Sequential Intercept Model Mapping Report for Frederick County, Maryland

Final Report
May 2025

Governor's Office of Crime Prevention and Policy
Centers of Excellence

Acknowledgments

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This report has been prepared by Rachel Ames and Tatiana Reyes on behalf of the Centers of Excellence.

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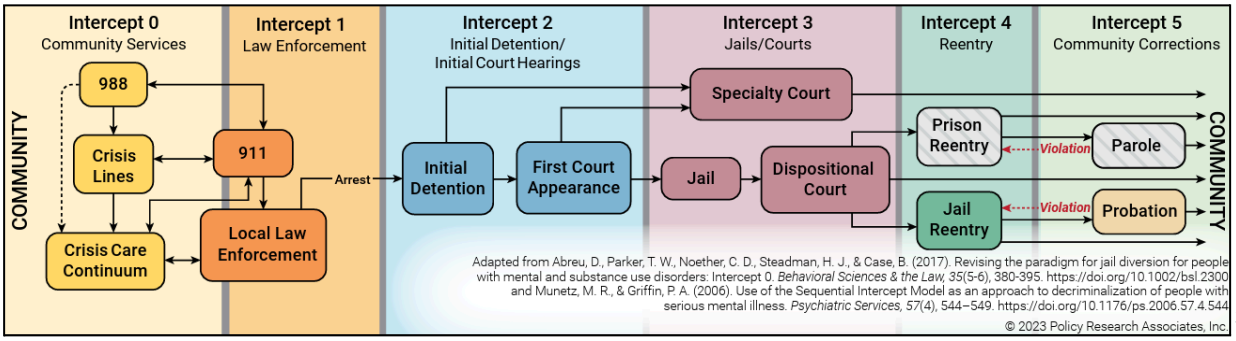
Contents

BACKGROUND

The sequential intercept model (SIM), developed in the early 2000s by Mark R. Munetz, M.D., and Patricia A. Griffin, Ph.D., provides a framework for states and communities to assess resources, identify service gaps, and plan multi-system improvements. It is most effective when carried out by a diverse team of stakeholders, including representatives from behavioral health, law enforcement, pretrial services, courts, jails, community corrections, housing, social services, peers,[1] family members, and many others. The SIM illustrates how individuals with behavioral health needs interact with and flow through the criminal legal system. SIM mapping workshops help communities identify opportunities to connect individuals to services, reduce unnecessary involvement in the legal system, and support reentry after incarceration.

The SIM mapping workshop has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal legal system along six distinct intercept points: (0) Community Services,[2] (1) Law Enforcement and Emergency Services, (2) Initial Detention and Initial Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections/Community Support.
2. Identification of gaps, resources, and opportunities for individuals in the target population at each intercept.
3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.



[3]

[1] In this report, "peer" refers broadly to individuals with shared experiences of traumatic stress, substance use, psychiatric illness, or a history of incarceration. "Peer support" includes a range of contexts such as workforce stress, incarceration, psychiatric illness, and substance use. In contrast, the terms "peer recovery specialist" and "peer support services" refer to non-clinical activities defined by State behavioral health regulations for individuals in recovery from behavioral health disorders.

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

[3] This image is included for illustrative purposes only and may not be an exact representation of the local system.

