Sequential Intercept Model Mapping Report for Cecil County, Maryland

Final Report
October 2022

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

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

Acknowledgements

This report was prepared by Tatiana Reyes, Alexis Capestany, and Alex Paucar of the Centers of Excellence established in the Governor's Office of Crime Prevention, Youth, and Victim Services. The Centers of Excellence wishes to thank Brandy James, CIT Coordinator for Eastern Shore Crisis Response Services, for leading this effort, as well as all the local stakeholders who participated in the discussion.

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Contents

Background

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

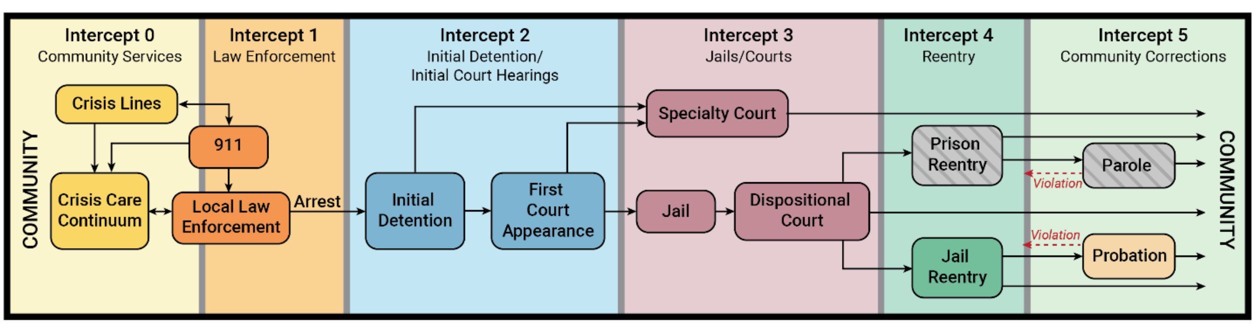
Sequential Intercept Model mapping is a workshop to develop a map that illustrates how people with behavioral health needs come in contact with and flow through the criminal justice system. Through the workshop, facilitators and participants identify opportunities for linkage to services and for prevention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

The Sequential Intercept Mapping workshop has three primary objectives:

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

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

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



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

Introduction

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

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

In October 2022, the Centers of Excellence met with a group of behavioral health and criminal justice system stakeholders from Cecil County at Cecil County’s Sheriff’s Department in Elkton, Maryland. The Center of Excellence staff delivered a presentation on the SIM and facilitated discussions focused on identifying:

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

The discussions focused on all the intercepts of SIM. The Center of Excellence captured information about the resources, gaps in services, and opportunities. At the conclusion of the meeting, the group reviewed gathered information and identified short and long term goals. Following the initial meeting, the Center of Excellence coordinated a process to prioritize the list of identified gaps in services otherwise known as “priorities for change.” In February 2023 the Centers of Excellence met with the same group of stakeholders to review the results of the voting process and discuss the group’s priority areas.

AGENDA (PART I)

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

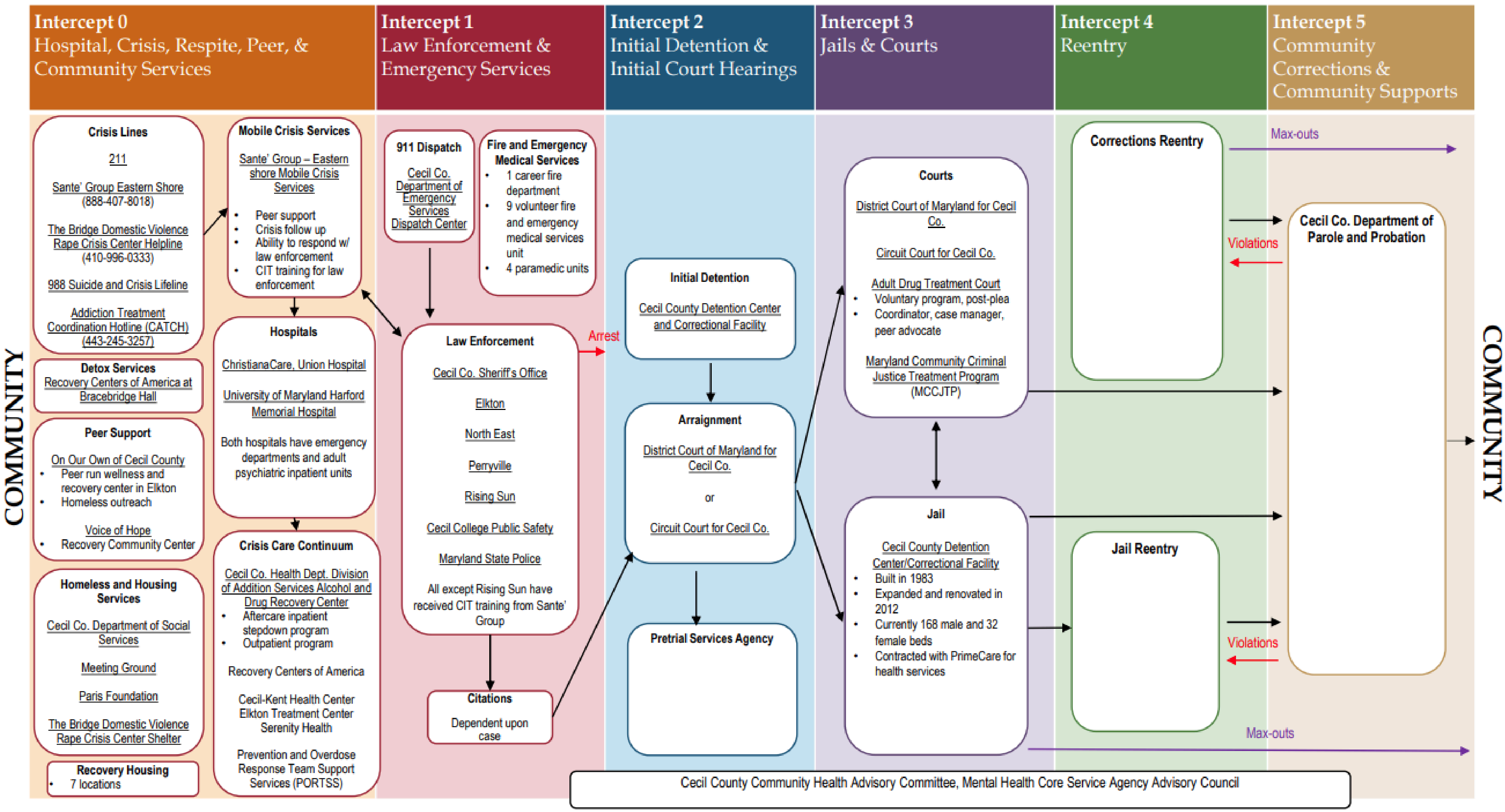
Sequential Intercept Model Mapping Workshop (Part I)
Cecil County, Maryland

October 19, 2022
11:00 am - 4:30 pm Eastern Time

AGENDA

11:00 am - 11:30 am	Networking
11:30 am - 12:00 pm	Welcoming and Opening Remarks
12:00 pm - 12:45 pm	Intercept 0/1 Resources and Gaps
12:45 pm - 1:30 pm	Working Lunch
1:30 pm - 2:15 pm	Intercept 2/3 Resources and Gaps
2:15 pm - 3:00 pm	Intercept 4/5 Resources and Gaps
3:00 pm - 3:45 pm	Review of Resources and Gaps Identified
3:45 pm 4:00 pm	Closing Remarks
4:30 pm	Conference Room Closes

