County. Grant information is public, but not all data can be shared without a Freedom of Information Act (FOIA) request.



INTERCEPT 2 AND INTERCEPT 3

INTERCEPTS 2/3 RESOURCES

Intake (Processing)

Once taken into custody, detained persons ("detainees") are transported to the Carroll County Detention Center (CCDC) in Westminster, Maryland. All detainees are searched and then asked a series of medical questions including suicide risk, substance use, and alcohol consumption by Central Booking deputies; detainees are also asked some mental health-related questions. PrimeCare Medical staff can be utilized during booking if medication is needed. Upon completion of the charging paperwork, booking deputies process detainees by taking their fingerprints and photographs in the central booking area. Two deputies are present at booking and responsible for the processing procedure. Once booked and processed, detainees wait to see the District Court Commissioner. Detainees are held in the detention center immediately following arrest, and those who reenter the detention center within a two-year timeframe are flagged to the detention center's medical staff. While wait times vary by situation, initial appearances before the Commissioner to determine the bond conditions typically occur two hours after processing or on the following business day.

Initial Court Appearance

On-call Commissioners are not generally called but are available during the holidays or after hours. The Office of the Public Defender (OPD) is responsible for meeting with detainees in the District and Circuit Courts; their focus is to gather supporting information to secure release for clients; judges reportedly prefer to receive an action plan to address any concerns raised before discharge. If a Commissioner holds a detainee, a virtual arraignment is scheduled on the

following business day; every day, representatives from the OPD meet with detainees who have a scheduled bail review that day. For defendants who may be eligible for release and need treatment, the OPD will likely contact the Reentry Case Manager from MCCJTP who will develop a treatment-inclusive release plan. If the defendant is likely to be held during bail review, the OPD will contact the Reentry Social Worker at the CCHD BPWR who will prepare to identify treatment options within the detention center. In these cases, agents file a motion with the court. Judges have the overriding discretion to release the defendant with pretrial supervision; the pretrial unit will advise the court of any noncompliance during this time. If a defendant can participate in treatment, it is most often because of the link preemptively to the Reentry Case Manager from MCCJTP or the Re-entry Social Workers at the CCHD BPWR.

Pretrial Services: Pretrial services fall under the Carroll County Sheriff's Department. The pretrial services program directly interacts with the County Circuit Court and the State District Court. Pretrial Services (PTS) is an instrumental part of the Offender Diversion Unit that functions within the Alternative Programs Bureau in the Sheriff's Department. This unit is responsible for supervising detainees released to the community before trial, ensuring that all special conditions of release are met, and screening defendants for the use of alcohol and illicit substances. In addition, PTS monitors defendants placed by the court under pretrial electronic monitoring (PEM) and tests drug treatment court participants. Deputies also evaluate eligibility for diversion opportunities via the Law Enforcement Assisted Diversion (LEAD) program.

Competency: Incompetency is defined as the lack of capacity to understand the nature and objective of proceedings, to consult with counsel, and to assist in preparing a defense; incompetency does not necessarily indicate a mental health issue. The Office of the Public Defender makes referrals for competency evaluations which can occur within seven days of submission. Individuals are held for competency evaluation in the detention center. Evaluations are conducted virtually or in person by the Maryland Department of Health. Individuals who are found incompetent are taken to the Maryland Department of Health Springfield Hospital Center. However, there is no formalized process for a connection to services for individuals who are found competent and need mental health treatment or intervention.

Court Structure

The county's court system includes the Carroll County District Court, the Carroll County Circuit Court, and the Adult Drug Treatment Court.

Problem-Solving Courts: In 2007, Carroll County established the Adult Drug Treatment Court through the Carroll County Circuit Court to reduce dependency through a court-supervised program that combines treatment with individualized services to eligible participants. The voluntary, four-phase program lasts 12-18 months on average and serves a maximum of 40

participants at a time. As of March 2023, there are 30 program participants. The drug treatment court team comprises a judge, public defender, assistant state's attorney, drug treatment court coordinator, case manager, pretrial unit representative, probation officer, treatment provider, and peer support representative from the health department. However, the peer support representative does not attend internal meetings, rather they are involved in a supportive role with the participant. Program referrals are made by Carroll County Circuit Court judges, the Office of the Public Defender, the State's Attorney's Office, the Sheriff's Office, the Carroll County Detention Center, and/or the Office of Parole and Probation Office. The official referral form has been included as an "Appendix." Respondents are eligible to participate if they are consenting county residents charged with nonviolent offenses who either have a primary SUD diagnosis or are actively engaged in substance use. Please note that alcohol addiction and individuals with DUI offenses may be included in this court.

Detention Center Structure

The Carroll County Detention Center (CCDC) was originally built in 1837. In 1968, a thirty-six-bed facility was built adjacent to the center. In 1985, another expansion increased CCDC's capacity to 125 detained or incarcerated individuals. Today, the detention center has a maximum capacity of 185 due to another expansion in 1999. This year, the detention center held 1,171 detained or incarcerated individuals. Staffing for the detention center comprises 92 correctional officers and 15 civilian employees. There is a minimum of 11 deputies on guard for about 140 detainees. All correctional officers receive Mental Health First Aid training on a two-year in-service rotation; nine deputies have received Crisis Intervention Team (CIT) training; and one deputy has received Critical Incident Stress Management (CISM) training. Staff is responsible for daily operations, the work release program, a pretrial services program, an addiction program, and a variety of other services for incarcerated individuals. The classification unit within the detention center sees all detainees within a day of arrival. This unit ensures that all detainees are appropriately placed depending on their medical problems, behavioral health concerns, gang history, and type of offense (e.g. sexual). In addition, an interdisciplinary team meeting occurs weekly on Thursdays to discuss detainees classification information and other needs.

Detention Center Services: The detention center has a contract with PrimeCare Medical for behavioral health and medical services. For every detainee, the medical department conducts a head-to-toe assessment that evaluates for mental health concerns, substance use disorders, suicide risk, intellectual or developmental disability (IDD), and traumatic brain injury (TBI) within four hours of arrival at the detention center. This assessment is comprehensive and time-consuming; intake duration depends on the detainee, but typically ranges from 35 minutes to 1.5 hours. The medical department can access LanguageLine Solutions for on-demand language interpretation and document translation.

