Sequential Intercept Model Mapping Report for Charles County, Maryland

Final Report
February 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 Donna Brennan, Assistant Director of the Charles County Local Behavioral Health Authority, for leading this effort.

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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.

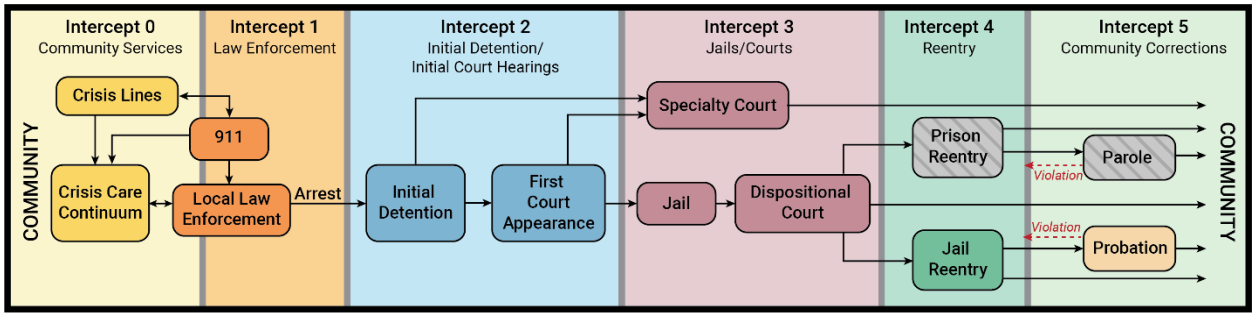
The SIM illustrates how people with behavioral health needs come into contact with and flow through the criminal legal system. Through a SIM mapping workshop, facilitators and participants identify opportunities for linkage to services and prevention of further penetration into the criminal legal system. 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) 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” established a Center of Excellence to operate within the Governor’s Office of Crime Prevention and Policy. This purpose of this center 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 established a second ‘Center of Excellence’ through Senate Bill 857, “Maryland Behavioral Health and Public Safety Center of Excellence.” This bill requires the center to act as a statewide information repository for behavioral health treatment and diversion programs related to the criminal legal system and more. Additionally, the creation of this center 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 February 2024, the Centers of Excellence, joined by two trained SIM facilitators, met with a group of behavioral health and criminal legal system stakeholders from Charles County, Maryland, at the Charles County Department of Health. 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 priorities found on page 31.

AGENDA

Maryland
GOVERNOR'S OFFICE OF CRIME PREVENTION AND POLICY

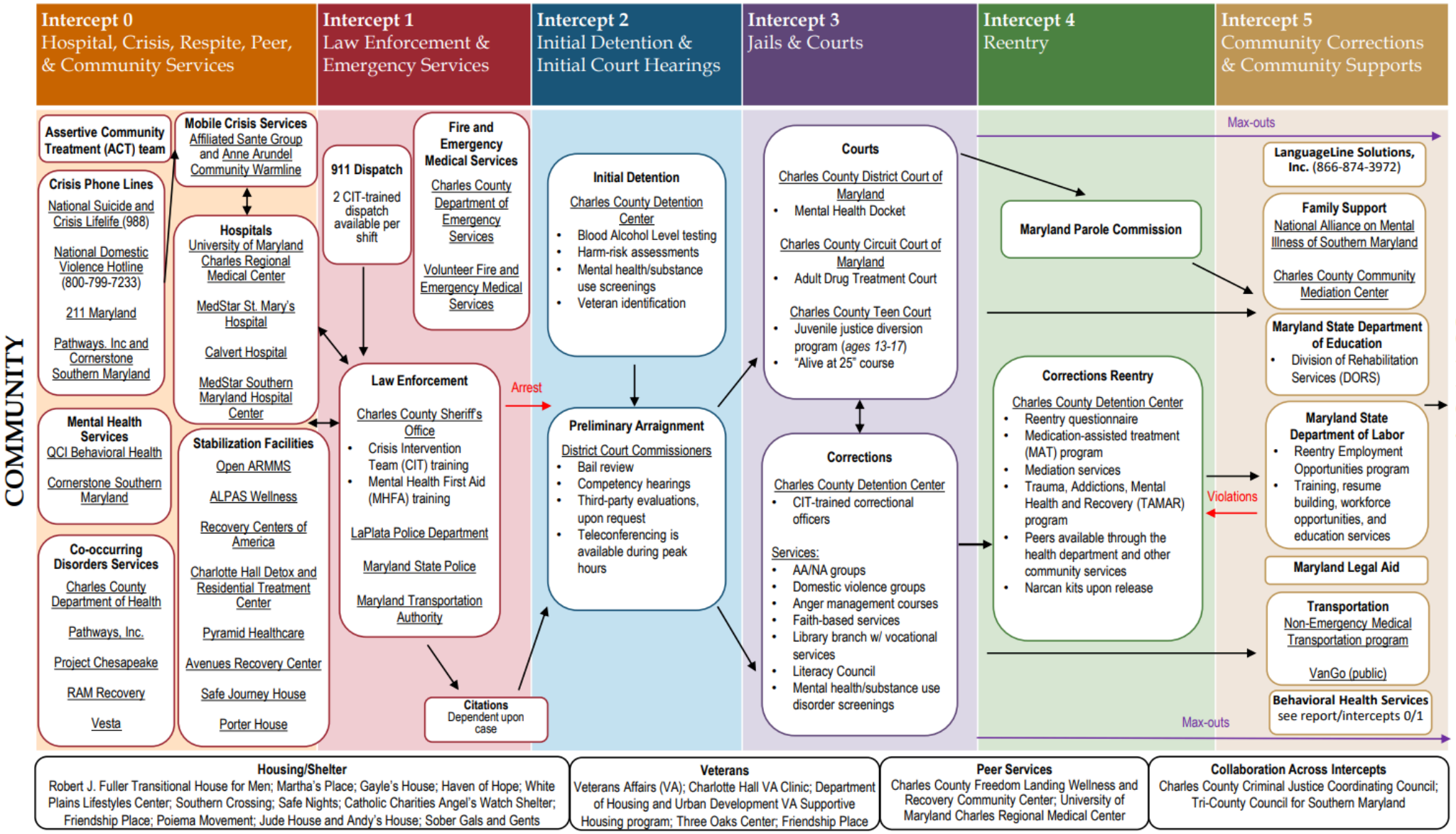
Sequential Intercept Model Mapping Workshop
Charles County, Maryland

February 28, 2023
9:00 a.m. - 4:30 p.m. Eastern Time

AGENDA

9:00 a.m. - 9:15 a.m.	Welcoming/Opening Remarks
9:15 a.m. - 9:30 a.m.	Overview of Sequential Intercept Model
9:30 a.m. - 10:30 a.m.	Intercept 0/1 Resources and Gaps
10:45 a.m. - 11:45 a.m.	Intercept 2/3 Resources and Gaps
12:00 p.m. - 12:30 p.m.	Intercept 4/5 Resources and Gaps
12:30 p.m. - 1:30 p.m.	LUNCH
1:30 p.m. - 2:00 p.m.	Intercept 4/5 Resources and Gaps
2:00 p.m. - 3:30 p.m.	Identify Quick Fixes/Parking Lot
3:30p.m. - 4:00 p.m.	Identify and Vote on Priorities
4:00 p.m. - 4:30 p.m.	Next Steps

Sequential Intercept Model Map for Charles County, Maryland

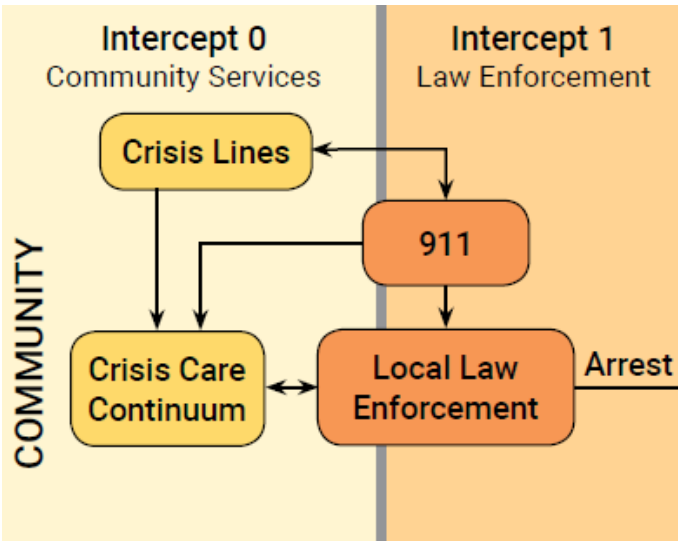


[2]

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 comprehensive analysis 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

INTERCEPTS 0/1 RESOURCES

Community Services

***Overview*:** Charles County is an exurban county in the Southern Maryland region with a population of approximately 167,000 individuals and a population density significantly lower than the state average. The county has 457.8 square miles of land area and is the 8th largest county in Maryland by total area. It is adjacent to Prince William County, Virginia, Stafford County, Virginia, Prince George's County, Maryland, Calvert County, Maryland, King George County, Virginia, Westmoreland County, Virginia, Fairfax County, Virginia, and St. Mary's County, Maryland. Recent census data has indicated that Charles County is the most affluent majority Black county in the nation. The county has a Veteran population that is more than twice the state average, with Veterans accounting for 14.6% of the county's population.