Sequential Intercept Model Map for Cecil County, Maryland

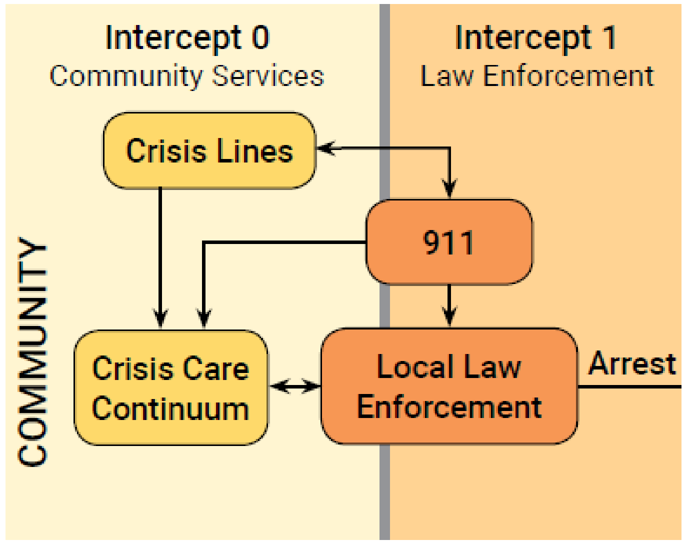


[2]

Resources and Gaps at Each Intercept

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

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



INTERCEPT 0 AND INTERCEPT 1

INTERCEPT 0/1 RESOURCES

Crisis Call Lines: The National Suicide and Crisis Lifeline (988) is available for all residents of Cecil County. 2-1-1 is a crisis line that operates 24/7 with a statewide reach that connects individuals with referral specialists. MDHope is a program through 2-1-1 Maryland and the Rx Abuse Leadership Initiative (RALI) of Maryland that provides opioid-related text messaging support. Santé Group on the Eastern Shore (888-407-8018) operates a crisis line 24/7 and serves Cecil County. This group has commercial advertising, business cards, outreach to specific locations (e.g., schools), and has attendees at public events and meetings. Additionally, individuals, family members, community members, and others can contact the crisis line to request mobile crisis services. The Bridge Domestic Violence and Rape Crisis Center Helpline (410-996-0333) operates a crisis line 24/7 with trained therapists that work with law enforcement and child advocacy centers, assisting with referrals to shelters and other support services. The Cecil County Health Department operates several programs that address addiction services, such as the Cecil Addiction Treatment Coordination Hotline, or CATCH (443-245-3257), which offers 24/7 access to peer recovery support specialists. This hotline operates with a connection to the Health Department from 8 am to 5 pm. During after-hours, this hotline is transferred to Voices of Hope. Lastly, rewriteyourscript.org is the website for Cecil County local prevention programs, recovery support groups, and harm reduction.

Mobile Crisis Services: The Santé Group - Eastern Shore Mobile Crisis Services operates 24/7 with crisis intervention services, dispatch is located in Cambridge, MD. The mobile crisis response team in Cecil County responds to calls, conducts assessments, and makes referrals and connections to treatment and support services. Currently, this region has one team staffed by two clinicians and sometimes peer recovery support specialists. There are three shifts that work 24 hours. These service providers can initiate an Emergency Protective Order (EPO). Additionally, The Santé Group offers Crisis Intervention Team (CIT) training, peer support, and Critical Incident Stress Management (CISM) support. The Santé Group hosts quarterly Crisis Intervention Advisory Council meetings, which are open for the public. These virtual meetings include community updates on law enforcement issues and training updates with email blasts to all involved. The goal for The Santé Group is to have 20 percent of the officers in the county trained across every agency. The next training will be in March 2023 with the hopes of hosting training at least once a year. The Santé Group has three trainers certified to teach CIT training across the eastern shore counties. The Santé Group is also in the early development of Mobile Response Stabilization Support Services, which will be serviced to families and youth up to the age of 21.

9-1-1/Dispatch: Cecil County follows national priority dispatch protocols for all calls as required by state law. Generally, law enforcement, Emergency Medical Services (EMS), or the fire department are dispatched with open communication between Sante's Mobile Crisis services. Overdose or mental health calls are responded to by EMS with the assistance of law enforcement. Six dispatchers have received CIT training and Tactical Dispatch training. There is also a dispatcher refresher training available.

Cecil County utilizes a Computer Aided Dispatch System linked to Paramount which has scripted questions and then makes recommendations. The Record Management System (RMS) and EMS call record systems store the data that is provided. Calls are coded based on the information provided by law enforcement.

Healthcare: ChristianaCare, Union Hospital (CCUH) Behavioral Health is located in Elkton with twelve psychiatric beds and currently eight patients. CCUH offers behavioral health services ranging from acute inpatient programs to outpatient programming as well as intensive outpatient programs. Both CCUH and the University of Maryland Harford Memorial Hospital have emergency departments and adult psychiatric inpatient units. The University of Maryland Harford Memorial Hospital includes services such as emergency department evaluations, outpatient clinics, medication evaluation and management, medical consultants, and acute inpatient treatment. Law enforcement and EMS will transport individuals to the nearest hospital, which is typically CCUH. In certain situations, individuals will be transported outside of the county (e.g., the closest trauma center is in Delaware for gunshot wounds, etc.). While CCUH has not introduced a comprehensive Medication Assisted Treatment (MAT) program, Voices of Hope offers harm reduction such as Narcan medication and training, wound care, syringe services, and disposal. There are also three main centers that offer some form of Medical Assisted Treatment (MAT). Cecil-Kent Health Center offers counseling, buprenorphine, suboxone, and Vivitrol treatment; Elkton Treatment Center offers methadone treatment and outpatient opiate detox; and Serenity Health offers methadone treatment, counseling, buprenorphine detox, and treatment. Recovery Centers for America - Bracebridge Hall is an additional inpatient facility for those with private insurance. Finally, The Maryland Community Criminal Justice Treatment Program (MCCJTP) utilizes licensed therapists, but needs case managers to follow up with individuals.

Law Enforcement and First Responders: Emergency Medical Services (EMS) can be involved in the transportation for individuals who are involuntarily committed (Emergency Petition). Law enforcement for Cecil County provides transportation to hospitals for individuals who are involuntarily committed with an EP. The wait time varies from 1 to 2 hours when dropping off an individual for an evaluation, but there is no average and the time tends to increase during the winter due to the flu season. Every supervisor within each law enforcement agency is CIT trained. As of July 2021, 127 police officers have been CIT trained. Refresher CIT training and specialized crisis training such as self-care and autism training is also provided. When there is a mental health-related call for service, CIT-certified law enforcement responds first. Sante' Crisis Response Team will respond to an incident once law enforcement makes a CIT referral to the Lead CIT Coordinator. By December 1, 2022, there will be a new mandate to streamline CIT referrals more frequently and directly to the Sante' Group. This mandate will fund towards a mobile crisis hotline to minimize law enforcement contact with behavioral health concerns. Cecil County Sheriff's Office Bureau of Law Enforcement has 102 sworn positions. Deputies responded to 274 calls relating to persons suffering from mental or behavioral health issues, relating to 175 individuals taken into custody and transported to the hospital for evaluation.