The medical department only has two exam rooms and no infirmary. Detainees who experience paranoia related to medical department care may be sent to the Carroll County Health Department's inpatient psychiatric unit to receive medical services in a less escalating environment; however, this transport process is not smooth. Additionally, suicidal statements by a detainee may lead to a "suicide watch" where a detainee is sent to a segregation unit staffed 24/7. Officers within this unit conduct check-ins a maximum of 15 minutes apart. Typically, the behavioral health team assesses detainees before classification, and detainees may be cleared to a lower watch during this process. Approximately 80% of the segregation unit is populated by individuals with mental health concerns rather than substance use or co-occurring needs. The on-site behavioral health team includes a psychiatrist and a licensed social worker; this team provides mental health support. Approximately 24% of the total incarcerated population is diagnosed with a serious mental illness and 34% has a co-occurring disorder.

In compliance with Correctional Services Article § 9-603, 9-603.1, the detention center's medication-assisted treatment (MAT) program began in January 2023. This program includes a 2.1 intensive outpatient treatment service level of care through a collaborative approach by PrimeCare Medical, Maryland Treatment Centers, and Genesis Treatment Services.[8] Since the program's inception, 349 individuals have been enrolled; there are currently 74 active participants. The program uses Methadone, Suboxone, and oral Naltrexone to fulfill the mandate of providing at least one of the FDA-approved medications for opioid use treatment. The Carroll County Health Department is the detention center's provider of substance use medications; Maryland Treatment Centers provides peer recovery specialists; and Mountain Manor offers additional treatment services, including peer recovery specialists who visit detainees at the detention center.

Faith-based services are also offered within the detention center. The Good News Jail and Prison Ministry, a non-profit, non-denominational evangelical Christian ministry provides Christian chaplains to the detention center to meet the spiritual needs of detainees. Detainees may join worship services, Bible studies, and counseling as provided by the chaplain and trained community volunteers. The detention center also offers tablets with resources and virtual meetings with Opportunity Works, a vocational program described in the "Intercepts 4/5 Resources" section. There is a library available to detainees on Mondays, Thursdays, and Fridays; detainees are given an hour to visit the library and choose books, listen to music, browse magazines, and conduct legal research. Educational opportunities (e.g. GED courses) and NA/AA groups within the detention center have been historically available; however, these services have not been offered since the coronavirus (COVID-19) pandemic. Reconvening the "Domestic Violence Education" group, the "Adult Learning Center," and the "Guiding Good

[8] See footnote 7 on page 16 for details regarding the ASAM criteria continuum of care.

Choices" program would be beneficial to enhancing a detainee's experiences within the detention center as well as their future transition to the community.

Data Collection and Sharing

The detention center sends the Maryland Department of Health (MDH) a population report including entry/exit information and notes about detainees whose needs have not been met within an allotted time frame. An example of an unmet need is when a detainee has not received hospital bed placement within the required time limit. MDH reviews the report and returns it to the detention center with feedback. The CCDC regularly updates and maintains the Victim Information and Notification Everyday (VINE) system which is further described in the "Intercepts 0/1 Resources" section.

Intercepts 2/3 Gaps

Intake (Processing)

Booking officers do not access LanguageLine Solutions for translation services, raising concerns regarding detainees' comprehension of information during the booking process. Detection of substance use and substance use disorders during the intake process is straightforward compared to mental health issues which can raise competency concerns.

Initial Court Appearance

Pretrial Services: Services for detainees with mental health conditions are needed. Detainees in need of mental health treatment who are found competent and without a substance use disorder face challenges obtaining treatment.

Competency: Competency is considered a legal concern rather than a medical issue, presenting barriers to accessing mental health treatment. The Maryland Department of Health Springfield Hospital Center only accepts competency placements, leaving legally competent individuals with a need for mental health treatment ineligible for placement.

Court Structure

The Assertive Community Treatment (ACT) team has concerns that individuals with severe and persistent mental illnesses do not understand court processes. There is a need to expand behavioral health advocacy to support clients, specifically in domestic violence and family matters cases; the Office of the Public Defender and the ACT team are involved in other types of cases but could reportedly be included in these cases to enhance support. Generally, peer support is lacking within the court system and is crucial to enhance the client's perceived support.

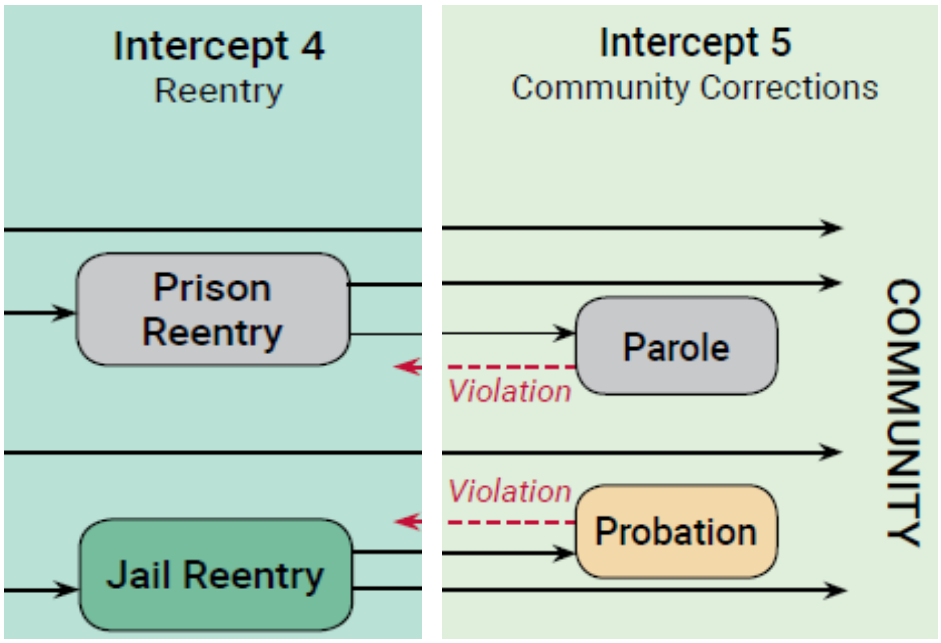
Problem-solving Courts: The Adult Drug Treatment Court is the only problem-solving court in Carroll County. As a result, many Veterans and individuals living with mental illness are held in the detention center. Please note, however, that a Veterans docket is under development. Consideration of including peer support specialists in future developed problem-solving courts is crucial because of the lack of inclusion in ordinary courts.