The Tri-County Council for Southern Maryland serves as a forum for the discussion and resolution of issues affecting the Southern Maryland Region. The Tri-County Council was founded in 1964 as a cooperative planning and development agency to foster the social and economic development of the Southern Maryland region, composed of Calvert, Charles, and St. Mary's Counties. Today, the Tri-County Council serves as a forum for the resolution of region-wide issues and the attainment of regional goals; TCCSMD also collaborates with Prince George's and Anne Arundel Counties. All the activities of the Tri-County Council are designed to assist federal, state, and county governments in better performing their respective duties.

An array of services are available to Charles County residents with behavioral health needs. The Charles County Local Behavioral Health Authority (LBHA) acts as the system manager of the

county behavioral health system; the LBHA does not provide direct services but instead maintains cooperative agreements with any outpatient mental health and/or substance use provider for care coordination purposes. While the Mental Health Advisory Council (MHAC) and the Local Drug and Alcohol Abuse Council (LDAAC) are not currently active, plans to implement an integrated council are in development. 211 Maryland (211) is a resource line that operates 24/7 with a statewide reach that connects individuals with referral specialists. The Mental Health Association of Maryland offers a monthly Mental Health First Aid (MHFA) class that rotates between the youth and adult curriculum; this class is free for Maryland residents through a generous grant from the Anne Arundel County Behavioral Health Administration.

Peer Services: Charles County Freedom Landing (CCFL) operates a Wellness and Recovery Center (for mental health) and a Recovery Community Center (for substance use). These grant-funded drop-in peer support centers for individuals with mental health and substance use conditions are available to adults aged 18 and older for walk-in support on Tuesday and Thursday from 12:00 p.m. to 8:30 p.m., Wednesday and Friday from 1:00 p.m. to 8:30 p.m., and Saturday from 9:30 a.m. to 6:00 p.m.; family and friends can also access support through designated groups, presentations, and activities. A peer recovery specialist (PRS) is also available to patients receiving care from the University of Maryland Charles Regional Medical Center (UM-CRMC); with funding through a $375,000 three-year grant to continue and expand its peer recovery coach program, a new position for peer outreach (to provide support post-discharge) is currently open for hire.

Co-Occurring Mental Health and Substance Use Services: The Charles County Department of Health Division of Behavioral Health coordinates mental health and substance use programs available to Medicare and Maryland Medicaid recipients in Charles County. There is one location with 15 providers including counselors, clinical supervisors, prescribers, and peers. Services for adults and adolescents aged 13 and older include individual, group, and family counseling, psychiatric evaluations and medication management, anger management courses, ASAM Level 1 (outpatient) and 2.1 (intensive outpatient) substance use treatment, MAT, smoking cessation, peer recovery services, continuing care, care coordination, and referrals to community resources. Current provider capacity for substance use treatment is 200 adults and 5 adolescents for Level 1 and 10 adults for Level 2.1; capacity for mental health services is 100 adults and 25 adolescents.

Pathways Inc. (Pathways) offers psychiatric assessment, medication management, therapeutic counseling, brain injury rehabilitation, psychiatric rehabilitation, supported employment, and housing assistance; the maximum capacity is 20-25 active clients, while the average number of clients served monthly is 10-12 individuals. Located within Charles County, Project Chesapeake provides DUI/DWI education (ASAM Level 0.5), low-intensity and traditional substance abuse

outpatient group therapy (ASAM Level 1), substance abuse intensive outpatient group SUD therapy (ASAM Level 2) for adults and adolescents (although adolescents are not eligible for low-intensity Level 1), anger management and domestic violence group therapy, psychiatric rehabilitation and medication management, buprenorphine maintenance MAT, and mental health individual therapy. RAM Recovery, LLC., which has a location in Charles County, is an outpatient mental health center (OMHC) that specializes in psychiatric and mental healthcare as well as the treatment of opioid, alcohol, and cocaine dependence; services include medication management, mental health individual therapy, MAT (buprenorphine, Suboxone, Vivitrol, Zubsolv, and Sublocade), Lucemyra detoxification, outpatient group therapy and intensive outpatient group therapy, DUI education, community/residential treatment, and cannabis certification. Vesta Inc. (Vesta) provides comprehensive and ongoing services for adults, children, and adolescents; Vesta offers the following programs: on and off-site psychiatric rehabilitation program (PRP), residential rehabilitation program (RRP), supported housing (SH), permanent supported housing for homeless (PSH), health home services, outpatient mental health clinics, and substance use disorder treatment. Vesta accepts Maryland Medicaid, Medicare, self-pay clients, and uninsured Maryland resident clients.

Mental Health Services: Cornerstone Southern Maryland (Cornerstone), the merger of Southern Maryland Community Network and Cornerstone Montgomery, serves five counties including Charles, providing psychiatric rehabilitation programs (PRP) for adults and children, targeted case management, supported employment programming, in-home intervention programming, adult crisis programming, and community behavioral health liaison services; while individuals with co-occurring mental health and substance use needs can be treated, the primary diagnosis must be related to mental health, and no SUD services are available as treatment. Medicare- and Medicaid-enrolled individuals, families, children, adolescents, and adults with persistent and chronic mental illness can access mental health services through QCI Behavioral Health's mobile treatment, clinic-based outpatient mental health, telehealth, and homeless outreach options.

Substance Use and Addiction Services: Open ARMMS Inc. provides opioid treatment on demand (OTOD); services include methadone detoxification and maintenance, Suboxone detoxification and maintenance, urinalysis drug screening, referral services, and individual and group counseling. ALPAS Wellness (ALPAS) is a private treatment facility offering medical detoxification, inpatient residential treatment, and medically managed care (integrating medical care and recovery care) for individuals with SUD and dual diagnoses; ALPAS is currently awaiting licensure but intends to begin accepting Maryland Medicaid patients in spring 2024. Recovery Centers of America Capital Region (RCA) is a private facility offering detoxification, inpatient residential treatment, in-person and virtual outpatient treatment, medication-assisted treatment (MAT), and an alumni recovery association; however, RCA does not accept Medicaid.

Facilities outside of Charles County also provide services for the region. Pyramid Healthcare (Pyramid), formerly Walden Treatment Center, has a location in St. Mary's County; that location, Charlotte Hall Detox & Residential Treatment Center, serves the region with services including medically-managed detoxification/withdrawal management for men and women (ASAM Level 3.7), residential treatment programming for men and women (ASAM Level 3.5), residential treatment for pregnant women, structured programs, medication-assisted treatment (MAT), family education, admissions for Spanish speaking clients, treatment for clients with open wounds, free 24/7 transportation to and from Pyramid Healthcare facilities statewide, 24/7 admissions, same-day admissions for detoxification and residential clients, and treatment for uninsured clients. Avenues Recovery Center at Prince Frederick in Calvert County provides regional services including withdrawal management, inpatient residential treatment, intensive outpatient treatment, and an alumni peer support program. In addition to the services available to admitted individuals detailed in the "Intercepts 4/5 Resources" section, The Jude House Inc. (Jude House) offers an Alcoholics Anonymous group that is open to the community.

Recovery housing for Charles County residents is available but limited. Poiema Movement requires a commitment to a 12-month program that provides sober living for adult women in recovery. In addition to services detailed in the "Intercepts 4/5 Resources" section, Jude House oversees Andy's House, a sober living option with a 4-bed capacity that serves as the sole certified recovery residence in the county. For individuals receiving 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 for individuals with substance use/co-occurring disorders treatment and recovery support needs; 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) team coordinated through Cornerstone covers three counties (Calvert, Charles, and St. Mary's) for high-risk, high-needs individuals who require a greater level of care coordination. The ACT team has a maximum caseload of 100 individuals, but there are 48 individuals seeking guidance from the team as of February 2024. Referrals to the ACT team come from the courts and local service agencies.

Youth Services: The Institute for Behavioral Change Inc. is a private practice providing individual and group services including intensive outpatient programs, drug and alcohol programs, grief counseling, juvenile re-entry, medication management, and LGBTQIA+ informed counseling for youth and adults. Project Chesapeake offers psychiatric services for children aged five and older.

Center for Children provides mental health services for children aged four and older and families, including case management, co-parenting education, psychiatric rehabilitation programs, group therapy, trauma-focused cognitive behavioral therapy, functional family therapy, and child-parent psychotherapy. Center for Children coordinates the Healthy Families Southern Maryland program; this no-cost, nationally accredited program supports qualifying English- and Spanish-speaking parents by sending professionally trained staff to visit with families in their homes once a week for an hour to provide links to community resources to help parents bond with their babies, find medical care, housing, childcare, and support from birth through age five.