Housing: There are currently seven different recovery houses with minimal bed spaces. Additionally, Elkton Law Enforcement Assistance Fund (LEAF) utilizes a debit card activated about seven years ago to assist homeless individuals in a crisis situation after hours. Law enforcement can use the debit card to place someone in a motel, buy clothing, and more. Supervisors have the ability to share this card with any officer. There are restrictions to the use of the debit card including a maximum purchase of $200 for bus tickets as well as no ability to take physical cash out of the debit card account.

Peer Support: On Our Own of Cecil County (410-392-4228) is a peer-based wellness and recovery center that offers outreach, crisis support, transportation, co-pay assistance, community resources, and more. This service operates 9 am to 3 pm excluding lunch hours from 12 pm to 1 pm. Voices of Hope, Inc. (443-993-7055) is a non-profit recovery community organization that operates from 8am-1am, seven days a week, excluding holidays. Voices of

Hope, Inc. offers peer support services, training and certifications, harm reduction services, recovery services, and more.

The Outreach to Survivors of Overdose (OSO) program works in collaboration with the sheriff's department to provide outreach to individuals who have experienced an overdose by peer recovery support specialists. Peer Recovery Specialists receive information about non-fatal overdose incidents directly from the local Heroin Coordinator and attempts to engage the survivor and provide support/assistance including but not limited to: referral to treatment, Narcan training, connection with syringe services, information about local crisis intervention services and more. Over the years, OSO has expanded to include outreach by PRS from Voices of Hope. Recently, OSO efforts have been performed in coordination with the Department of Emergency Services' PORTSS program. Cecil County is the first county in Maryland to employ peers in hospital emergency rooms to engage individuals in treatment and support services (primarily substance use). These peers are available to patients on all floors and within all units at the hospital.

Collection and Sharing of Data: There are cross-system groups such as the Cecil County Community Health Advisory Committee and the Drug and Alcohol Abuse Council has merged with the Mental Health Core Service Agency Advisory Council. Cecil County Local Management Board recently formed the Prevention and Overdose Response and Trauma Support Services (PORTSS) to follow-up with individuals and their families following an overdose or substance use crisis for up to one year. Operational hours are during the week from 8 am to 4 pm. Calls are made to the 9-1-1 call center and streamlines to the Cecil County Heroin Coordinator for rapid response. The response team includes the PORTSS Coordinator, Case Manager, and Peer Recovery Specialist. The team continuously collects, reviews, and shares data through a daily report that includes each incident with the individual's phone number, the incident address, and the individual's home address. When individuals are transferred to the hospital, they are typically connected with peer support from the health department who will follow up with individuals and their families in-person every two weeks. Individuals are provided with a court coordinator's contact information, Voices of Hope information, and CATCH information. Cecil County is also in the process of hiring a director for a Local Behavioral Health Authority (LBHA).

Intercept 0/1 Gaps

Crisis Call Lines: 2-1-1 is still an underutilized resource. The current transition to the National 988 Suicide and Crisis Lineline is unclear. A general increase in public education efforts for service providers and the community regarding the crisis calls lines would be beneficial in its use and effectiveness. Additionally, uniformity amongst varying agencies and webpages regarding service titles and operational hours would be beneficial.

Mobile Crisis Services: There is limited staff specifically for overnight shifts (typically just two clinicians).

9-1-1 Dispatch: There is no direct contact between dispatcher and crisis services to request their assistance. There needs to be unified protocols and processes for dispatchers to follow to better link services aside from the use of CIT referrals.

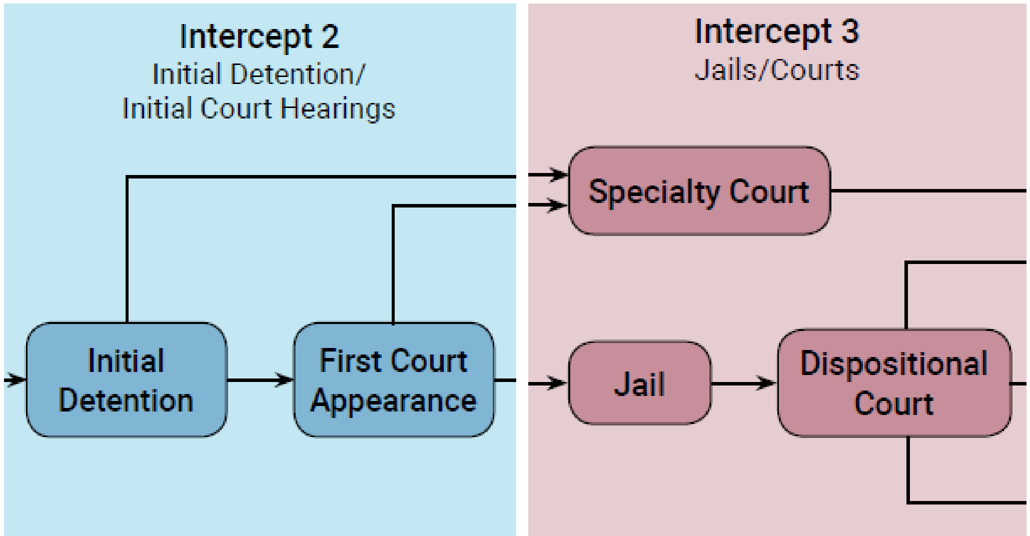
Healthcare: There is limited access to detox services within the county. CCUH has not implemented an MAT program. There is minimal linkage and coordination for follow up services upon discharge from the hospitals. Additionally, the Behavioral Health Provider after hour lines are not always available leaving individuals waiting until the following Monday. However, if providers do not have an after hours call person, there is normally a message directing clients to the 988 Suicide and Crisis Lifeline or mobile crisis. Finally, The Maryland Community Criminal Justice Treatment Program (MCCJTP) faces difficulty with planning and would benefit from a group of case managers for follow ups with detainees.

Law Enforcement and First Responders: CIT training has not been implemented for the Rising Sun Police Department. The inconvenience of 40 hour training with limited law enforcement has halted the progression of officers being CIT trained. There is a new mandate (SB0012) that established nonviolent calls for service to be diverted to EMS.

Housing: There is limited access to housing and no “one stop shop” for accessing assistance or support. Many housing facilities have closed down creating even less access to beds. Funding is an issue to upkeep housing facilities and support recovery needs.

Peer Support: Peer support is needed to assist with engaging individuals in mental health treatment and support services (these need to be paid positions, as currently only Assertive Community Treatment (ACT) team positions are paid). Beginning March 2023, provider Type 32 and Provider Type 50 will be eligible to submit reimbursement for peer services provided by a Certified Peer Recovery Specialist. Maryland will cover peer services at the rate of $16.38 for individual support and $4.55 for group support. Each service will be billed in 15 minute increments. Peer services outside of these settings will continue to be funded through existing grants from the Maryland Behavioral Health Administration to Local Authorities/Health Departments.