Detention Center Services

Space is a concern within the detention center's medical department. There is no inpatient psychiatric treatment for incarcerated individuals within the detention center, and transportation from the detention center to the Carroll County Health Department for inpatient psychiatric care is limited because the health department cannot transport individuals despite their willingness to provide care. Given that the Maryland Department of Health Springfield Hospital Center will only address mental health concerns if an individual is deemed incompetent, staff may ask for assessments to declare incompetency for individuals who are not incompetent in efforts to provide care, which raises ethical concerns and may lead to inadequate services. When inpatient services are available, the average time to get individuals to inpatient services is 46 days rather than the legally mandated ten days. This extended period is caused by a backlog of patients at the state level and a lack of staff, leading to an over-representation of incompetency in the detention center. Peer support services are lacking within the detention center and could help navigate the struggles presented above. The detention center also does not offer therapy; rather, detainees receive coping skill development and brief interventions.

Data Collection and Sharing

The detention center's population report is only shared with the Maryland Department of Health. Notably, this report would be beneficial to share with the LBHA to understand the needs of this population.



INTERCEPT 4 AND INTERCEPT 5

INTERCEPTS 4/5 RESOURCES

Corrections Reentry Services

Services and Referrals: The Carroll County Detention Center has an informal reentry program staffed by two case managers within the detention center. Caseloads are reportedly manageable, fluctuating between approximately 20 and 30 cases at a time. Case managers perform comprehensive assessments of individuals preparing for release including screening via the Level of Service Inventory-Revised (LSI-R) for the appropriate supervision level. Individualized reentry plans are then developed to provide resources for obtaining necessary documentation, housing access, treatment services, educational assistance, employment assistance, and Veterans services if applicable. Approximately 67% of the total incarcerated population is receiving behavioral healthcare treatment, underscoring the importance of plans that establish necessary appointments and a relapse prevention plan with emergency contact information. The case managers track expected release dates; individuals can be referred electronically or in writing to meet with case managers 90 days before release.

Through funding for the Maryland Community Criminal Justice Treatment Program (MCCJTP), the Carroll County Health Department (CCHD) Bureau of Prevention, Wellness, and Recovery (BPWR) coordinates with the detention center to provide individuals with reentry case management services to improve their success at independent living and reduce recidivism to homelessness, detention centers, emergency departments, and/or psychiatric hospitals. These services are offered to individuals with an identified serious mental illness; Carroll County

reports that 24% of the incarcerated population has a diagnosis of a serious mental illness and 34% has a co-occurring diagnosis. For up to 90 days post-release, the case manager works to connect the incarcerated individual to community-based services detailed in the "Intercepts 0/1 Resources" section and works with them upon release to ensure stabilization and access to a peer recovery specialist. CCHD collects reentry data internally to track the people served by reentry programs, including recidivism rates and case management services provided to unduplicated and duplicated clientele. Workshop participants highlighted the opportunity to share this data with the Diversion Workgroup, a subcommittee of the Carroll County Behavioral Health Advisory Committee. This group has been meeting since 2012, working to identify and support diversion and deflection efforts in the community. During these meetings data collected from the reentry team can be shared for strategic planning purposes.

At release, individuals are discharged with prescriptions for current medications and referred to community providers. Individuals with prescriptions for methadone are dosed before release and then referred to Genesis or out of the county if appropriate; individuals receiving Subutex (buprenorphine) receive a 30-day prescription and are referred to Maryland Treatment Centers with the health department as a safety net. Narcan rescue kits are also provided to MAT program participants upon discharge.

Supervision: The community supervision portion of the Department of Public Safety and Correctional Services (DPSCS) operations ensures that reentering individuals uphold individual requirements set forth by courts and the Parole Commission. The Community Field Office in Carroll County does not maintain adequate staffing for specialized case managers; instead, the office maintains specialized caseloads based on offense (sexual, domestic violence, interstate, drug-related, pretrial services investigation, and individuals assigned to the violence prevention initiative via screening for individuals under the age of 30). A staff of 18 professionals supervises over 1200 individuals. Supervision is provided at one of four levels ranging from low (for individuals with no prior history and no present disorders) to high; home monitoring via GPS is typically reserved for mandatory releases and parolees. Staff utilizes the Offender Case Management System, the official case management system of DPSCS, which allows DPSCS to compile, store, and share information about reentering individuals under its jurisdiction with multiple moduli which include but are not limited to case planning, booking, community supervision, corrections, and pretrial services; a monthly dashboard posts information regarding the number of individuals on probation and parole and demographics such as age, gender, etc. Official recidivism data indicates that 12.87% of individuals recidivated last year in Carroll County.

Community Reentry Services

Supportive Funding: Consumer Support, a grant from the Behavioral Health Authority, is a safety net service available to individuals actively engaged in the Public Behavioral Health System; eligible applicants with substance use disorders with or without mental health disorders can request up to $1,000 per fiscal year to assist with rent, mortgage, and/or utility arrearages when all other resources have been denied. As mentioned in the "Intercepts 0/1 Resources" section, Maryland Recovery Net (MDRN) is a $8,000 grant from the Behavioral Health Authority that provides funding up to $1,000 per client per fiscal year to individuals actively engaged in fee-for-service substance use disorder treatment through the Public Behavioral Health System and enrolled in Maryland State Care Coordination. MDRN client support funds are intended to assist in achieving treatment goals and can be applied to an array of services including pharmacy, transportation, employment services, vital records, medical/dental services, and other unmet needs. Funding is retroactive (i.e., for reimbursement) only and requires a completed request for client support form and receipt or invoice; MDRN housing funds are available to MDRN-qualified residents of certified recovery housing as described in the "Intercepts 0/1 Resources" section.