Housing: Residents of Charles County have access to homeless prevention services and a continuum of emergency, transitional, and permanent housing services. Residents can access housing programs administered by Charles County Housing Authority to assist low and moderate-income families and those seeking housing assistance. The Housing Authority administers the housing choice voucher program and the homeless services and resource guide within the rental subsidy program. Additionally, the Human Services Division of LifeStyles of Maryland Foundation Inc. (Lifestyles) provides a single point of access to gain services to support a household's self-sufficiency; case managers are available in the Charles County office to connect clients with available resources, including emergency financial assistance, financial management, homeless prevention subsidies, rehousing subsidies, and gap-filling financial assistance. Lifestyles-supported short-term housing options include the following: Robert J. Fuller Transitional House for Men (16 beds for men), Martha's Place (five beds for women and children), Gayle's House (eight beds for women and family survivors of domestic violence), Haven of Hope (five bedrooms for women and family survivors of domestic violence), White Plains LifeStyles Center (emergency shelter for homeless elderly individuals and homeless families with children which has plans to increase capacity from 25 to 50 individuals), and still-in-development Southern Crossing (47-unit transitional supportive housing for individuals and families). Lifestyles also coordinates Safe Nights, an irregularly available hypothermia shelter program sponsored by local faith-based organizations. Catholic Charities' Angel's Watch Shelter is a low-barrier shelter accessible to women and families referred by the Charles County Department of Social Services, Charles County Sheriff's Office, Center for Abused Persons, and Walden Sierra. Through funding from the Behavioral Health Administration, a new shelter with unknown capacity will open in September to serve pregnant women and women with children to provide recovery housing and access to supportive services for these women in the early stages of recovery from substance use disorder. Residents also access services outside the county; in nearby Washington, D.C., Friendship Place provides services for individuals experiencing or at risk of homelessness.

Programs also exist that specifically target individuals with diagnosed behavioral health conditions. 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, 40 qualifying Charles County households receive rent and/or utilities subsidies. Rental assistance is available through the Charles County Local Behavioral Health Authority (LBHA); this subsidy supports 13 households in stepping down from a higher level of care. Projects for Assistance in Transition from Homelessness (PATH) is a grant-funded outreach program currently contracted through Cornerstone for male and female Charles County residents with diagnosed mental health conditions (and possibly substance use issues) who are homeless or at risk of becoming homeless and referred by any Charles County social service providing agency; this program provides outreach and case management, advocacy, and assistance with applying for housing and Supplemental Security Income (SSI).

Transportation: The county's residents can access VanGO, a fixed-route public transportation service free of charge. Services are available to persons with disabilities up to 3/4 of a mile around existing fixed public routes, and door-to-door in-county service is available for adults aged 60 and older and persons with disabilities near a VanGO public transit route who are unable to use fixed route services due to mental or physical impairments. Transportation to medical appointments is available to Cornerstone and Pyramid clients; Lifestyles provides transportation through grant funding. Charitable organizations such as The HOFFA Foundation in Carroll County and The Salvation Army can assist with transportation or transportation costs for individuals who require transport to behavioral healthcare services. Residents can apply to the Non-Emergency Medical Transportation (NEMT) program in Charles 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: Veterans residing in Charles County have access to U.S. Department of Veterans Affairs (VA) care at a local community-based outpatient clinic (CBOC), the Charlotte Hall VA Clinic; in addition to primary care, this CBOC offers same-day, by-appointment individual and group outpatient services for psychiatric conditions. Charles County reports an oversupply of vouchers associated with 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.

Through the Three Oaks Center's Southern MD Veterans Initiative, case management and limited financial assistance with rent, utilities, deposits, and transportation are available to

referred individuals with very low income who have served at least one day of active military service with a discharge other than dishonorable; to qualify, the individual must be at imminent risk of becoming homeless, newly homeless (within the past three months), or homeless but scheduled to be rehoused (within three months). Charles County Veterans and families can also be referred to the Friendship Place Veterans First program in Washington, D.C., for rapid rehousing and homeless prevention services.

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.

Crisis Response Continuum

Hotlines / Warmlines / Resource Lines: 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. 988 toolkits have been distributed throughout the Charles County public schools along with Mental Health First Aid (MHFA) programming. The National Domestic Violence Hotline (800-799-7233) is also available 24/7 by call, text, or chat. Cornerstone and Pathways operate 24/7 crisis lines accessible by call or text for those individuals already enrolled in their programming. Charles County residents have access to the 24/7 Anne Arundel County Crisis Response System (CRS) service known as the Community Warmline; the CRS Community Warmline provides individuals in crisis with supportive assistance and linkages to resources within the community. Non-emergency calls are handled by staff who provide information, support, and referral; staff coordinate responses to emergency calls and requests for assistance from police, fire, and community agencies.

Mobile Responses: Mobile response and stabilization services (MRSSs) are intended to 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. At the time of the workshop, the MRSS provider is iMind Behavioral Health Inc. in Prince George's County in coordination with the Anne Arundel CRS Community Warmline; however, a short break in service is anticipated as this contract ends and a new contract with Affiliated Santé Group is engaged. Charles County has been awarded grant funding through the Maryland Department of Health to expand and improve mobile crisis team services.

Crisis Receiving and Stabilization Facilities: Governor Wes Moore announced on March 8, 2024, that the Maryland Department of Health awarded $13.5 million in grants to 19 jurisdictions across the state including Charles County to help promote health equity and

improve access to behavioral health crisis services for Marylanders; in addition to the expansion and improvement of mobile crisis services for Charles County mentioned above, this funding will also establish behavioral health crisis stabilization centers in neighboring Prince George's and St. Mary's counties. Pascal has been chosen as the provider for the location in St. Mary's County, which will serve regional residents per the grant. Safe Journey House is a therapeutic residential treatment facility that offers inpatient admission prevention (for consumers who are at risk for an inpatient hospitalization) and inpatient admission alternative (for consumers who present a danger to themselves or others and would not be discharged from the hospital without Safe Journey House services); crisis counselors, licensed mental health professionals, and a psychiatrist are accessible to clients 24/7. Clients must be willing and stable to qualify for 7-10 days of authorized admission, and capacity is expected to increase from five beds to seven in the near future. Residents of Calvert, Charles, St. Mary's, Anne Arundel, and Prince Georges can access the Porter House Mental Health Housing Stability (MHHS) program operated by Cornerstone; located in Calvert County, Porter House provides a 24/7, home-like, 5-bed environment for male or female adults in the region who are in immediate psychiatric crisis, offering medication management, therapy, and somatic care for 7-10 days before discharge to home or linkage to other services. As detailed above, Recovery Centers of America, Pyramid Healthcare, and Avenues Recovery Center at Prince Frederick offer services including withdrawal management and stabilization. Porter House offers residential crisis services to medication-stable clients; a community-based alternative to inpatient hospitalization, these services provide 24-hour staff support and supervision within suburban single-family neighborhoods for an average of 10 days. For emergency care, the University of Maryland Charles Regional Medical Center (UM-CRMC) provides hospital services within the county; residents may also receive emergency department care at Adventist HealthCare Fort Washington Medical Center and MedStar Southern Maryland Hospital Center in neighboring Prince George's County. Individuals requiring inpatient psychiatric care are referred out of county; MedStar St. Mary's Hospital, CalvertHealth Medical Center, and MedStar Southern Maryland Hospital Center are the three closest facilities, although Sheppard Pratt's Adult Crisis Stabilization Inpatient Unit in Towson is a more distant option for residents as well.

First Responders: Charles County emergency communications (911) are handled through county dispatch. Efforts are being made to provide crisis intervention team (CIT) training to 100% of dispatch staff; currently, two CIT-trained dispatches are available per shift, constituting approximately 50% of dispatch staff. Currently, the coordination between 911 and 988 is in its inception phase. Emergency medical services (EMS) are managed by the Charles County Department of Emergency Services and Charles County Volunteer Fire and Emergency Medical Services; the county operates an EMS Leave-Behind program wherein EMS clinicians provide naloxone and referrals on-scene to be left with patients and their support systems. The Charles County Sheriff's Office (CCSO) and the La Plata Police Department provide law enforcement

services; other agencies provide specific services, such as the Maryland State Police's highway traffic control and Maryland Transportation Authority's bridge oversight. All CCSO officers receive Mental Health First Aid (MHFA) training at the academy, and approximately 50% of officers are crisis intervention team (CIT) trained. In Charles County, emergency petitions are handled by CIT-trained officers when available; in 2023, CCSO executed 549 emergency petitions, and numbers for 2024 are on track to be similar. While transportation procedures for emergency petitions vary depending on the nature of the petition, all involuntary petitions are transported by law enforcement. For any petition, officers stay with the consumer at the receiving facility through triage. To ensure the safety of officers and the public, law enforcement flags those addresses associated with safety concerns, allowing dispatch to alert patrol before arrival.

Data Collection and Sharing: Monthly meetings are held by the Charles County Government Information Technology (IT) division with EMS and the local health department to facilitate data sharing. Given that most services in the county are grant-funded, much of the relevant data is collected and maintained by grant management. Most data sharing occurs within the local health department, although the Local Behavioral Health Authority (LBHA) engages in outreach events with outside stakeholders. Chesapeake Regional Information System for our Patients Inc. (CRISP), a database that facilitates the sharing of health information among doctors, hospitals, labs, and other healthcare organizations, provides safer, more efficient patient-centered care for individuals who do not opt-out and whose providers participate; CRISP also prevents duplication and diversion of medication.