Collection and Sharing of Data: The plan to establish a website that will serve as “one stop shop” for accessing different resources has not been created. There is a lack of data collection regarding different responses and outcomes of crises. Cecil County would like to further implement accessible data to identify “familiar” faces to improve strategies for needs response. A general increase in public education for available resources, such as the newly implemented Prevention and Overdose Response and Trauma Support Services (PORTSS) program, would be beneficial.



INTERCEPT 2 AND INTERCEPT 3

INTERCEPT 2/3 RESOURCES

Booking: Upon arrest, individuals are typically taken to the Sheriff's Office before they are sent to the detention center (with some exceptions) and then seen by the court commission. Those under the influence are placed in a holding cell until they are sober. There is a disorderly charge for those under the influence, and there are also options for diversion. All new arrivals are processed in the booking area where they are screened for mental health.

Initial appearance, or arraignment, in front of the Commissioner will vary in length of time depending on various aspects of a situation such as what time the arrest occurs. This is done in-person or via a video conference at the sheriff's department. Most appearances are done via a video conference due to convenience in time and increased safety. In-person appearances require transportation by the detention center therefore limiting hours to the Commissioner's office working hours. Municipalities and State Police continue to appear in-person at the District Court for these meetings.

Jail Structure and Personnel: The county's jail and court system includes Cecil County Detention Center and Correctional Facility, the District Court of Maryland for Cecil County, and the Circuit Court for Cecil County. The Cecil County Detention Center and Correctional Facility (built in 1983 and expanded in 2012) has 168 male and 32 female beds. As of February 2023, the facility was over capacity at 186 individuals. The facility has a contract with PrimeCare for medical and behavioral health services. Officers work in "control/monitor movement" which means that doors are opened by control and there are cameras within the jail to monitor movement. The prevalence of mental illness in the detention center saw a shift towards a higher rate of co-occurring disorders since 2020. As of 2022, those with co-occurring disorders are considered the highest population served in the Cecil County Detention Center. The Maryland Community Criminal Justice Treatment Program (MCCJTP) in Cecil County saw 249 individuals over the course of 2022, who are currently incarcerated with behavioral health disorders. Of these 249 individuals, 18% had only a mental health diagnosis while 81% of the population had co-occurring disorders. If individuals are sentenced to more than two years, then they enter the state prison system. All law enforcement in the Cecil County Detention Center are CIT trained; law enforcement is connected to the Assertive Care Team team. Upper Bay Counseling & Support Services work with probation officers to reach out to the Upper Bay to schedule appointments for clients.

Jail Services: PrimeCare medical is contracted by the detention center to help with behavioral health services including access to a psychiatrist. Case management handles over 20 cases per month. Those that enroll in therapy are seen once every 30 days. Additional services include a GED program, religious services, mail, commissary (75$ a week), and other groups such as Thinking for Change. The facility also provides transportation to court hearings. PrimeCare reduced face to face visits during the COVID-19 pandemic, but these visits are back to normal. AA and NA groups are also offered in the jail. The Detention Center flags and tracks individuals with “priority diagnosis.” There are officers within the jail that are CIT trained. Law enforcement also flags in the CAD system for people with mental health behaviors. Individuals with mental health issues at the detention center are sent to the hospital and then brought back. The hospital’s commitment process can be a 72-hour hold.

House Bill 116 (2019) established programs for opioid use disorder screening, evaluation, and treatment (specifically medications to treat opioid use disorder (MOUD)) in local correctional facilities. The MOUD program at Cecil County Correctional Facility is still in its beginning stages. Proposals to facilitate the program have been sent to clinics in the area and the facility is awaiting results.

Competency: Individuals being held for competency hearings remain in the jail. A psychologist will go into the jail to conduct an assessment to determine competency (with varying lengths of time). A judge will then rule if a person is moved to the State Hospital.

Pretrial Services: The Pretrial Service Program is included in the Operating Budget for varying pre-trial options depending on the charge of the individual. For example, inmates who request substance use treatment are evaluated by the Health Department and Public Defender to determine whether or not they can access pretrial release for treatment.

Problem-Solving Courts: Cecil County has an Adult Drug Treatment Court (for post-plea, coordination, case managing, and peer advocating). Drug Court is a four-phase program for people over the age of 18 facing more than one year in jail. It is for non-violent, drug motivated crimes. This program can be completed in as little as one year or up to three years. Phase 1 (1-6 months), Phase 2 (2-8 months), Phase 3 (3-12 months), and Phase 4 (6-10 months). Of the cases managed by the Drug Court, 87% were co-occurring drug and mental health-related while 12% were only mental health-related. The judge who sits on the drug court is Keith A. Baynes and the program has existed since April 2006.

Data Collection and Sharing: Family Peer Support Specialists assist later in the process but not at the original arrest. The hospital will help to link the individual with peers. Using a system called Datalink, East Detention Centers would get a passcode to get into the state system and have access to look at treatment providers, medicines the person was taking, etc. The hospital has tracking data for the high utilizers in the system. The Sheriff's Department uses CIT referral forms to help individuals that need certain resources.

Intercept 2/3 Gaps

Booking: The wait times for law enforcement in emergency rooms can be lengthy. A 3-day hold law disappeared, creating a revolving door for people that are mentally ill, drug users, etc. It is difficult to get them the treatment they need. Individuals with pending charges are not eligible for substance treatment. There is a lack of bail hearing staff. Additionally, there is not a Crisis Center due to a lack of funding to support it.

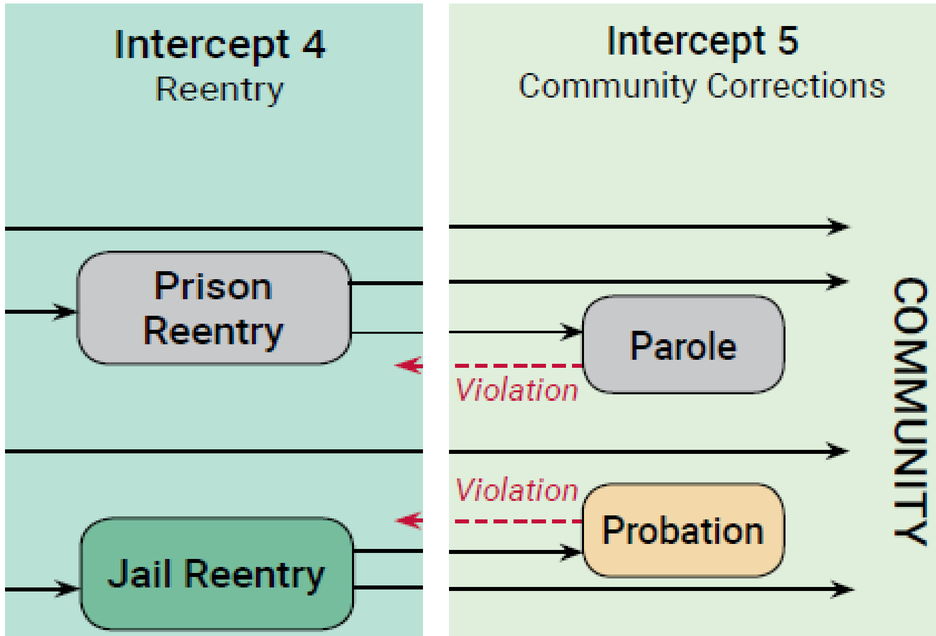
Jail Services: Discharge planning needs improvement. The initiation of Medication Assistance Treatment (MAT) is limited and the distribution of medication post-release is restricted. After being in custody there is a gap in connecting people with housing, and in general, discharge planning needs improvement. It would be beneficial to coordinate a multi-disciplinary meeting with law enforcement to discuss troubleshooting for people that are using the ER room consistently (without violating HIPPA). This would also assist in identifying and diverting individuals before they contact the police and or end up in custody.