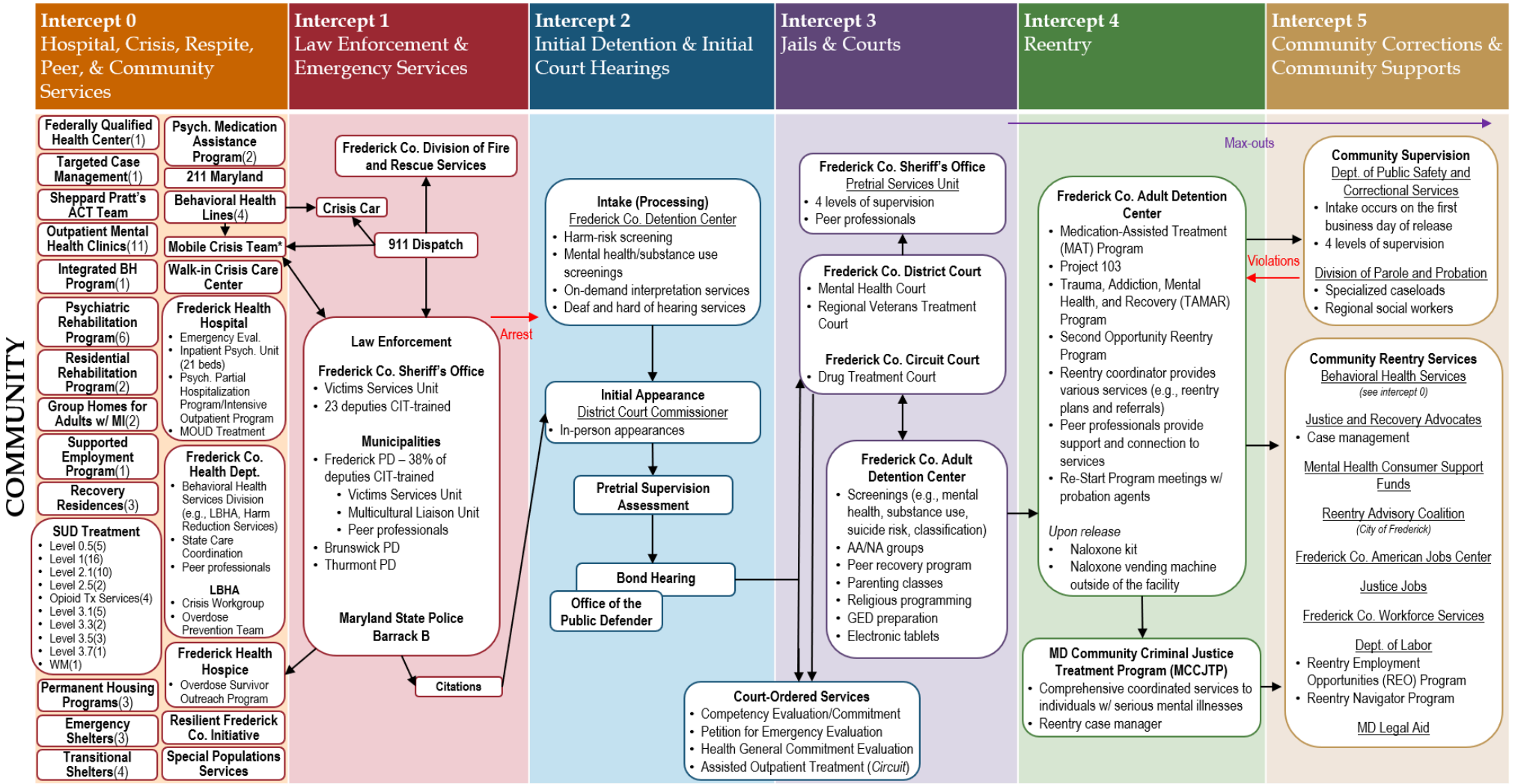
INTRODUCTION

In May 2025, the Centers of Excellence, joined by two trained SIM facilitators, met with a group of stakeholders from the behavioral health and criminal legal systems in Frederick County, Maryland, at the Independent Hose Company #1. The Centers of Excellence staff provided a brief presentation on the SIM and facilitated discussions focused on identifying:

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

The discussions touched on all the intercepts of SIM. The Centers of Excellence captured information about the resources, gaps in services, and opportunities. Following this discussion, the group reviewed the gathered information and identified short and long-term goals. This process assisted in identifying priorities for community change. At the conclusion of this meeting, the stakeholders in attendance voted on the identified priorities found on page 80.

Sequential Intercept Model Map for Frederick County, Maryland



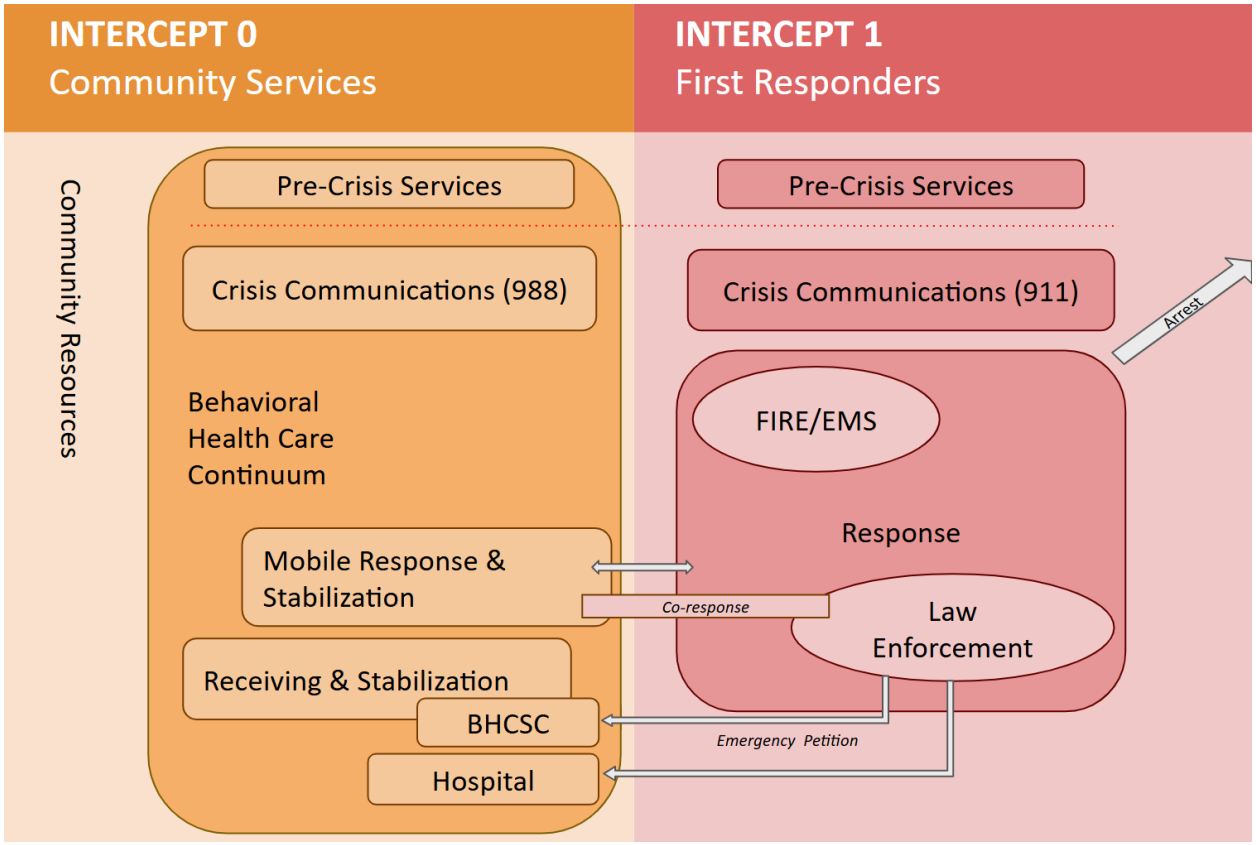
[4]