Intercepts 0/1 Gaps

Community Services:

Behavioral Healthcare: Obtaining behavioral health services is a challenge both in terms of professional availability and physical access to providers. Health Professional Shortage Area (HPSA) designations have been given to the county for primary care and mental health. Consumers with acute psychiatric medication management needs are particularly impacted. While Behavioral Health Authority (BHA) funding for urgent care referrals is available, no current contracted provider can allocate a percentage of appointments to provide prescriptions within 72 hours for individuals referred from the emergency department or the Charles County Detention Center. Further compounding the issue, insurance can be an obstacle for many residents needing care; gaps are particularly prominent when transitioning from one type of service to another and attempting to align insurance coverage. Local residential rehabilitation programs (RRPs) have chosen not to apply for the expansion of beds through a pilot program, leaving capacity deficits unaddressed.

Peer Services: Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process. There are opportunities to expand peer support services in Charles County. The community can benefit from education about harm reduction models and the role of peers in connecting clients to services. Peer recovery specialists can expand the promotion of behavioral health services to target consumers. Peer recovery specialists can be embedded within the Department of Public Safety and Correctional Services (DPSCS) to act as referral sources in Calvert County.

Housing: Housing gaps exist along multiple dimensions. Programs under the Charles County Housing Authority maintain significant waiting lists. Certified recovery housing is lacking; Andy's House is the only certified recovery residence in the county. No traditional shelter for individuals experiencing homelessness exists in Charles County.

Resource Networking: Service promotion could be enhanced through resource development and improved professional coordination. The development of resources would improve access along multiple dimensions including behavioral health and housing; a trifold of behavioral health services with current contact information for professional and consumer audiences would improve outreach efforts, and Veterans in particular would benefit from Three Oaks Center providing referrals to accompany support services. Charles County coordinates an open meeting of providers and an advisory council where collaboration and education within the professional community can occur. Providers can explore the need for improved promotion of crisis services beyond warmlines, especially those that accept individuals across jurisdictions.

<u>Crisis Response Continuum</u>:

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 relationships with more than the one existing crisis provider to support callers with same day/next day services. The partnership between Charles County and the CRS Community Warmline is reportedly successful for telephone support; however, it requires an expansion for warmline staff to effectively coordinate mobile crisis or law enforcement responses for Charles County callers who require immediate assistance.

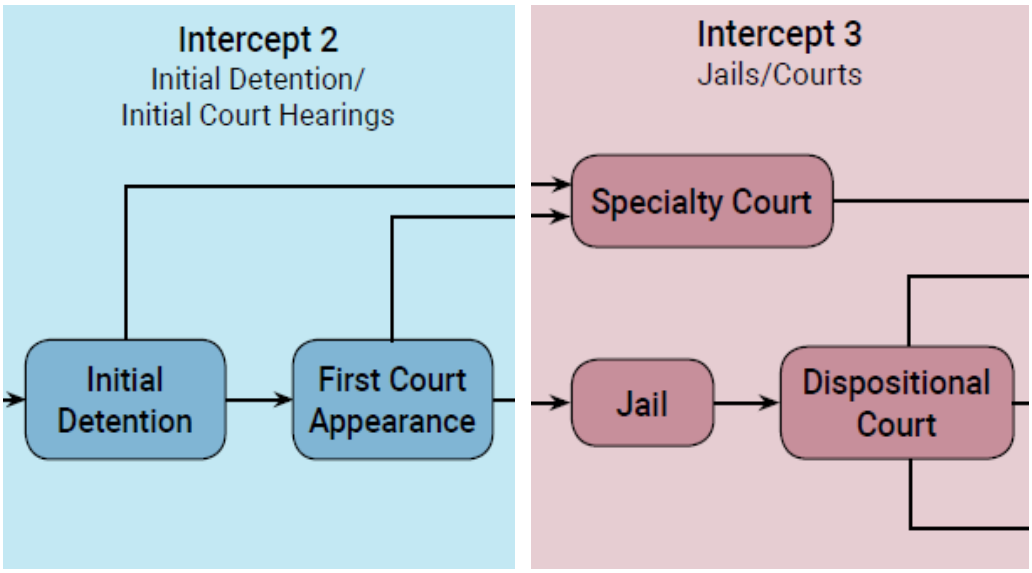
Mobile Responses: A proposal is currently in development for submission for a mobile crisis team specific to Charles and St. Mary's counties; however, there will be a short break in service as the current contract ends and a new contractor is engaged.

Crisis Receiving and Stabilization Facilities: There are currently no inpatient psychiatric facilities at UM-CRMC, the county hospital. Recovery Centers of America is a significant local provider but

does not accept Maryland Medicaid. The demand for services through Porter House exceeds the 5-bed capacity. To access crisis respite, consumers must be stable in medication and medical status. Advocates report that emergency petition evaluations often result in discharge with a list of resources rather than a connection to services. Conversely, hospital overstays of 2-3 days occur for those individuals who meet the criteria for inpatient admission due to capacity shortages. There are reports that EMS providers bypass hospitals in favor of those with the shortest EMS wait times, often UM-CRMC, which exacerbates the supply/demand imbalance.

First Responders: EMS providers in Charles County require training across several dimensions. They are not receiving crisis intervention team (CIT) training; they also require additional training regarding transport protocols (as discussed above) and anti-stigma training to encourage the promotion of resources through the EMS Leave-Behind program. Within law enforcement, the county lacks co-response and law enforcement-assisted diversion (LEAD) programming; the county is eligible to apply for LEAD funding through the Governor's Office of Crime Prevention and Policy. The county would benefit from an MOU to allow for transfer from 911 to 988; peer services coordinated through the LBHA to provide follow-up care for non-fatal overdoses would also fill an existing gap.

Data Collection and Sharing: There is a lack of data regarding the frequency of use, transfer, and coordination of services in Charles 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)

Upon arrest, an individual is taken to the Charles County Detention Center ("Detention Center") in LaPlata, Maryland. The arrestee is searched and placed into a processing cell or on a processing bench while awaiting the officers' charging paperwork to be completed. During this time, officers observe the arrestee to determine if there are any immediate risks or if resources are needed. Upon completion of the charging paperwork, booking officers will process the arrestee by taking their fingerprints and photographs. Once booked and processed, the arrestee will wait to see the District Court Commissioner. While wait times for an arraignment can vary situationally, these initial appearances in front of the Commissioner to determine the bond conditions typically occur on the following business day. Families can have a considerable impact during initial appearances and are encouraged to be involved in judicial processes if it is safe for them and they choose to be involved.

Pretrial Services: Case managers, contracted by PrimeCare Medical, will conduct initial mental health and suicide screenings and assess for Veteran status at the initial appearance. Depending on an arrestee's behavior, case managers may notify mental health staff available 24/7 for further assessment. However, a formal pretrial release services program has not been established in Charles County. The Charles County Criminal Justice Coordinating Council has been attempting to develop a pretrial release services program for four years. The proposed program requires approval from the county commission which has been challenging to achieve.

Competency: Please note that incompetency does not always indicate a mental health issue.

Typically, the Public Defender's Office represents arrestees for initial bond review hearings where they can make suggestions regarding an arrestee's competency. If an arrestee demonstrates severe incompetency, the commissioner may learn about it at a bond hearing and order a mental health evaluation. This may occur the day of, or hours before a hearing. By law, the order is sent for further review; the commissioner typically receives a report with recommendations within seven days. If the report deems the arrestee incompetent and a danger to themselves or others, the arrestee must be committed. Public defenders may raise questions regarding this report, which may lead to a third-party evaluation. Third-party evaluations do not happen often, and there are not enough resources to conduct such evaluations regularly. If an arrestee is committed based on incompetence, the arrestee should be transferred to the state health department within 10 days. However, this deadline is often exceeded due to a lack of beds. The longest wait has been 6 months, and the average wait has been 3 months. As a result, the Detention Center frequently houses detainees found incompetent and/or detainees who are potential dangers to themselves or others. During the wait time, the detention center will provide updates to the centralized admissions process office every 2 weeks. Depending on the severity of the offense, arrestees found competent may be conditionally released.

Court Structure

The county's court system includes the Charles County District Court, the Charles County Circuit Court, the Adult Drug Court, the Family Recovery Court program, the mental health docket, and the Charles County Teen Court.

***Problem-Solving Courts**:* Charles County established an Adult Drug Court through Charles County Circuit Court for rehabilitating individuals with substance use disorders in 2022. The team comprises a judge, public defender, assistant state's attorney, drug court coordinator, drug court case manager, probation officer, law enforcement representative, and treatment provider. The voluntary, four-phase program is 12-18 months on average and serves 35 individuals at a time. The program includes drug testing, judicial and probation supervision, counseling (group, individual, and family), and educational opportunities. Individuals meet with the drug court team every other Friday to discuss progress and compliance. Individuals' charges may be dismissed, reduced, or expunged upon program completion. Referrals to the drug court program are made by Charles County Circuit Court judges, the Office of the Public Defender, the State's Attorney's Office, the Sheriff's Office, the Detention Center, or the Probation Office. The official referral form has been included as a resource on page 41. Initial intake paperwork for eligible participants must be completed within three business days of a referral to ensure that a substance use disorder assessment is conducted within one week, but no more than two weeks after a referral to Project Chesapeake. Eligible participants are at least 18 years old; have a

substance use disorder diagnosis; have a criminal case in the Charles County Circuit Court; are at risk for reoffending; face jail or prison as a consequence of their offense or violation of probation; are willing to engage in substance use disorder treatment; and sign a written participation agreement upon entry. The agreement to participate acknowledges that if the participant fails to complete the program, then they will be terminated from the program by the court and sentenced in accordance with the law.