Pretrial Services: Pre-trial cannot force individuals into treatment. Currently, pre-trial individuals will be held until their case(s) are adjudicated by the courts which can vary in time. Mental health evaluations are conducted separately from substance use evaluations during the pretrial process. Individuals seeking PrimeCare evaluations may spend varying lengths of time waiting to be seen.

Problem-Solving Courts: There are limited specialized courts in Cecil County with only one drug court. Specifically mentioned, there is no Veterans Court or Mental Health Court.

<u>Data Collection and Sharing</u>: Law enforcement does not get a report back from the hospital, because of HIPAA restrictions. There could be improvements in the efforts of law enforcement having a way to alert the emergency room of people who have a history of mental health issues, perhaps a Memorandum of Understanding, or an MOU. There could be a better and more widespread use of peer support. Law Enforcement & Hospital could refer people to the Maryland Coalition of Families. Lastly, communication across all agencies could use more collaboration to create more linkage.

<u>PEERS:</u> Peer support services for substance abuse and mental health needs throughout the court process are needed. There was a peer specialist partnership with the Office of the Public Defender (OPD), however, funding was not able to be provided. From 2018 to 2022, a Community Health Resource Commission (CHRC) grant was used to promote treatment and recovery in lieu of incarceration to individuals soon after an arrest. Individuals were screened by a social worker employed by the OPD after an arrest to determine whether or not the individual had a substance use disorder and was eligible to receive treatment. Peer Recovery Specialists would then work with the individual to (a) coordinate admission to a residential treatment provider, (b) maintain contact with the patient and provider to ensure ongoing compliance, (c) assist in the development and implementation of a plan to ensure transition to a community-base provider, and (d) provide updates to the court regarding the patient's progress.



INTERCEPT 4 AND INTERCEPT 5

INTERCEPT 4/5 RESOURCES

Jail Services: The detention facility has a reentry program run by multidisciplinary reentry staff. A pre-clinical assessment conducted at enrollment helps create individualized reentry plans for detainees. The facility has clinicians, peer support, and care coordination which provides vocational services, transportation, and a peer support component that takes place in the facility. There is one peer recovery specialist with lived experience who supports detainees with reentry assistance. Care coordination is made up of two coordinators, without certification, who meet with detainees to help with reentry planning including housing options and linkage to medical and dental services. These coordinators further complete a reentry plan with every individual enrolled in the Thinking for Change program. Those who are detained without insurance are paired with care coordination to assist with insurance applications. The Health Department will work to establish Medicaid coverage specifically in the detention facility, but cannot start the coverage until the individual is officially released. Approved coverage will begin 3-7 days following release. Individuals are released with 30-day scripts for medications, and if they don't have insurance, the application for insurance can usually initiate the same script process. If medications are ordered while at the detention facility the leftover balance on the medication card is given at release (e.g., if detained for only 10 days, they leave with the remaining 20 days). Jail detainees do not currently lose insurance, but this may change in the new year. If they begin to lose insurance, staff may have to take a more active role in insurance assistance within 30 days of release. The Detention Center also has an Alcohol and Drug Recovery Center in partnership with the Health Department. Services include therapeutic case management, drug court, substance abuse diagnostic assessments, prevention services and more. There are additional resources for harm reduction with Voices of Hope, Inc.

Additionally, an internal multidisciplinary reentry staff meeting occurs weekly to identify needs and ways to improve the reentry program. Some additional attendees may include detention staff, core services, and some external people. Substance abuse is addressed in the detention center and primarily by the Health Department. The pre-release program in the detention center will place people on GPS, depending on assessment results to determine eligibility of pre-release which includes drug testing.

The Behavioral Advisory Committee has become the Cecil Behavioral Advisory Council that meets at least six times a year which consists of stakeholders from behavioral health, a faith-based community, homeless agencies, and police and law enforcement. The functions of this committee are to discuss what is on-going, how the council can support each other, identifying gaps in services and coming up with potential solutions.

Community Reentry: Transportation is offered by the Health Department, most commonly, through staff from the detention facility to a shelter or recovery housing. Several programs including On Our Own and Voices of Hope will provide transportation services. The On Our Own program will service those enrolled in the program and in mental health recovery. The Compass, or Cecil On-Demand Mobility Platform and Service Solution, Program further provides recovery support for those recovering from drug addiction who also qualify for assistance. This program assists with travel to and from designated locations for work, job interviews, errands, and medical and legal appointments.

Upon release, the Health Department provides identification documents and vocational counseling. Individuals are not given a physical handbook of services, however, a counselor or care coordinator will meet with the person to discuss a variety of services during the process of reentry. Rewriteyourscript.gov is the county website designated for anyone in the county who wants to know what services are available around substance treatment. West Cecil Health Center, also known as Beacon Health Center, is often asked to do assessments in the courts, and as the only Federally Qualified Health Center (FQHC) in Cecil County patients with long-term injectables are coming to them because they can’t go more than 30 days without treatments. They prefer that patients receive a combination of therapy and SUD services. The health department staff work in the detention facility to coordinate the first Vivitrol shot in the jail and then partner with community agencies (the FQHC) to continue the injectables and other mental health and SUD services. The health departments’ main role is to connect released people to community services. Upper Bay will see people without insurance, coordinate with prison and jails to see these people, and perform a psychiatric evaluation and medication management within 10 days of release. Once the intake is completed, they are assigned to an outpatient therapist.

The Behavioral Health Advisory Committee has the ability to meet every other month more than quarterly to assist with problem solving. This Committee is able to give feedback on what is happening in the county and assess the behavioral health plan and revise it.

Mental Health Core Services, is the Mental Health Authority, which oversees the county's mental health services, specifically West Cecil Health Center, Upper Bay Counseling & Support Services, Inc, ChristianaCare (previously called Union Hospital), and Mobile Crisis (individuals can access Urgent Care), Crisis Response and Emergency Room and Hospital Diversion and the Maryland Community Criminal Justice Treatment Program (MCCJTP). The Core Services Agency is able to utilize the grant funds from the Maryland Community Criminal Justice Treatment Program to hire a therapist in the Detention Center. Electronic health records are kept separate from the detention center; the health department does have contact with the Detention Facility counseling staff to get some of this information. The Mental Health Core Services audit the MCCJTP program to see 250 individuals per year. Pre-COVID checked the MCCJTP's health records. There is also a Wellness and Recovery Center that helps with homeless individuals, this is a drop-in center not a shelter.

Probation: There is a Department of Parole and Probation. Starting in January of 2023, this department will be involved in the Medicated Assisted Treatment (MAT) program to be compliant with House Bill 116. Most of the time the client is already on MAT, either methadone or suboxone. Because there is no detox center within Cecil County, the person is usually sent over county lines. This department typically refers people to Voices of Hope or to the Cecil County Health Department. There is not continuous communication between probation and parole with the Health Department, only if there is a question about medication, insurance or referrals. Once releases are signed, probation and parole have specialized caseloads based on a defendants' criminal history with the factors being, domestic violence, sex offender, or violent offenders.