To increase enrollment of systems-involved persons with behavioral disorders in the Supplemental Security Income (SSI) and the Social Security Disability Insurance (SSDI) programs, Carroll County maintains an SSI/SSDI Outreach, Access, and Recovery (SOAR) program; the SOAR expedited application process boasts a 90% first-time approval rate.

Behavioral Health Services: Several agencies provide behavioral healthcare services for systems-involved individuals with substance use and mental health disorders; these services are discussed in the "Intercepts 0/1 Resources" section. Case management and ACT complete intakes before release; for additional support, the contact number for the mobile crisis team is included in reentry plans. Case management in the county for all behavioral health services except for targeted case management is through any willing provider; targeted case management for youth and adults is contracted through Potomac Community Services (mentioned above). This provider reportedly meets with clients twice weekly, collaborates with community partners, provides outpatient therapy and workforce development services, and has a history of attending reentry meetings to enhance the reentry process.

Professional Development: The Maryland State Department of Education Division of Rehabilitation Services (DORS) and the Maryland State Department of Labor assist with training, job coaching, resume building, workforce opportunities, and education, including preparation for the GED tests. The U.S. Department of Labor Reentry Employment Opportunities (REO) program provides funding, authorized as Research and Evaluation under Section 169 of the Workforce Innovation and Opportunity Act (WIOA) of 2014, for systems-involved youth and

young adults and adults who were formerly incarcerated for the development of strategies and partnerships that facilitate the implementation of successful programs at the state and local levels to improve the workforce outcomes for this population.

Several local workforce development services are available to Carroll County residents. Human Services Programs of Carroll County Inc. (HSP) operates Opportunity Works, a vocational program providing hands-on vocational training to help participants re-enter the workforce. The program targets individuals with significant barriers to employment such as individuals with substance abuse and mental health disorders and systems-involved individuals; Opportunity Works provides priority service to homeless individuals. Services include job readiness, job development, and long-term case management services. Individuals can be referred to Opportunity Works directly or through DORS. Westminster Rescue Mission includes workforce development as a component of the treatment process. Sheppard Pratt's supported employment program offers pre-placement, job placement, and ongoing support; referral only requires a significant mental health diagnosis.

Legal Assistance: Maryland Legal Aid (MLA) is Maryland's largest provider of free direct legal services and the state's third-largest law firm. As a private, non-profit law firm, MLA provides a full range of free civil (i.e., not criminal) legal services to low-income people in all 24 jurisdictions statewide from 12 office locations; cases involve a wide range of issues, including child custody, housing, public benefits, bankruptcy/debt collection, and criminal record expungements to remove barriers to obtaining child custody, housing, and employment. The MLA Midwestern Maryland Office serving Frederick, Carroll, and Washington Counties is located outside the county in Frederick, Maryland.

Housing: The Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to individuals and families at risk of and experiencing homelessness. HMIS is designed to collect data on housing and services for individuals and families who are at risk of or experiencing homelessness. Additional services are detailed in the "Intercepts 0/1 Resources" section. Reentering individuals who intend to stay within Carroll County can access assistance through the Human Services Program (HSP) or Westminster Rescue Mission. The Good News Jail and Prison Ministry mentioned in the "Intercepts 2/3 Resources" section provides housing deposit assistance and backpacks with a gift card for emergency supplies, a particularly valuable resource for individuals experiencing homelessness. Housing vouchers and housing stability coordination are available through the Carroll County Department of Citizen Services Bureau of Housing and Community Development as described in the "Intercepts 0/1 Resources" section.

Transportation: As discussed in the "Intercepts 0/1 Resources" section, Carroll Transit System offers six fixed routes called TrailBlazers and a door-to-door service called Demand Response

Service; additional services for individuals who require transportation to medical and behavioral healthcare appointments are detailed in the "Intercepts 0/1 Resources" section as well. The Good News Jail and Prison Ministry mentioned in the "Intercepts 2/3 Resources" section partners with the reentry team to provide transportation to reentering individuals in treatment. While unplanned releases present a recognized challenge, the community relies heavily on its well-established partnerships to meet transportation needs.

Community and Family Support: The National Alliance on Mental Illness (NAMI) offers support groups and classes for families who have a loved one who is mentally ill, providing education, support, and advocacy. Community Conferencing of Carroll County offers no-cost or low-cost mediation services. When possible, pre-parole investigation can engage with family members, explain conditions of supervision, and incorporate family members in the reentry process, thereby helping the reentering person remain stable and avoid violations. Community support is available through faith-based organizations such as The Good News Jail and Prison Ministry, which in addition to the services listed above also provides spiritual classes and a continuous connection to the community. Peer support services are available to the community (detailed in "Intercepts 0/1") and to participants in the Adult Drug Treatment Court (mentioned in "Intercepts 2/3").

Data Collection and Sharing

Staff utilizes the Offender Case Management System, the official case management system of DPSCS, which allows DPSCS to compile, store, and share information about reentering individuals under its jurisdiction with multiple moduli which include but are not limited to case planning, booking, community supervision, corrections, and pretrial services; a monthly dashboard posts information regarding the number of individuals on probation and parole and demographics such as age, gender, etc.

Intercepts 4/5 Gaps

Corrections Reentry Services

Services and Referrals: While essential to a robust reentry services program, reentry coordination and patient navigation are lacking in Carroll County. There is no formal process for reentry coordination and no dedicated reentry coordinator. It is also difficult to individualize plans and engage in follow-up. The detention center's case managers must be contacted regarding a detainee's release to meet with detainees; unexpected releases present challenges for reentry coordination. Peer recovery specialists are not integrated within the detention center; however, peer support can be utilized in discharge planning. The MCCJTP Coordinator faces obstacles in maintaining contact with participants to connect clients to long-term services

within the 90-day program participation limit; for example, phone numbers and addresses may change, and clients may reenter the system. It is also worth noting that Narcan rescue kits are currently provided upon discharge to MAT program participants only.