A Family Recovery Court (FRC) program also operates within the Circuit Court to support participants through sobriety in conjunction with equipping participants with the necessary parenting tools. The team comprises a judge, the drug court coordinator, the family resource specialist, the assistant case manager, the Department of Social Services case manager, the participant's attorney, the child's attorney, the addictions specialist, a representative from parole and probation, and the recovery coach. Charles County Department of Health-Division of Behavioral Health also attends the FRC and receives referrals for treatment services. FRC is a four-phase program that lasts a minimum of one year but depends on an individual's progress. FRC develops a Recovery Service Plan that begins with a needs assessment regarding substance use treatment, drug and alcohol testing, counseling, sober support activities, and educational or vocational programs. Participants must attend meetings with the family resource specialist, drug and alcohol treatment sessions, appointments and classes with other programs, 12-step sessions, court hearings, and scheduled or random alcohol/drug tests.

Charles County also has a mental health docket through Charles County District Court. This docket is not a formal mental health court and comprises representatives from the State's Attorney's Office, the Office of the Public Defender, and the Detention Center. For the last six to eight months, Cornerstone has attended hearings to mediate conversations and provide additional insight and encouragement for respondents. Cases seen by this docket are usually referred to by the defense attorney, judges, or public defenders. The first docket was held in November 2021. The docket holds monthly meetings on the second Friday starting at 1:00 p.m. The Wednesday before every meeting, those in attendance will virtually meet to review and prepare for docket cases. Responders who fail to appear at hearings are removed from the docket and sentenced.

Lastly, the Charles County Teen Court is a juvenile justice diversion program for arrestees between the ages of 13 and 17. The court was established in March 2001 to reduce the number of systems-involved youth and educate them in a realistic court environment. The court comprises the teen court coordinator, the judge, a court monitor, an exit interviewer, the prosecuting attorney, a defense attorney, the bailiff, and jury members. Cases are misdemeanor and non-violent offenses including, but not limited to: theft, assault, traffic violations, disorderly conduct, and common law affray. Cases are presented in either Petit Court or a Grand Jury.

Once the case is heard and the jury determines a suitable sanction, the Teen Court Coordinator reviews the jury's decision with the respondent and his or her parents. Respondents sign a contract agreeing to the sanctions. Sanctions may include an apology letter to the victim(s), community service, research papers, essays or DVDs, prevention or education projects, and/or in-school informal probation. An example of a prevention or education project is the "Alive at 25" defensive driving course developed by the National Safety Council. This course refreshes individuals under the age of 25 on defensive driving skills and addresses decision-making behind the wheel to prevent accidental injury and death.

Jail Structure

The Charles County Detention Center ("Detention Center") was originally built in 1995. In 2001, the Detention Center became the first adult detention center in Maryland to comply with a Maryland Commission on Correctional Standards Audit. In 2023, the Detention Center was accredited by the National Commission on Correctional Healthcare. Today, the Detention Center has a maximum capacity of approximately 400, and as of April 25, 2024, the Detention Center held 202 detainees. Staff in the Detention Center are responsible for the Emergency Response Team (ERT), Transport/Court Holding, Work Release, Central Processing, Classification, Security Enforcement Team (SET), Standards & Accreditation, and Custody & Security. In-person clinicians are available Monday through Friday from 9 a.m. to 7 p.m. and an in-house provider is available every other week. On opposite days, telehealth is available. All deputies receive annual mental health and suicide awareness training, and approximately 50% attend additional mental health training throughout the year. Additionally, 30% of law enforcement professionals in the Charles County Detention Center are CIT-trained.

Detention Center Services: Once an arrestee is committed to jail, staff members receive a written report from a pretrial services consultant. A grant-funded case manager interviews detainees within seven days of sentencing. During that time, the case manager asks a series of questions and provides detainees with a reentry questionnaire developed within the last two years. More information regarding this questionnaire is detailed in the "Intercepts 4/5 Resources" section. Veteran identification will occur at this time as well. Detainees are identified for behavioral health services through self-referral, by medical and correctional staff, and by case managers. The Detention Center has expanded the number of cells in the medical department for isolation and suicide risk. PrimeCare Medical is contracted by the Detention Center for behavioral health and medical services. For every detainee, the medical department conducts extensive screenings lasting 45 minutes; the screening includes mental health history questions and a suicide risk assessment via the Columbia Suicide Severity Rating Scale (C-SSRS). PrimeCare Medical is also responsible for conducting substance use screenings, traumatic brain injury (TBI) screenings, and intellectual and developmental disability (IDD) screenings. Medical

staff maintain a record of each detainee including the services and medications used. Detainees provided medication are seen by a psychiatric provider who visits the facility every other week; initial appointments are conducted in person, and telehealth visits are available for follow-up care.

House Bill 116 (2019) established programs for opioid use disorder screening, evaluation, and treatment (specifically medications to treat opioid use disorder in conjunction with counseling services and reentry planning) in local correctional facilities. The Charles County Department of Health is the provider of substance-use medications within the Detention Center. The medication-assisted treatment (MAT) program at the Detention Center began in 2023. There is one coordinator who manages this program. As of April 25, 2024, there are 20 individuals enrolled; participation requires a positive urinalysis for opiates or a current prescription for opioid treatment. The program uses methadone, Suboxone, and Vivitrol to fulfill the mandate of providing one of the FDA-approved medications for opioid use treatment. Additionally, the Charles County Department of Health offers peer recovery specialists to the Detention Center when available. Trauma, Addictions, Mental Health and Recovery (TAMAR) is a group-focused project that offers individual and trauma treatment to female detainees at the Detention Center. However, TAMAR has not been active since the COVID-19 pandemic due to low census.

The Detention Center offers remote visits seven days a week from 7:45 a.m. to 9:30 p.m. via iWebVisit.com. Additional detainee services include Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups, domestic violence groups, anger management courses, faith-based services, and a literacy council. These services are volunteer-run within the Detention Center. Additionally, the Detention Center has proudly partnered with the local library to build a sixth library branch within the Detention Center where resume workshops, workforce development, and other vocational training services are offered for systems-involved individuals; there are no services specific to pregnant women or the LGBTQA+ population.

Data Collection and Sharing

No data collection and sharing services were presented at this workshop.

Intercepts 2/3 Gaps

Intake (Processing)

The largest gap during initial detention and court hearings is the lack of time for arrestees to build rapport with staff, reducing the ability to identify effective resources and treatment options. Staff has no means of following up with arrestees and their initiation of recommended resources after release from initial detention. While third-party competency evaluations may be requested, more resources are needed for such evaluations to be conducted often. There is a

backlog of individuals being admitted and released from hospitals, leading to barriers in obtaining beds for detainees who are committed based on incompetence and/or a danger to themselves or others. The backlog in hospitals is worsened by the lack of residential rehabilitation options. Generally, initial detention and initial court hearing processes would benefit from more mediation and conflict resolution services.

***Pretrial Services**:* Charles County is one of five counties in the state without a pretrial release services program. Additionally, the LBHA is not involved in the Charles County Criminal Justice Coordinating Council. If established, the program would benefit from electronic monitoring. In the meantime, Jude House, a community service described in the "Intercepts 0/1 Resources" and "Intercepts 4/5 Resources" sections, works closely with the pretrial release services program in St. Mary's County and may be able to offer these services to Charles County.

Competency: There is a lack of beds in the state health department, resulting in long transfer wait times and an overrepresentation of incompetency within the Detention Center.

Court Structure

There is no grant funding for peer recovery support within the courts. Case managers are operating beyond caseload capacity. While detainees are provided reentry questionnaires upon entry to the Detention Center, detainees are responsible for returning a completed questionnaire to correctional staff; only an estimated 3% of detainees have returned questionnaires within the past year. Additionally, behavioral health services are not offered 24/7 within the Detention Center and the COVID-19 pandemic has impacted the activity status of some services such as TAMAR.