Intercept 4/5 Gaps

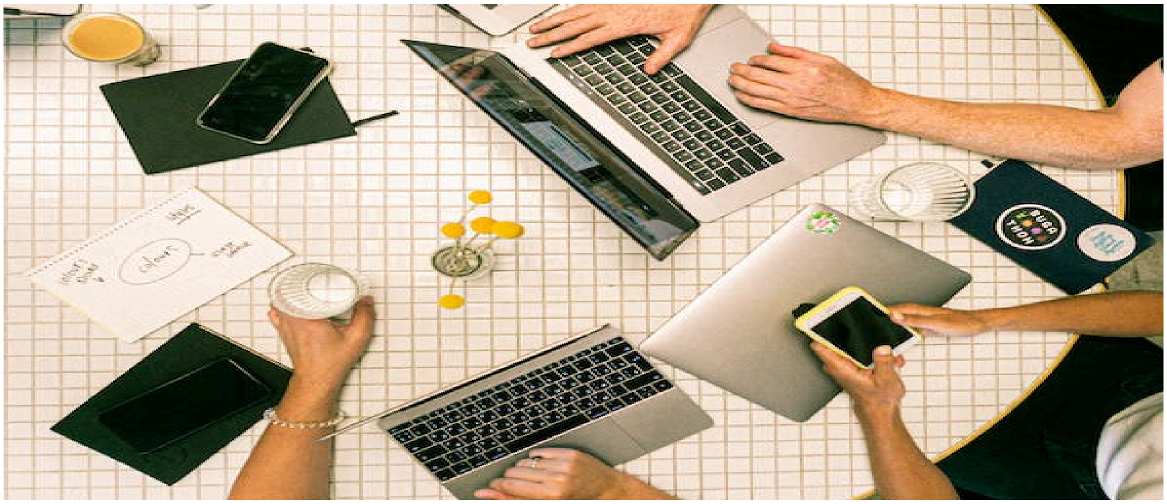
Jail Services: Pre-release coordination needs to be improved. Instances of early release prevents a final release plan from occurring which affects the ability to stay connected with the person released. For spontaneous releases, there is no standard plan for discharge and limited communication between jail staff and external providers.

Community Reentry: There is no halfway house system or emergency housing available specific to jail detainees. The lack of housing assistance halts the ability to assess the needs of those who have been released. There are not many mental health beds available. This is related to the lack of access to acute crisis services in the community. Access to the state hospital is limited to the forensic population. There is no walk-in clinic available, the emergency room is the only option. There is no uniform standard for the onset of health services for individuals upon release. Mental health in the detention facility is corresponded by PrimeCare. It would be beneficial to have improved communication between the detention center and community services. There is also a lack of peer support and collaboration. It would be beneficial to develop a community reentry program to assist in this area. It would also be beneficial to formalize the process for medication. Vivitrol injections could help fill in some gaps. Upper Bay is the only ACT team for Cecil County.

There is a lack of year-round shelter beds in Cecil County, specifically December through March is a tough time. However, there is one winter shelter, Mary Randell Center, that runs November through March. Pre-COVID there was a permanent shelter that was organized by a group called Meeting Ground. Meeting Ground would work with churches in the area to operate a shelter. The shelter would rotate among the churches in the area. Currently, Meeting Group has two shelters for men and women, about five people per shelter. Additionally, Meeting Ground is able to provide 30 vouchers per night for the unsheltered to go to a motel. The Cecil County Core Service Agency also contracts Upper Bay Counseling to operate a rehabilitation center that has 28 beds.

Transportation services are available during the day, but these services are less accessible and more complicated after hours. Sometimes staff do not feel comfortable transporting after deescalation, in which case law enforcement is then called in.

Probation: There is no “reach in” into the detention facility by probation. As individuals are released they are given a date to meet with a probation officer (PO) at their office. There is not currently enough probation staff to do outreach. Since 2019, there has not been an outreach jail orientation to meet with those who are about to be released due to limited staff and an insignificant amount of evidence proving its effectiveness. However, this did help to indicate who lives across state lines. There is a disconnect between the local clinics and probation and parole, making it difficult to collaborate. There is no specific vehicle for probation and parole to help clients to treatment because it is against state policy. Overall, there is a need for more free communication between the center and all groups.



Priorities for Change

The priorities for change are determined through a voting process. Workshop participants are asked to identify a set of priorities followed by a voting process where each participant has the ability to make three votes on what they believe to be priorities for the county. The voting took place in February 2023. The top three priorities are highlighted in bold text.

1. **Establishment of a crisis center where individuals experiencing a crisis could be brought for evaluation, stabilization, and linkage to treatment providers and support services. This would require funding. It should be noted that prior attempts to create a center have not been successful. In addition, the establishment of a safe station and a drop off center. (13 votes)**

2. **Limited access to housing and no "one stop shop" for accessing housing assistance/support. There are limited beds available within housing facilities and several have shut down since the previous report. Additional shelter beds are needed, particularly December through March. It would be beneficial to add emergency shelter beds as well. (7 votes)**

3. **Limited mobile crisis staffing and capacity, especially during the overnight shift. Establishment of policies and procedures that would allow/direct 911 dispatchers to dispatch mobile crises in response to certain types of 911 calls. The new mandate that will fund the development of a mobile crisis hotline for the Sante' Group should assist in streamlining these calls for service. That being said, 911 dispatch staffing shortages need to be addressed so that there is adequate coverage to allow 911 dispatchers to receive specialized training (e.g., Crisis Intervention Team training). (7 votes)**

4. Jail reentry planning needs improvement. The development of a re-entry group for those who are released would be beneficial. A directory of community-based service providers to give individuals prior to release is recommended. Jail in-reach by community-based treatment providers and probation officers would also be beneficial. There is a need to improve communication between the jail and community-based service providers. Release dates and times are often unpredictable, which creates challenges. (2 vote)

5. Ability to access and analyze data that identifies “familiar faces” in the behavioral health and criminal justice systems to better develop strategies for responding to individual needs. (2 vote)

6. Transportation is limited after hours which leads to concern over unpredicted or midnight releases. These services are better during daytime hours. (1 vote)

7. Access to behavioral health treatment, particularly inpatient/residential beds, and especially for individuals with pending criminal charges and/or criminal history. Also, there are no walk-in services aside from the hospital emergency department. (4 votes)

8. Long wait times for law enforcement officers bringing individuals to the hospital emergency department for evaluation. Also, the hospital discharge planning process should be improved with communication between the hospital and law enforcement (e.g., hospital does not currently provide law enforcement with any information about the outcome of the drop-off). (5 votes)

9. The 211 system is underutilized and the information in the database needs to be expanded and routinely updated to ensure accuracy and improve usefulness. That being said, The National Suicide and Crisis Lifeline (988) is in its early implementation and differentiation between the systems should be shared amongst the community to ensure full effectiveness. Also, the county should develop and implement a strategy to educate the public about all the crisis and resource lines that are available. (1 vote)

10. Access to peer and family support services to assist with engagement in treatment and linking individuals with support services. Additionally, paid peer support positions are needed. Also increasing referrals to peer and family-run organizations (e.g., On our Own of Maryland, Voices of Hope, Maryland Coalition of Families). (2 votes)

11. No services for homeless or special needs seniors. The county should look into the Project Home program for potential solutions. (1 vote)

 [3]

Quick Fixes/Low-hanging fruit

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

1. The Rising Sun Police Department should plan to send their officers to CIT training as indicated during 2020.

2. Develop a Local Behavioral Health Authority (LBHA) for Cecil County to improve efficiency and reduce duplication of efforts. The Drug and Alcohol Abuse Council has merged with the Mental Health Core Service Agency Council for similar reasons. Additional committees would become the LBHA's responsibility to improve communication and collaboration between the systems and agencies/organizations. Further integration might provide the opportunity to create a "one stop shop" for resources regarding which has been recommended. Cecil County is currently in the process of hiring a director for the LBHA.