The Diversion Workgroup mentioned above implemented the Reentry Collaborative Meeting to bring together community providers and resources to meet with incarcerated individuals preparing to return to the community. However, the pandemic has impacted service coordination, limiting this meeting to a smaller scale in a virtual capacity to continue to meet the needs of individuals returning from incarceration.

Supervision: The Community Field Office in Carroll County does not maintain a specialized mental health caseload; however, the jurisdiction is interested in seeking additional mental health training for staff. These supervisory professionals do not have the authority to individualize care and refer clients to treatment if not explicitly included in the court order; although supervisors can request guidance from the court in these instances, some individuals may not receive modifications needed to avoid violations.

Community Reentry Services

Behavioral Health Services: As discussed within the "Intercepts 0/1 Resources" section, obtaining behavioral health services is a challenge in Carroll County; reentering individuals often face additional obstacles. At release, these individuals are referred back to their previous community providers; however, those who were not receiving care before incarceration face lengthy wait times for psychiatric services and are instead referred to primary care to begin the process, often interrupting continuity of care. Only one provider in the county will accept clients convicted of sexual offenses for SUD treatment; when that provider is at capacity, those individuals cannot access treatment, a gap discussed further in the "Priorities for Change" section. The residential rehabilitation program (RRP) through Prologue Inc. described in the "Intercepts 0/1 Resources" section provides housing in the community for individuals who are managing mental illness; however, this program is voluntary and not free.

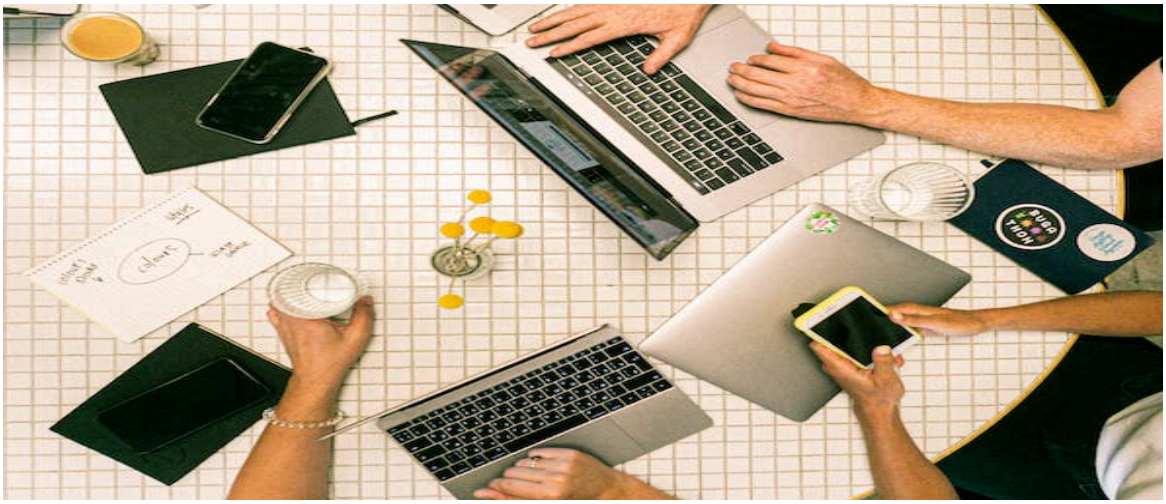
Professional Development: While the Department of Labor provides employment resources, the follow-up rate of consumers hovers near 10%.

Housing: Individuals are not deemed homeless (in terms of eligibility for services) until after release from the detention center, and unhoused individuals released before the expected release date are difficult to locate and assist, highlighting the importance of release planning. Carroll County would benefit from connecting the housing stability coordinators with the reentry case managers to better support the needs of systems-involved individuals.

Transportation: The county lacks transportation options for systems-involved individuals. As a result, community agencies resort to innovative solutions described above, when necessary.

Data Collection and Sharing

Participants indicated a need for quick access to information on eligibility for treatment services. There is also a need for increased communication between all parties involved in reentry to effectively support community reintegration.



Priorities for Change

The priorities for change are determined through a voting process. At the conclusion of the workshop, participants are asked to identify a set of priorities followed by an opportunity for each participant to cast three distinct votes to rank the priorities. The top three priorities are highlighted in bold text.

1. **Establish a Mental Health Court. (35 votes)** This will require a team composed of a judge, representatives from the defense bar and State's Attorney's Office, probation/parole officers, case managers, and representatives from the mental health system. Coordination with the Executive Director of the Problem-Solving Courts in Maryland and relevant staff members is necessary during this process. The Bureau of Justice Assistance has a Guide to Design and a report detailing mental health court research which the county would benefit from reviewing.

2. **Establish a Crisis Center. (32 votes)** If used as an alternative emergency petition destination, a crisis center providing 24/7 stabilization can save law enforcement and hospital resources while also improving quality outcomes by utilizing center resources to connect individuals to less restrictive, long-term, sustainable care. The development of a crisis center will require staffing and space for capacity, funding, cross-agency collaboration, and leadership buy-in; transportation will be essential to prevent underutilization. To aid in securing the support needed from stakeholders and potential funding sources, agencies should prioritize data collection that demonstrate community needs. As mentioned above, recently awarded MDH funding will establish a behavioral health crisis stabilization center in neighboring Howard County; the county may benefit from connecting with stakeholders there and in nearby

Frederick County for guidance and information regarding the process for establishing a 24-hour crisis center.

3. **Expand evening and weekend services throughout the community. (16 votes)** An inability to access community-based behavioral healthcare on-demand results in heavy reliance on the emergency department, law enforcement, and limited crisis response services. Certified Community Behavioral Health Clinics (CCBHCs) are a promising practice offering a comprehensive range of mental health and substance use disorder services to vulnerable individuals; per federal criteria, they must directly provide or contract with partner organizations to provide nine types of services, with an emphasis on the provision of 24-hour crisis care, evidence-based practices, care coordination with local primary care and hospital partners, and integration with physical health care. In addition to expanding after-hours community services, developing a CCBHC addresses other identified priorities such as the need for crisis stabilization services (Priority 2) and diversion options for law enforcement (Priority 5). Federal grant money is available to aid in adopting the CCBHC model, and several Maryland clinics are current CCBHC-E grantees.