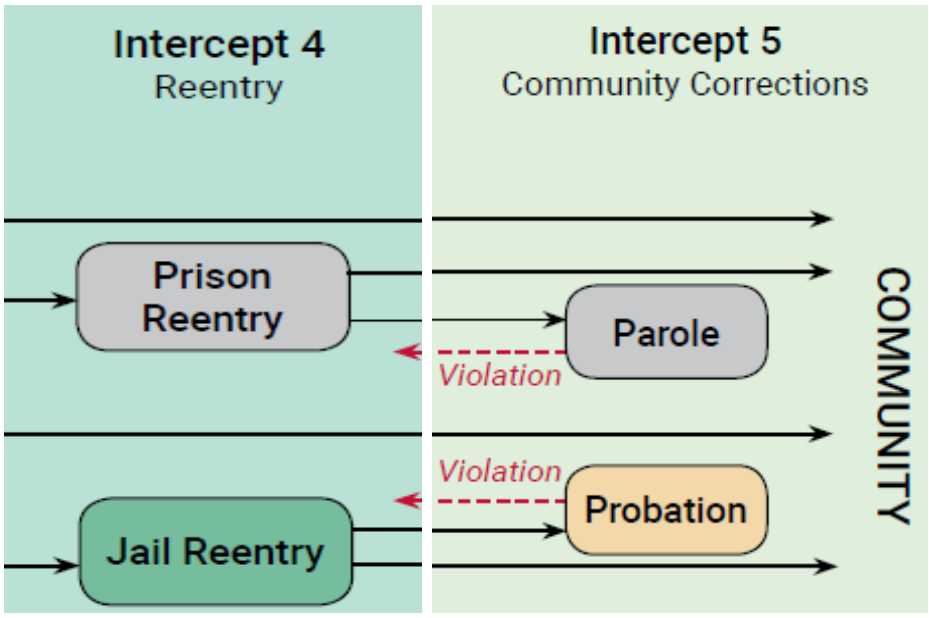
Problem-Solving Courts: There is no formal Mental Health Court in Charles County and no funding associated with the current Mental Health Docket. Reportedly, the adolescent drug court was terminated following a statewide paradigm shift to designate drug courts as a resource for adults and address all adolescent concerns within teen courts. Problem-solving courts lack peer support specialists and services.

Jail Structure

Detention Center Services: Mental health concerns and co-occurring disorders are prevalent within the Detention Center, and there has been an increase in mental health patients within the Detention Center. Requests for medication, counseling, and other mental health needs are only reviewed and addressed during regular business hours (M-F, 9 a.m.-7 p.m.).

Data Collection and Sharing

There is a lack of data sharing between community service agencies and the Detention Center.



Intercept 4 and Intercept 5

Intercepts 4/5 Resources

Jail Reentry Services:

Services and Referrals: The Charles County Detention Center has an informal reentry program staffed by two case managers within the Detention Center. Incarcerated individuals are screened via the Level of Service Inventory-Revised (LSI-R) for the appropriate supervision level and provided with questionnaires that detail several services that may be requested; the case manager and the mental health clinician attempt to follow up to provide resources regardless of the completion status of the questionnaire. The case managers track expected release dates, and efforts are made to meet with individuals to plan for release; however, some individuals are released before a planning meeting is held and therefore do not receive supportive services immediately upon release. Approximately 60% of individuals being released have a mental health diagnosis (closer to 75% if including diagnoses related to substance use); individuals using psychiatric medication are provided a blister pack plus a prescription for a 30-day supply. Narcan kits can also be provided by PrimeCare Medical at release upon request. Additionally, housing and outpatient treatment transfers are managed by a PrimeCare Medical case manager. The case manager provides individuals experiencing homelessness with the Charles County Housing Authority's homeless services and a resource guide detailed in the "Intercepts 0/1 Resources" section. Reentering individuals can be referred to Maryland's Community Criminal Justice Treatment Program (MCCJTP), a multi-agency collaborative established by the Maryland Department of Health that provides shelter and treatment services to reentering individuals

who are seriously mentally ill. While community peer services are being utilized within parole and probation, there is an opportunity to use peer recovery specialists to connect reentering individuals with behavioral health providers more seamlessly. Officers can connect with families to receive information to support clients, but officers cannot provide information to family members.

Supervision: The community supervision portion of DPSCS operations ensures that reentering individuals uphold individual requirements set forth by courts and the Parole Commission. The Community Field Office in Charles 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). Caseloads fluctuate between approximately 90 and 100 cases; this caseload is reportedly manageable depending on the level of supervision required, but increased staffing would be beneficial. While CIT training is not provided to parole and probation staff, many staff members have received Mental Health First Aid Training through in-service training per Maryland Police and Correctional Training Commission (MPCTC) guidance and continuing education in techniques such as motivational interviewing. 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 number of individuals on probation and parole and demographics such as age, gender, etc.

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 mental health disorders with or without substance use 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 $4,000 grant from the Behavioral Health Authority that provides funding up to $1,000 per client per fiscal year to individuals actively engaged in the public behavioral health system and enrolled in state care coordination to assist in achieving treatment goals; MDRN financial assistance can be applied to an array of services including pharmacy, transportation, employment services, vital records, medical/dental services, and other unmet needs such as housing necessities (e.g., dishes, linens, etc). To qualify, the behavioral health professional must fill out the request for client support form and attach a receipt of purchase and/or invoice to be reimbursed; funding is retroactive (i.e., for

reimbursement) only. All requests for individuals with a substance use disorder must be submitted through the State Care Coordinator.

Behavioral Health Services: The Charles County LBHA maintains a staff of eight individuals for care coordination, which includes the provision of information and referral to services but not direct services (i.e., case management). Case management in the county for all behavioral health services except for targeted case management is through any willing provider; targeted case management is contracted with Cornerstone for adults and Center for Children for adolescents. Case management and ACT complete intakes before release; post-release, Cornerstone provides offsite psychiatric rehabilitation program (PRP) services. Several agencies provide behavioral healthcare services for individuals with substance use and mental health disorders; services through Jude House, Cornerstone, Project Chesapeake, Pathways, Pyramid, and Lifestyles are discussed in the "Intercepts 0/1 Resources" section. Although referred to any willing provider, many individuals select Project Chesapeake due to its location and proximity to the parole and probation field office. For individuals seeking residential services, Jude House operates as a gender-specific comprehensive residential co-occurring treatment program spanning 6-9 months for underinsured populations. The program primarily serves men aged 18 to 65, but the facility also offers a separate program for up to five women in a personalized home environment. A significant portion of clients come from the Maryland criminal legal system under the Maryland 8507 program.

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. Vouchers for the College of Southern Maryland are also available to individuals who receive SSI/SSDI benefits. 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.

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 Southern Maryland Office is located in Charles County.

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.

Transportation: As discussed in the "Intercepts 0/1 Resources" section, VanGO provides fare-free public transportation. Additional services for individuals to medical and behavioral healthcare appointments are detailed in the "Intercepts 0/1 Resources" section.

Family Support: The National Alliance on Mental Illness (NAMI) of Southern Maryland offers support groups and classes for families who have a loved one who is mentally ill, providing education, support, and advocacy. The Charles County Community Mediation Center offers no-cost mediation services within the Detention Center and during reentry.

Peer Support: As mentioned in the "Intercept 0/1 Resources" section, peer support services are offered by Charles County Freedom Landing through their Wellness and Recovery Center (for mental health) and their Recovery Community Center (for substance use),grant-funded drop-in peer support centers for individuals with mental health and substance use conditions. Peers are embedded within the Charles County Department of Health Division of Behavioral Health for individuals with substance use conditions. Jude House maintains peers on staff at its residential treatment facility.

Intercepts 4/5 Gaps

Jail Reentry Services:

Services and Referrals: While essential to a robust reentry services program, reentry coordination and patient navigation are lacking in Charles County. The Detention Center utilizes two case managers who coordinate reentry and release planning; however, staff have large caseloads and lack support. When individuals are unexpectedly released, they may be released without support including prescriptions for medication and arranged mental health services; these individuals may experience significant wait times for services and assessments. Notably, there is no formal process for reentry coordination and no dedicated reentry coordinator. A local professional who is providing coordination services is not even formal reentry staff but instead, a dedicated professional who arranged for "in-reach" by Cornerstone's case management and ACT teams, an effective strategy through which these providers meet with individuals in the jail to establish continuity of care.

Community Reentry Services:

Supportive Funding: To increase efforts to enroll systems-involved persons with behavioral disorders in the Supplemental Security Income (SSI) and the Social Security Disability Insurance (SSDI) programs, Charles County maintains an SSI/SSDI Outreach, Access, and Recovery (SOAR) lead at the LBHA who works with the SOAR coordinator housed in the St. Mary's County Department of Health; while this expedited application process boasts a 90% first-time approval rate, Charles County's SOAR program has yet to handle a case.

Behavioral Health Services: Charles County lacks an adult day reporting center to provide community-based services and treatment to individuals under parole/probation or pretrial supervision to reduce recidivism, jail/prison populations, and corrections-related costs. Since Cornerstone is the only behavioral health provider with access to the Detention Center, staff and reentering individuals must be made aware of other options to respect client choice. Given the LBHA's role within the public health system, individuals with private insurance may require assistance while remaining ineligible for the LBHA's services.