3. In concurrence with the development of a "one stop shop" for resources, the county should develop and implement a strategy to educate the public about all the crisis and resource lines/options that are available (e.g., laminated resource flier, magnet, QR code).

3 https://prosperitynow.org/sites/default/files/images/Blog%20Images/teamwork_table.jpg

Parking Lot

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

1. Expanding the use of peer specialists within mental health agencies which may require legislation.
2. Developing a Mental Health Court which will require a judge and other members of the court team. The Bureau of Justice Assistance has a Guide to Design in which the county would benefit from reviewing.

Resources

Cecil Specific:

- Cecil County Sheriff's Office. (2022). Quick Links.
- Cecil County Health Department. (2020). Cecil County Health Department Strategic PLan FY 2021-2025.
- Cecil County. (2020). 2020 Strategic Plan - Strategic Priority: Safe, Healthy and Active Communities.
- Cecil County Health Department - Alcohol & Drug Recovery Center. (2015). Recovery Resources.
- Christiana Care Hospital. (2022). Behavioral Health Services.
- Maryland Association of Counties. (2022). County Elected Officials.
- Upper Bay Counseling & Support Services, Inc. (2022). Addiction Services.
- University of Maryland Upper Chesapeake Health. (2022). Mental/Behavioral Health
- Voices of Hope, Inc. (2021). 2021 Voices of Hope Annual Report.
- West Cecil Health Center. (2022). Federally Qualified Health Center.

General:

Maryland Specific

- Maryland Courts. (2018). Extreme Risk Protective Orders.
- Maryland Department of Health and Mental Hygiene (DHMH). (2007). Rights of persons In Maryland's Psychiatric Facilities.
- Maryland Judiciary. (2022). Petition For Emergency Evaluation (Maryland Code, Health General Article 10-620 et seq).

Competence Evaluation and Restoration

- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009) Competency Courts: A Creative Solution for Restoring Competency to the Competency Process. *Behavioral Science and the Law, 27,* 767-786.
- Policy Research Associates. Competence to Stand Trial Microsite.
- Policy Research Associates. (2007, re-released 2020). Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial.

Crisis Care, Crisis Response, and Law Enforcement

- Abt Associates. (2020). A Guidebook to Reimagining America's Crisis Response Systems.
- Bureau of Justice Assistance. Police-Mental Health Collaboration Toolkit.

- Center for American Progress. (2020). The Community Responder Model: How Cities Can Send the Right Responder to Every 911 Call.
- Crisis Intervention Team International. (2019). Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises.
- International Association of Chiefs of Police. One Mind Campaign: Enhancing Law Enforcement Engagement with People in Crisis, with Mental Health Disorders and/or Developmental Disabilities.
- International Association of Chiefs of Police. Improving Police Response to Persons Affected by Mental Illness: Report from March 2016 IACP Symposium.
- National Association of State Mental Health Program Directors. Crisis Now: Transforming Services is Within Our Reach.
- National Association of Counties. (2010). Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems.
- National Association of State Mental Health Program Directors. (2020). Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies.
- National Association of State Mental Health Program Directors and Treatment Advocacy Center. (2017). Beyond Beds: The Vital Role of a Full Continuum of Psychiatric Care.
- Open Society Foundations. (2018). Police and Harm Reduction.
- Optum. (2015). In Salt Lake County, Optum Enhances Jail Diversion Initiatives with Effective Crisis Programs.
- Policy Research Associates and the National League of Cities. (2020). Responding to Individuals in Behavioral Health Crisis Via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers.
- R Street. (2019). Statewide Policies Relating to Pre-Arrest Diversion and Crisis Response.
- Substance Abuse and Mental Health Services Administration. (2014). Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies.
- Substance Abuse and Mental Health Services Administration. (2019). Tailoring Crisis Response and Pre-Arrest Diversion Models for Rural Communities.
- Substance Abuse and Mental Health Services Administration. (2020). Crisis Services: Meeting Needs, Saving Lives.
- Substance Abuse and Mental Health Services Administration. (2020). National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit.
- Suicide Prevention Resource Center. (2013). The Role of Law Enforcement Officers in Preventing Suicide.
- Urban Institute. (2020). Alternatives to Arrests and Police Responses to Homelessness: Evidence-Based Models and Promising Practices.
- Vera Institute of Justice. (2020). Behavioral Health Crisis Alternatives: Shifting from Policy to Community Responses.

Brain Injury

- National Association of State Head Injury Administrators. (2020). Criminal and Juvenile Justice Best Practice Guide: Information and Tools for State Brain Injury Programs.
- National Association of State Head Injury Administrators. Supporting Materials including Screening Tools and Sample Consent Forms.

Housing

- Alliance for Health Reform. (2015). The Connection Between Health and Housing: The Evidence and Policy Landscape.
- Community Solutions. Built for Zero.
- Corporation for Supportive Housing. Guide to the Frequent Users Systems Engagement (FUSE) Model.
- Corporation for Supportive Housing. NYC Frequent User Services Enhancement – Evaluation Findings.
- Corporation for Supportive Housing. Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health.
- Economic Roundtable. (2013). Getting Home: Outcomes from Housing High Cost Homeless Hospital Patients.
- Substance Abuse and Mental Health Services Administration. (2015). TIP 55: Behavioral Health Services for People Who Are Homeless.
- Urban Institute. (2012). Supportive Housing for Returning Prisoners: Outcomes and Impacts of the Returning Home-Ohio Pilot Project.
- 100,000 Homes. Housing First Self-Assessment.

Information Sharing/Data Analysis and Matching

- American Probation and Parole Association. (2014). Corrections and Reentry: Protected Health Information Privacy Framework for Information Sharing.
- Council of State Governments Justice Center. (2010). Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws.
- Data-Driven Justice Initiative. (2016). Data-Driven Justice Playbook: How to Develop a System of Diversion.
- Legal Action Center. (2020). Sample Consent Forms for Release of Substance Use Disorder Patient Records.
- New Orleans Health Department. (2016). New Orleans Mental Health Dashboard.
- Substance Abuse and Mental Health Services Administration. (2019). Data Collection Across the Sequential Intercept Model: Essential Measures.