4. Identify consistent funding for mobile crisis teams. **(13 votes)** Securing consistent funding for mobile crisis teams through a multifaceted approach is necessary for sustainability. Efforts should be made to obtain federal and state grants specifically earmarked for these teams. Public-private partnerships can also be fostered, engaging healthcare organizations, philanthropic foundations, and corporations to invest in mobile crisis teams as part of their corporate social responsibility initiatives. Additionally, local governments should be urged to allocate a portion of their budgets to support these teams, emphasizing the cost savings and community benefits they provide by reducing the burden on emergency services and the criminal legal system. Community support can be mobilized through fundraising campaigns, donations, and local events aimed at raising awareness and funds. Lastly, legislative advocacy is crucial, working with policymakers to draft and pass laws that mandate consistent funding and ensure the long-term financial support and integration of mobile crisis teams into the public health and safety infrastructure. The Crisis Intervention Team Center of Excellence is available to provide technical support for this endeavor.

5. Enhance diversionary services for law enforcement use. **(12 votes)** Law enforcement officials often express frustration over the limited options available for diverting individuals from the criminal legal system. These professionals also explain that the few diversion programs in place are sometimes ineffective, lacking the necessary resources and support to address underlying issues such as mental health and substance abuse. Additionally, many existing programs have strict eligibility criteria or limited capacity, which restricts their ability to serve those in need, ultimately hindering successful diversion efforts. Implementing and

enhancing early diversion services for systems-involved individuals with behavioral health needs will minimize the demand for services in later intercepts. The county should provide and improve alternative pathways for individuals at the initial stages of legal involvement.

6. Expand 24-hour residential treatment beds. **(11 votes)** Residential crisis services are used to prevent or provide an alternative to psychiatric inpatient admission. Service capacity is essential to ensure that people with mental health conditions who need more intensive and longer-term services over a longer stay can live supported in the community; residential crisis services also make it possible for people to be discharged successfully from stays in local hospitals or state psychiatric care institutions. The county must actively advocate to restore capacity at a state-wide level while seeking additional funding to preserve and expand existing local resources to improve care for residents.

7. Address the lack of housing options for individuals with behavioral health needs. **(4 votes)** Recovery, resiliency, and wellness for individuals with behavioral health needs depend upon appropriate housing. Safe, decent, affordable housing that meets the needs of this population should include independent living, supportive housing, and group homes that include access to wrap-around services and other supports; when appropriate, education about maintenance and finances should be offered as well. Independence within the community should be given priority when appropriate and desired. Available, affordable housing choices can also facilitate access to education, employment, transportation, and other daily needs. Services (including funding) should follow the person with respect to all housing options, including housing provided by caregivers. Several organizations and agencies in Maryland address the need for housing for individuals living with mental illness and substance use disorders; collaboration between public health agencies, housing authorities, and mental health service providers is essential to ensure that housing solutions are well-integrated with comprehensive support services. Non-profit organizations and private sector partners should also be engaged to provide additional resources and innovative housing models.

8. Formalize the reentry process. **(4 votes)** Research indicates that appropriate support during reentry into the community can reduce the risk of symptom recurrence, overdose, suicide, and reincarceration. Collaborative, comprehensive reentry planning (e.g., case management) that begins early in conjunction with support that continues past release (e.g., peer/patient navigation) is considered best practice. The detention center relies on two case managers for reentry planning and lacks a formal reentry process and a dedicated reentry coordinator. Obstacles to reentry planning include initiating contact, tracking releases, and maintaining contact after release. While efforts are made to ensure reentering citizens receive supportive services immediately upon release, establishing a formal reentry

program including hiring a reentry coordinator will improve service delivery and continuity of care for individuals with mental health conditions and/or substance use disorders before, during, and after reentry into the community post-incarceration.

9. Expand Veteran services across all intercepts. **(3 votes)** Maryland's Commitment to Veterans (MCV) within the Maryland Department of Health assists Veterans and their families through a transition to civilian life. Regional resource coordinators provide services such as coordinating behavioral health services, providing referrals (e.g. employment, education, housing), offering educational programs, and engaging in outreach regarding the program. During the workshop, a representative from MCV provided participants with contact information. The county may benefit from collaborating with MCV to facilitate the expansion of Veteran services across all intercepts.

10. Streamline and enhance the transportation system. **(2 votes)** Transportation is limited for individuals with behavioral health conditions, and systems-involved individuals are impacted disproportionately; concerns heighten during after-hours. While transportation barriers are a pressing statewide issue explored in greater detail in the "Parking Lot" section, the county should continue cultivating and centralizing its well-established partnerships to meet transportation needs efficiently.

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 financial investment, if any. Nonetheless, quick fixes can have a significant impact on the trajectories of people with behavioral health needs in the criminal legal system.

1. The workshop afforded several opportunities for immediate resource promotion and connection. Initiating this process, the LBHA distributed a revised behavioral health resources and services directory during the workshop; this brand-new repository of information, displayed in English and Spanish, aids in sharing and promoting resources between stakeholders and community members. The directory includes resource listings (crisis response, certified treatment programs, substance abuse programs, community-based self-help, prevention programs), support resources information (aging, disabilities, domestic violence, first responders, etc), and additional resources (local, state, parents and concerned adults, teens). The directory will be available for community members and actively utilized by stakeholders moving forward.

   After distributing the behavioral health resources and services directory, workshop participants reported a concern regarding the potential lack of utilization by law enforcement agencies. Upon request, the LBHA agreed to gather and distribute information regarding resources, services, and available hours specifically applicable for law enforcement use to enhance the impact of the directory.