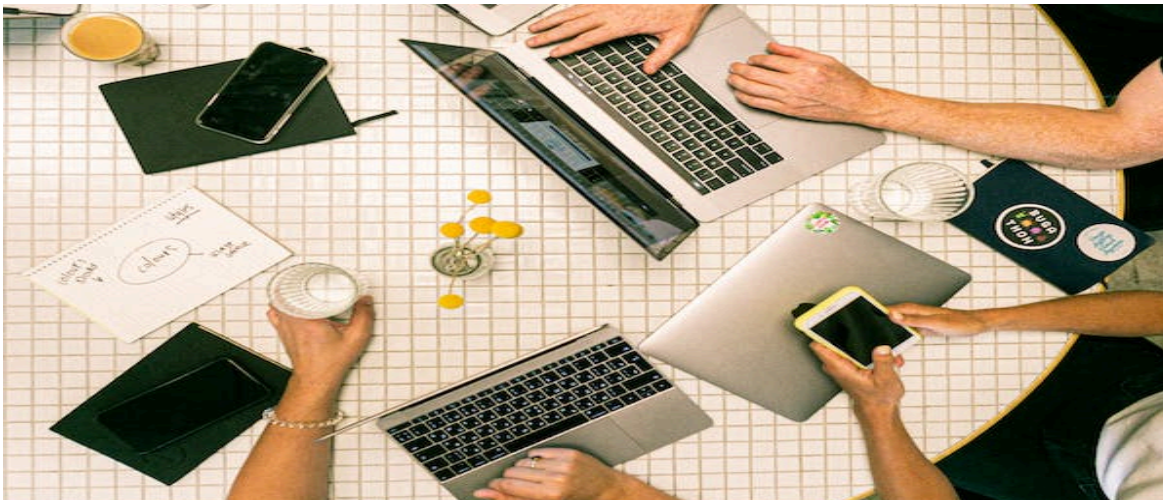
Professional Development: While the Department of Labor provides employment resources, the follow-up rate of consumers hovers near 10%.

Housing: Unhoused individuals released before the expected release date are difficult to locate and assist, highlighting the importance of release planning.

Transportation: Participants report that although transportation resources exist, they are difficult for many clients to access.

Family Support**:** While the Charles County Community Mediation Center offers no-cost mediation services within the Detention Center and during reentry, this resource is reportedly underutilized, particularly for assisting individuals with reconnecting with families upon reentry.

Resource Networking: Many local organizations offer services such as transportation assistance, but the community is not aware of these non-profits. The administrative service organization that provides billing services for Medicaid (currently Optum) previously provided DataLink to connect agencies, but the LBHA no longer receives this listing as Optum no longer provides it.



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. **Implement additional crisis services within the jurisdiction.** Per SAMHSA, essential elements within a no-wrong-door integrated crisis system include a regional call center, crisis mobile team response, and crisis receiving and stabilization facilities; post-crisis support is an additional core component of the developing Maryland Behavioral Health Crisis System Continuum of Care. In Charles County, both 988 and the local warmline would benefit from enhanced coordination as detailed above. The county is expecting a gap in mobile crisis services in the near future, which will necessitate changes to response protocols in the short term; Charles County has been awarded grants through the Maryland Department of Health that may aid in the expansion and improvement of mobile crisis team services in the long-term. There is a need for a behavioral health crisis stabilization center (BHCSC) as defined by the Maryland Department of Health, designed to de-escalate, stabilize, and reduce or ameliorate behavioral health crisis symptoms through 24/7/365 care characterized by up to 23 hours and 59 minutes of walk-in support per episode of care; BHCSCs provide screening and assessment, medical evaluation, diagnosis, treatment (including but not limited to prescription), withdrawal management, care coordination, and links to ongoing support. To further develop these essential crisis system elements and meet the demand for residential treatment (which currently exceeds capacity), additional funding opportunities should be sought to maximize existing resources and improve care for residents. **(22 votes)**

2. **Enhance "resource networking," an umbrella term used within the workshop to recognize the importance of promoting resources with community members and across agencies.** Cross-agency communication and collaboration will assist in achieving this priority and aid in the coordination of care for individuals with behavioral health needs. Areas of opportunity noted during this workshop include education within the professional community and the promotion of behavioral health and crisis services to the community by peer professionals and first responders; two specific suggestions raised during the workshop include a trifold of behavioral health services with current contact information for professional and consumer audiences and the practice of referrals accompanying local support services. It is important to note, however, that this priority is broad and encompasses needs and benefits that cross intercepts. **(21 votes)**

3. **Address the lack of housing options for individuals with behavioral health needs.** The need for supportive housing, sober living, recovery housing, and homeless shelters exceeds capacity in Charles County. Programs should seek additional funding opportunities for capacity expansion. Some development may already be underway; LifeStyles is reportedly developing studio/efficiency housing that will include employment, rent, furnishing, and a maximum stay of 18 months to assist individuals transitioning into society and establishing normalcy. In partnership with the U.S. Department of Housing and Urban Development (HUD) and the United States Interagency Council on Homelessness (USICH), the Substance Abuse and Mental Health Services Administration (SAMHSA) is one of the leading federal agencies addressing the issue of housing stability for individuals with serious mental illness. These agencies fund several key programs aimed at assisting individuals with behavioral health needs who are experiencing homelessness, including SSI/SSDI Outreach, Access, and Recovery (SOAR), an underutilized resource in Charles County. Additional projects to be explored include Treatment for Individuals Experiencing Homelessness (TIEH); Healthy Transitions: Improving Life Trajectories for Youth and Young Adults with Serious Mental Disorders Program; Grants for the Benefit of Homeless Individuals (GBHI); and Minority HIV/AIDS Fund: Integrated Behavioral Health and HIV Care for Unsheltered Populations Pilot Project. **(20 votes)**

4. Establish a formal pretrial release services program. To kickstart the pretrial release services program in Charles County, it is essential to form partnerships with key stakeholders such as local law enforcement agencies, the judiciary, community-based organizations, and relevant government departments. Collaboration with these entities will ensure a comprehensive approach to pretrial services that encompasses assessment, monitoring, and support for individuals awaiting trial. Additionally, thorough research into best practices and existing models in other jurisdictions, such as the program in St. Mary's County, can provide valuable insights for program development and implementation. **(9 votes)**

5. Establish a network of providers that offer acute care appointments within 72 hours. Obtaining behavioral health services is challenging due to barriers regarding professional availability and physical access to providers. While Behavioral Health Authority (BHA) funding for urgent care referrals is available, no current contracted provider can allocate a percentage of appointments to provide prescriptions within 72 hours for individuals referred from the emergency department or the Detention Center. Addressing this need would reduce the likelihood that these individuals require other more intensive services due to a gap in continuity of care. **(5 votes)**

6. Enhance reentry programming and coordination. 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 coupled with support that continues past release (e.g., peer/patient navigation) are considered best practices. The Detention Center relies on two case managers for reentry planning. While efforts are made to ensure detainees receive supportive services immediately upon release, establishing a formal reentry program including a dedicated reentry coordinator would 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 from incarceration. **(4 votes)**

7. Improve data sharing across agencies within the jurisdiction. Collecting and analyzing performance data is necessary to inform decisions regarding resource allocation, crisis response practices, and treatment and recovery planning. Comprehensive and consistent data analysis is essential for evaluating service outcomes and impacts, promoting fiscal accountability, and informing policy. To help each system better understand the perspectives and protocols of their counterparts, criminal legal and behavioral health care practitioners should coordinate with each other when developing and delivering training and educational programs; the involvement of individuals with lived experience can also be particularly effective in informing the process. **(4 votes)**

8. Utilize the one-stop shop (OSS) model including a day reporting center (DRC). Grant funding through the Bureau of Justice Assistance is available and has been successfully obtained by neighboring St. Mary's County (award #15PBJA-21-GG-04572-COAP); if secured, funding could be used to address the absence of an adult day reporting center to provide community-based services and treatment to individuals under parole/probation or pretrial supervision to reduce recidivism, jail/prison populations, and corrections-related costs. In addition to physical space and staffing, the one-stop shop (OSS) model requires cross-agency engagement and client participation. Coordination with community and county service agencies is essential for the provision of services across domains including

but not limited to behavioral healthcare, professional development/vocational services, legal assistance, housing, transportation, and family support. Charles County may benefit from incentivizing participation for clients, extending hours into the evening to address some transportation issues, and modeling after successful programming in neighboring St. Mary's County. **(3 votes)**

9. Expand the use of peer recovery specialists. Emerging research shows that peer support is an effective tool in recovery from behavioral health conditions with benefits across multiple dimensions. Opportunities exist to increase the use of peer recovery specialists in multiple settings including peer-run organizations, recovery community centers, recovery residences, drug courts and other criminal legal settings, hospital emergency departments, child welfare agencies, homeless shelters, and behavioral health and primary care settings. To address barriers to certification such as cost and academic requirements, On Our Own of Maryland Inc. has been offering no-cost credentialing training. System-level needs for expansion of the use of peer professionals include clear roles for successful recruitment, a culture of wellness for healthy professional relationships, and paths for career advancement to maximize retention. **(1 vote)**

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 justice system.

1. The Local Management Board received funding through the Governor's Office of Crime Prevention and Policy to start a resource website for Charles County. This funding was discussed within the workshop and will help to address the priority to enhance awareness of jurisdictional resources. This may also help with the future creation of a trifold of resources to share amongst the community.

2. Members from the Local Behavioral Health Authority (LBHA) shared business cards and 988 suicide and crisis lifeline flyers with the participants in attendance. This action aided in promoting jurisdictional resources, a priority identified at the workshop.