- Substance Abuse and Mental Health Services Administration. (2018). Crisis Intervention Team (CIT) Methods for Using Data to Inform Practice: A Step-by-Step Guide.
- The Council of State Governments Justice Center. (2011). Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism.
- The Cook County, Illinois Jail Data Linkage Project: A Data Matching Initiative in Illinois became operational in 2002 and connected the behavioral health providers working in the Cook County Jail with the community mental health centers serving the Greater Chicago area. It quickly led to a change in state policy in support of the enhanced communication between service providers. The system has grown in the ensuing years to cover significantly more of the state.
- Urban Institute. (2013). Justice Reinvestment at the Local Level: Planning and Implementation Guide.
- Vera Institute of Justice. (2012). Closing the Gap: Using Criminal Justice and Public Health Data to Improve Identification of Mental Illness.

Jail Inmate Information/Services

- NAMI California. Arrested Guides and Medication Forms.
- NAMI California. Inmate Mental Health Information Forms.
- R Street. (2020). How Technology Can Strengthen Family Connections During Incarceration.
- Urban Institute. (2018). Strategies for Connecting Justice-Involved Populations to Health Coverage and Care.

Medication-Assisted Treatment (MAT)/Opioids/Substance Use

- American Society of Addiction Medicine. 2020 Focused Update.
- Journal of Addiction Medicine. (2020). Executive Summary of the Focused Update of the ASAM National Practice Guideline for the Treatment of Opioid Use Disorder.
- National Commission on Correctional Health Care and the National Sheriffs' Association. (2018). Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field.
- Substance Abuse and Mental Health Services Administration. (2019). Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings.
- Substance Abuse and Mental Health Services Administration. (2019). Medication-Assisted Treatment Inside Correctional Facilities: Addressing Medication Diversion.
- Substance Abuse and Mental Health Services Administration. (2015). Federal Guidelines for Opioid Treatment Programs.

- Substance Abuse and Mental Health Services Administration. (2014). Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide.
- Substance Abuse and Mental Health Services Administration. (2015). Medication for the Treatment of Alcohol Use Disorder: A Brief Guide.
- U.S. Department of Health and Human Services. (2018). Facing Addiction in America: The Surgeon General's Spotlight on Opioids.

Mental Health First Aid

- Illinois General Assembly. (2013). Public Act 098-0195: Illinois Mental Health First Aid Training Act.
- Mental Health First Aid. Mental Health First Aid is a skills-based training course that teaches participants about mental health and substance-use issues.
- Mental Health First Aid. National Council for Mental Wellbeing.

Peer Support/Peer Specialists

- Department of Behavioral Health and Intellectual disability Services. Peer Support Toolkit.
- Policy Research Associates. (2020). Peer Support Roles Across the Sequential Intercept Model.
- University of Colorado Anschutz Medical Campus, Behavioral Health and Wellness Program (2015). DIMENSIONS: Peer Support Program Toolkit.
- Local Program Examples:
    - People USA. Rose Houses are short-term crisis respites that are home-like alternatives to hospital psychiatric ERs and inpatient units. They are 100% operated by peers.
    - Mental Health Association of Nebraska. Keya House is a four-bedroom house for adults with mental health and/or substance use issues, staffed with Peer Specialists.
    - Mental Health Association of Nebraska. Honu Home is a peer-operated respite for individuals coming out of prison or on parole or state probation.
    - MHA NE/Lincoln Police Department REAL Referral Program. The REAL referral program works closely with law enforcement officials, community corrections officers and other local human service providers to offer diversion from higher levels of care and to provide a recovery model form of community support with the help of trained Peer Specialists.

Pretrial/Arraignment Diversion

- CSG Justice Center. (2015). Improving Responses to People with Mental Illness at the Pretrial Stage: Essential Elements.
- Laura and John Arnold Foundation. (2013). The Hidden Costs of Pretrial Diversion.
- National Resource Center on Justice Involved Women. (2016). Building Gender Informed Practices at the Pretrial Stage.
- Substance Abuse and Mental Health Services Administration. (2015). Municipal Courts: An Effective Tool for Diverting People with Mental and Substance Use Disorders from the Criminal Justice System.

Procedural Justice

- American Bar Association. (2016). Criminal Justice Standards on Mental Health.
- Center for Court Innovation. (2019). Procedural Justice at the Manhattan Criminal Court.
- Chintakrindi, S., Upton, A., Louison A.M., Case, B., & Steadman, H. (2013). Transitional Case Management for Reducing Recidivism of Individuals with Mental Disorders and Multiple Misdemeanors.
- Hawaii Opportunity Probation with Enforcement (HOPE) Program Profile. (2011). HOPE is a community supervision strategy for probationers with substance use disorders, particularly those who have long histories of drug use and involvement with the criminal justice system and are considered at high risk of failing probation or returning to prison.

Racial Equity and Disparities

- Actionable Intelligence for Social Policy. (2020). A Toolkit for Centering Racial Equity Throughout Data Integration.
- National Institute of Corrections. (2014). Incorporating Racial Equality Into Criminal Justice Reform.
- Vera Institute of Justice. (2015). A Prosecutor's Guide for Advancing Racial Equity.

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- Community Oriented Correctional Health Services. Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies.
- National Institute of Corrections and Center for Effective Public Policy. (2015). Behavior Management of Justice-Involved Individuals: Contemporary Research and State-of-the-Art Policy and Practice.
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- The Council of State Governments Justice Center. (2009). National Reentry Resource Center
- Washington State Institute of Public Policy. (2014). Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State.

Screening and Assessment

- Center for Court Innovation. Digest of Evidence-Based Assessment Tools.
- Substance Abuse and Mental Health Services Administration. (2019). Screening and Assessment of Co-occurring Disorders in the Justice System.
- Steadman, H.J., Scott, J.E., Osher, F., Agnese, T.K., and Robbins, P.C. (2005). Validation of the Brief Jail Mental Health Screen. *Psychiatric Services*, 56, 816-822.
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- Urban Institute. (2012). The Role of Screening and Assessment in Jail Reentry.

Sequential Intercept Model

- Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., and Schubert, C.A. (2015). The Sequential Intercept Model and Criminal Justice. New York: Oxford University Press.
- Munetz, M.R., and Griffin, P.A. (2006). Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness. *Psychiatric Services*, 57, 544-549.
- Policy Research Associates. The Sequential Intercept Model Microsite.
- Urban Institute. (2018). Using the Sequential Intercept Model to Guide Local Reform.

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

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

- The online SOAR training portal.
- Information regarding FAQs for SOAR for justice-involved persons.
- Dennis, D., Ware, D., and Steadman, H.J. (2014). Best Practices for Increasing Access to SSI and SSDI on Exit from Criminal Justice Settings. Psychiatric Services, 65, 1081-1083.

Transition-Aged Youth

- Harvard Kennedy School Malcolm Weiner Center for Social Policy. (2016). Public Safety and Emerging Adults in Connecticut: Providing Effective and Developmentally Appropriate Responses for Youth Under Age 21.
- National Institute of Justice. (2016). Environmental Scan of Developmentally Appropriate Criminal Justice Responses to Justice-Involved Young Adults.
- Roca, Inc. Intervention Program for Young Adults.
- University of Massachusetts Medical School. Transitions to Adulthood Center for Research.

Trauma and Trauma-Informed Care

- Bureau of Justice Assistance. VALOR Officer Safety and Wellness Program.
- Freeman, D., Lautar. A. (2015). Trauma-Specific Interventions for Justice-Involved Individuals. SAMHSA's GAINS Center.
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- SAMHSA. (2014). TIP 57: Trauma-Informed Care in Behavioral Health Services.
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