   Resource networking included individual contact information as well. While discussing the Shoemaker Center triage beds, Lauren McCarthy was identified as a point of contact for follow-up questions and assistance. Additionally, a representative from Maryland's

Commitment to Veterans provided participants with the Central Region Coordinator's contact information to add to the directory.

2. Collaboration between the detention center and the LBHA was enhanced throughout the workshop. In addition to sharing the population report (described in "Intercepts 2/3") with the Maryland Department of Health (MDH), the detention center staff has agreed to share this report with the LBHA. This will aid in identifying services for individuals who are awaiting placement in the Springfield Hospital Center; this will also allow the LBHA to aid in discharge planning for those leaving the facility. Additionally, the detention center holds weekly meetings regarding the segregation unit to discuss challenges and barriers faced by individuals with acute mental health needs who are languishing in the detention center. Moving forward, the detention center staff will invite representatives from the LBHA to attend. The LBHA intends to discuss this enhanced connection with the detention center at upcoming meetings with the MDH.

3. Participants were informed of available reentry services through various community agencies. For example, peer recovery specialists from Mountain Manor can be utilized throughout reentry. The National Alliance on Mental Illness can also provide support to systems-involved individuals reentering the community in various ways (e.g. psychiatric advance directive). The Carroll County Health Department's services are available across intercepts to enhance recovery and reentry.

4. The county identified an opportunity to involve the Maryland Community Criminal Justice Treatment Program team earlier in the criminal legal process, specifically during initial court hearings and initial detention. This priority will help to address the courts' gap for mental health evaluations within the detention center.

5. Participants identified the need to revisit Carroll County's Housing Committee which coordinates efforts between the Housing Authority and residential rehabilitation program (RRP) staff to strategize the execution of vouchers and expansion of housing options.

6. The detention center shared that only MAT program participants receive harm reduction services upon reentry. To address this concern, the Carroll County Health Department informed the detention center of the opportunity to provide a cabinet of Naloxone and test strips (harm reduction services) for all reentering individuals.

Parking Lot

Some gaps identified during the sequential intercept model mapping are too large or in-depth to address during the workshop. Given the importance of these concerns, however, they are included in the report to inform future strategic planning at the local and statewide levels.

1. Expand in-patient capacity at the state level. There are five state psychiatric hospitals in Maryland with a total of 1,056 beds: Clifton T. Perkins Hospital Center, Springfield Hospital Center, Spring Grove Hospital Center, Thomas B. Finan Center, and Eastern Shore Hospital Center. Among them, Perkins is the sole designated maximum-security forensic facility; however, all five hospitals treat court-ordered patients. Courts have ruled repeatedly that delays in court-ordered mental health assessments and care violate the law.[9] Maryland law requires that a defendant under court-ordered commitment be transferred to a health facility within 10 days of the order[10]; however, individuals are waiting up to 180 days or more. Maryland Department of Health has testified that while 500 court orders per year were typical five years ago, the latest data shared by the state reports 1,126 admission orders in 2023, a sharp increase even from the 865 total from the year before. Efforts are underway to expand capacity by creating 44 additional beds at Thomas B. Finan Center by the end of 2025; there are also long-term plans to expand capacity at Perkins Hospital Center. In June 2023, Section 13-4801 through 13-4807, 13-4901 through 13-4907, 15-141.2 of the Health General Article of the Maryland Code established the Commission on Behavioral Health Care Treatment and Access, under which the Criminal Justice-Involved Behavioral Health Workgroup and the legislative task force are mandated to oversee this issue over the next four years. While the lack of space in state-run psychiatric hospitals for

[9] See *Powell v. Md. Dep't of Health*, 455 Md. 520 (2017) and *State v. Crawford*, 239 Md. App. 84, 119 (2018).
[10] See Sections 3-106, 3-112 of the Criminal Procedure Article of the Maryland Code.

people facing criminal charges or unable to stand trial goes back years, spanning multiple administrations, the need is urgent.

2. Enhance public transportation for the county. Transportation barriers pose significant challenges to systems-involved individuals with behavioral health conditions, especially those reentering the community following incarceration. These barriers are described as the 5 A's: affordability, accessibility, applicability, availability, and awareness. Efforts to address these barriers may involve expanding access to existing public transportation, providing specialized transportation for "transportation disadvantaged" populations, and coordinating transportation resources to avoid fragmentation and duplication. Federal funding for transportation initiatives is available; programs can also seek support from the community and private foundations. In the resource Getting There: Helping People With Mental Illnesses Access Transportation, the U.S. Department of Health and Human Services provides more detailed evidence-based recommendations to address transportation barriers.

3. Expand the behavioral health and public safety workforce capacity. The county recognizes the need for more social workers, law enforcement, and others who routinely engage with systems-involved individuals with behavioral health needs. Unfortunately, the behavioral health workforce faces high turnover rates due to burnout and lack of support. The need to cultivate the workforce has been recognized as a state issue in the *State Summit on Behavioral Health and the Justice System: Utilizing the Sequential Intercept Model Mapping Initiative* report. The county would benefit from reviewing the research and recommendations for cultivating the workforce on page 29 of the report.

4. Expansion of resources for people convicted of sexual offenses. Efforts by the Maryland Sexual Offender Advisory Board (MSOAB) have emphasized the need to plan for and develop a statewide system for identifying and training a group of professionals who specialize in treatment for individuals convicted of sexual offenses to reduce or prevent sexual violence. This foundational work is essential due to the deficit of treatment professionals with specialized knowledge and training pertaining to this population. The MSOAB 2021 Report to the Maryland General Assembly documents the Board's recommendations. The Board continues to elicit input to balance the need for treatment standards with the fact that enhanced regulation could potentially further restrict access to already-limited services.