3. The workshop's facilitators from St. Mary's Health Department identified a process for establishing a connection between Charles County's 911 dispatch and the 988 Suicide and Crisis lifeline. LBHA and Community Crisis Services participants committed to collaborating with facilitators on a memorandum of understanding to begin this process.

4. The Charles County Criminal Justice Coordinating Council has three primary focus areas: mental health, pretrial services, and juvenile justice. The council has expressed interest in including the LBHA as a stakeholder in pretrial service development and will be hosting workgroups for each focus area in the coming weeks. The LBHA's participation has been deemed beneficial, and the council has already extended an invitation.

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. **Establish a formal Mental Health Court for the use of the tri-county (Charles County, St. Mary's County, and Calvert County) area.** 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 formal pretrial services program.** The Charles County Criminal Justice Coordinating Council is actively engaged in creating a pretrial services program. Stakeholders in attendance reported that the proposed program is different from most models. This program includes an outcome assessment to determine the risk of failure to inform judges of the level of supervision needed per client. The Coordinating Council has been working to establish this program for four years and would like to include the Local Behavioral Health Authority (LBHA) in its continued planning efforts.

3. **Seek funding to establish a Law Enforcement Assisted Diversion (LEAD) program.** LEAD programs assist law enforcement officers in redirecting individuals engaging in misdemeanor crimes to community-based services instead of prosecution and incarceration. Program services include intensive case management, an individualized service plan, and medications for addiction treatment (MAT) like methadone, buprenorphine, and naltrexone. With the support of a case manager, people can access acute needs like housing, food,

transportation, primary and mental health care, legal aid, inpatient and outpatient substance use treatment, job training, employment support, education opportunities, etc. The establishment of a LEAD program requires partnership among county executive(s), local law enforcement agencies, and local branches of the Health Department, the State's Attorney's Office, the Public Defender's Office, and the Department of Corrections. Once established, participants in attendance expressed interest in including the program's staff as partners in the county's problem-solving courts team. The Governor's Office of Crime Prevention and Policy administers the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) fund to support 13 sites across the state. This fund is an exemplary opportunity that the county should seek.

4. **Enhance data-sharing efforts within the tri-county area.** While this action item is included as a priority, the stakeholders in attendance recognize that it may also be too large or in-depth to address in the near future. These efforts may also require standardized data collection and adjustments to intake forms and other data collection tools. Additionally, this effort will require extensive communication and collaboration between stakeholders across intercepts to understand current data collection and sharing mechanisms.

5. **Establish more hospital inpatient beds to move individuals out of the Detention Center more regularly.** An expansion will address the concern of the Detention Center housing individuals with behavioral health needs due to a lack of beds. However, this is a statewide concern that is beyond the community's reach. In the meantime, the Local Behavioral Health Authority may assist with managing the beds currently available by supporting providers with moving individuals to lower levels of care when they are clinically ready.

6. **Develop a one-stop shop model of reentry services to improve access to necessary services upon release in conjunction with utilizing a day reporting center (DRC).** A day reporting center is an intermediate sanction requiring reentering individuals to be supervised by a probation officer and assigned to a facility where the reentering individuals are required and able to participate in activities that enhance reintegration into society. These activities include but are not limited to counseling, treatment services, and vocational training. This effort will require funding and extensive coordination across all intercepts and respective agencies. While this action item is included as a priority, the stakeholders in attendance recognize that it may also be too large or in-depth to address in the near future.

7. **Develop a trifold of services to distribute for promotion and awareness of services within the jurisdiction.** This report will aid in the development of a trifold. However, this development will require the identification of a project lead, planned efforts for distribution, and continued collaboration between stakeholders to identify available resources/services within the jurisdiction.

Resources

Local Resources

Community Services

- ALPAS Wellness: https://alpaswellnesscenters.org/
- Angel's Watch Shelter: https://www.catholiccharitiesdc.org/program/angels-watch-shelter/
- Avenues Recovery Center, Prince Frederick (Calvert County): https://www.avenuesrecovery.com/locations/alcohol-drug-rehab-prince-frederick-md/
- Center for Children: https://www.center-for-children.org/
- Charles County Community Mediation Center: https://www.csmd.edu/about/mediation/index.html
- Charles County Department of Health: https://www.charlescountyhealth.org/
- Charles County Housing Authority: https://www.charlescountymd.gov/services/health-and-human-services/housing-services/housing-authority
- Charles County Local Behavioral Health Authority: https://www.charlescountyhealth.org/local-behavioral-health-authority/
- Charles County Freedom Landing (CCFL): http://freedomlanding.squarespace.com/wellness-recovery-center/
- Charlotte Hall Detox & Residential Treatment, Pyramid Healthcare (St. Mary's County): https://www.pyramid-healthcare.com/locations/maryland/charlotte-hall/
- Charlotte Hall VA Clinic, a U.S. Department of Veterans Affairs (VA) community-based outpatient clinic (CBOC): https://www.va.gov/washington-dc-health-care/locations/charlotte-hall-va-clinic/
- Cornerstone Southern Maryland: https://www.cornerstonemontgomery.org/services/
- Friendship Place (Washington, D.C.): https://friendshipplace.org/
- Friendship Place Veterans First program (Washington, D.C.): https://friendshipplace.org/programs-outreach/veterans-first/
- HOFFA Foundation (Carroll County): https://www.hoffafoundation.org/
- Jude House Inc.: https://www.thejudehouse.org/
- Non-Emergency Medical Transportation (NEMT) program: https://www.charlescountyhealth.org/non-emergency-medical-transportation-program-nemt/
- Open ARMMS Inc.: https://www.addictiontreatmentsystems.com/open-armms
- Pathways Inc.: https://www.pathwaysinc.org/waldorf-location

- Porter House Mental Health Housing Stability (MHHS) program (Calvert County): http://www.safejourneyhouse1.com/
- Project Chesapeake: https://www.projectchesapeake.com/find-a-location/waldorf/
- QCI Behavioral Health: https://www.qcihealth.com/services
- RAM Recovery, LLC: https://www.ramrecovery.org/
- Recovery Centers of America Capital Region: https://recoverycentersofamerica.com/locations/waldorf-maryland/
- Safe Journey House: http://www.safejourneyhouse1.com/
- Three Oaks Center's Southern Maryland Veterans Initiative: http://threeoakscenter.org/veterans
- Tri-County Council for Southern Maryland: https://tccsmd.org/
- VanGO Public Transportation: https://www.charlescountymd.gov/services/transportation/vango-public-transportation
- Vesta Inc.: https://www.vesta.org/
- University of Maryland Charles Regional Medical Center (UM-CRMC): https://www.umms.org/charles

Emergency Services

- Charles County Emergency Services: https://www.charlescountymd.gov/services/emergency-services
- Charles County Sheriff's Office: https://www.ccso.us/
- Charles County Volunteer Fire and Emergency Medical Services: https://www.ccvfireems.org/
- La Plata Police Department: https://www.townoflaplata.org/184/Police
- Maryland State Police Barrack H La Plata: https://mdsp.maryland.gov/Organization/Pages/FieldOperationsBureau/BarrackHLaPlata.aspx
- Maryland Transportation Authority: https://mdta.maryland.gov/Nicebridge/nice_contact.html

Peer Services

- Substance Abuse and Mental Health Services Administration. *Value of Peers Infographics: General Peer Support*: https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/peer-support-2017.pdf

Jail and Court Structure

- Charles County Circuit Court of Maryland: https://www.charlescountymd.gov/government/other-agencies/circuit-court
- Charles County District Court of Maryland: https://www.mdcourts.gov/district/directories/charles
- Charles County Circuit and District Court: https://www.ccso.us/community/court/
- Charles County Detention Center: https://www.ccso.us/about/detention-center/

Problem-Solving Courts

- Adult Drug Court: https://www.charlescountymd.gov/government/circuit-court/drug-courts/adult-drug-court
- Adult Drug Court Referral Form: https://www.charlescountymd.gov/home/showpublisheddocument/14906/638164624137400000
- Family Recovery Court: https://www.charlescountymd.gov/government/circuit-court/family-recovery-court/frc-manual
- Teen Court: https://www.ccso.us/community/youth-outreach/teen-court/
- Alive at 25 Defensive Driving Course, https://www.chesapeakesc.org/course/alive-at-25-defensive-driving/

Detention Center Services

- PrimeCare Medical: https://www.primecaremedical.com/
- Charles County Health Department, Substance Use Services: https://www.charlescountyhealth.org/substance-use-services/

Community-based Reentry

- St. Mary's County Day Reporting Center: https://bja.ojp.gov/funding/awards/15pbja-21-gg-04572-coap

State Resources

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National Resources

Brain Injury

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    - Mental Health Association of Nebraska: Keya House is a four-bedroom house for adults with mental health and/or substance use issues, staffed with Peer Specialists. https://mha-ne.org/programs-services/keya.html
    - Mental Health Association of Nebraska: Honu Home is a peer-operated respite for individuals coming out of prison or on parole or state probation. https://mha-ne.org/programs-services/honu.html
    - MHA NE/Lincoln Police Department: 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. https://mha-ne.org/programs-services/real-program.html
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Appendices

Appendix A

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Appendix B

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