Resources

Local Resources

- Access Carroll: https://www.accesscarroll.org/
- Advanced Behavioral Health (ABH): https://www.abhmaryland.com/
- Behavioral Health Resources and Services Directory for Carroll County: https://healthycarroll.org/behavioral-health-directory/
- CARE Healing Center: https://carehealingcenter.org/
- Caring Carroll: https://www.caringcarroll.org/
- Carroll County Adult Drug Treatment Court: https://circuitcourt.carrollcountymd.gov/drug-court.aspx
- Carroll County Circuit Court: https://circuitcourt.carrollcountymd.gov/
- Carroll County Department of Citizen Services Bureau of Aging and Disabilities: https://www.carrollcountymd.gov/aging-and-disabilities
- Carroll County Department of Citizen Services Bureau of Housing and Community Development: https://www.carrollcountymd.gov/government/directory/citizen-services/housing-community-development
- Carroll County Department of Fire and Emergency Medical Services (EMS): https://www.carrollcountymd.gov/government/directory/fire-and-emergency-services/
- Carroll County Health Department (CCHD) Bureau of Prevention, Wellness, and Recovery (BPWR): https://cchd.maryland.gov/behavioral-health-local-behavioral-health-authority/
- Carroll County Health Department Division of Behavioral Health Services: https://cchd.maryland.gov/behavioral-health-mental-health/
- Carroll County Sheriff's Office: https://sheriff.carrollcountymd.gov/
- Carroll County Sheriff's Office, Inmate Services: https://sheriff.carrollcountymd.gov/dcinmatesvcs.html[11]
- Carroll County Veterans Independence Project (CCVIP): https://ccvip.vet/
- Carroll County Youth Service Bureau (CCYSB): https://www.ccysb.org/programs-and-services/adult-services/
- Carroll Hospital: https://lifebridgehealth.org/locations/carroll-hospital
- Carroll Transit System: https://www.carrollcountymd.gov/government/directory/public-works/carroll-transit-system/

[11] Per Section 1-101 of the Correctional Services Article of the Maryland Code, the term "inmate" has been repealed; the term only appears in this document when it is quoting an existing proper name.

- Central Maryland Regional Crisis System: https://www.bhsbaltimore.org/learn/central-md-regional-crisis-system/#1609274555957-4dee6a82-3bee
- Community Conferencing of Carroll County: http://www.carrollconference.com/
- Genesis Treatment Services: https://addictiontreatmentcentersofmd.com/
- Hampstead Police Department: https://hampsteadmd.gov/police
- HOFFA Foundation: https://www.hoffafoundation.org/
- HOFFA House: https://www.hoffafoundation.org/the-hoffa-house-recovery-residence/
- Life Renewal Services Inc. (LRS): https://liferenewalservices.com/
- Maryland Commitment to Veterans: https://health.maryland.gov/bha/veterans/Pages/Home.aspx
- Maryland State Police Barrack G: https://mdsp.maryland.gov/Organization/Pages/FieldOperationsBureau/BarrackGWestminster.aspx
- Maryland Treatment Centers: https://www.marylandtreatment.org/
- Manchester Police Department: https://manchestermd.gov/police/
- Mt. Airy Police Department: https://mountairymd.gov/542/Police-Department
- NAMI Carroll County: http://namiccmd.org/about-us/
- Non-Emergency Medical Transportation (NEMT): https://cchd.maryland.gov/community-services-medical-transportation/
- Opportunity Works: https://hspinc.org/opportunityworks/
- Partnership for a Healthier Carroll County Inc.: https://healthycarroll.org/
- Potomac Community Services: https://www.potomaccommunity.org/
- Pretrial Services: https://sheriff.carrollcountymd.gov/dcoffenderdiversion.html
- Prologue Inc.: https://prologueinc.org/residential-rehabilitation/
- Senior Care System: https://www.carrollcountymd.gov/government/directory/citizen-services/aging-disabilities/services-and-programs/senior-care-program/
- Sheppard Pratt: https://www.sheppardpratt.org/
- Springboard Community Services (Springboard): https://www.springboardmd.org/
- Sykesville Police Department: https://www.sykesvillepolice.org/
- Taneytown Police Department: https://www.taneytownmd.gov/departments/police_department/index.php
- Veteran Services Program of Carroll County: https://www.carrollcountymd.gov/government/directory/citizen-services/aging-disabilities/veterans-services/
- Westminster Police Department: https://www.westminstermd.gov/165/Police

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Appendix

Appendix A

Carroll County Drug Treatment Court. (2022). *Drug Treatment Court Referral Form.*

Drug Treatment Court (DTC)
Referral Form

Email or Fax Form To:
Dena Black, DTC Coordinator
55 N. Court Street Suite 105
Westminster, MD 21157
Email:
Dena.Black@mdcourts.gov
Fax: 410-386-2596
Phone: 410-386-2851

Referral Date: _____ Defendants' Name: _____

DOB: _____ Race: _____ Sex: _____

Case Number (s): _____

Defendant's most CURRENT address and phone number:

_____

Is the Applicant currently incarcerated?

Yes☐ No☐ **If yes, where?** **☐CCDC ☐DOC** **☐Other**:_____

Referral made by:

☐Defense Counsel: _____ _____
(Name) (Phone)

☐State's Attorney: _____ _____
(Name) (Phone)

Attorneys: Be advised that all participants in DTC, enter on a pre-disposition (sentence) status. While in DTC a participant's case(s) remain as open case(s). Therefore a referring attorney's appearance will remain active during the participant's time in DTC. In addition, as the referring attorney it is the expectation of DTC that you will continue to represent your client at DTC hearings or in the alternative strike your appearance. If your appearance is stricken your client may apply to the Public Defender, but acceptance by the Public Defender is not guaranteed.
If you have additional questions on the above please contact Chris Horn (410)871-3643 or Eric Offutt (240)839-1616.

Brief summary of why you believe the Applicant should be considered to participate in DTC.

_____

_____

_____

Drug Treatment Court eligibility requirements:

- Adults over 18 years of age;
- Carroll Circuit Court Case(s);
- Carroll County Resident;
- Non-violent offenders;
- Substance abuse is the primary diagnosis;
- Applicant is making a knowing, intelligent, voluntary consent to enter the DTC Program.

Considering the eligibility criteria, are you aware of any circumstances that may make the Defendant **ineligible** for Drug Treatment Court? **Yes ☐ No☐**
If yes, please briefly explain: _____

_____

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