Resources and Gaps at Each Intercept

The focus of this workshop is the development of a sequential intercept model map. Thus, the facilitators work with the workshop participants to identify resources and gaps at each intercept. This process provides contextual information for understanding the local map, as the criminal legal system and behavioral health services are ever-changing. Furthermore, this catalog can be used by planners to expand opportunities for improving public safety and public health outcomes for people with behavioral health conditions, intellectual and developmental disabilities (IDD), and neurocognitive disorders (NCD) by addressing the gaps and building upon existing resources.

Note. *This report includes the resources identified by participants during the mapping workshop. As a result, it may not capture all relevant resources, programs, or organizations present in the community and reflect the status at the time of the workshop, unless otherwise noted.*

[4] 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 Resources

Frederick County in Western Maryland is a predominantly rural area with a population of 293,391 and a population density significantly lower than the state average.[5] Covering 660.6 square miles, it is the largest county in Maryland by land area. The county includes the seat of Frederick and eleven other municipalities: Brunswick, Burkittsville, Emmitsburg, Middletown, Mount Airy, Myersville, New Market, Rosemont, Thurmont, Walkersville, and Woodsboro. Frederick County borders Carroll, Howard, Montgomery, and Washington counties in Maryland; Adams and Franklin counties in Pennsylvania; and Loudoun County, Virginia.

[5] U.S. Census Bureau (2023). *American Community Survey 1-year estimates*. Retrieved from http://censusreporter.org/profiles/05000US24021-frederick-county-md/.

Demographically, the county is slightly less ethnically diverse than the state as a whole. Foreign-born residents comprise 14.8% of the population, compared to 17.0% statewide.[6] The county's overall poverty rate is also lower, 6.4% compared to the state average of 9.5%. However, the Veteran[7] population in Frederick County is higher than the state average, at 7.1% compared to 6.6%.[8] Notably, 2023 Census data also indicates that the county has experienced the fastest growth rate of any jurisdiction in Maryland since the 2020 decennial census.[9]

Coordination: The Frederick County Health Department (FCHD) is organized into several major divisions (see Appendix B).[10] Within the Behavioral Health Services (BHS) division, six service areas, each encompassing various units, initiatives, and programs, deliver a range of services. These areas include: (1) the Local Behavioral Health Authority (LBHA), (2) Adult Evaluation & Review Services (AERS), (3) Adult Recovery Services, (4) Harm Reduction Services, (5) Prevention Programs, and (6) Youth Support Services.

The Local Behavioral Health Authority (LBHA)[11] within FCHD is the designated county authority responsible for planning, managing, and monitoring the county's publicly funded mental health and substance use disorder (SUD) services for individuals in Maryland's Public Behavioral Health System (PBHS), which serves individuals with behavioral health concerns who have active Medical Assistance ("Medicaid"), are Medicaid-eligible, or are uninsured and meet income limits. Frederick County's LBHA is composed of two integrated entities: the Core Service Agency (CSA) and Local Addiction Authority (LAA). While the LBHA does not provide direct clinical services, it does offer a range of behavioral health support services ("supports").

The LBHA coordinates a range of initiatives to address the behavioral health needs of the community. A crisis workgroup comprising law enforcement, fire/EMS, and service providers meets regularly to ensure seamless collaboration across systems. A dedicated sub-committee

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[6] U.S. Census Bureau. (2023). *American Community Survey 5-year estimates*. Retrieved from http://censusreporter.org/profiles/05000US24021-frederick-county-md/.

[7] In this report, "Veteran" is capitalized to comply with the Veterans Affairs Style Guide and to differentiate between a person who served in the armed forces and a person with extensive practice in a particular field.

[8] U.S. Census Bureau (2023). *American Community Survey 1-year estimates*. Retrieved from http://censusreporter.org/profiles/05000US24021-frederick-county-md/.

[9] U.S. Census Bureau. (2025). *County Population Totals and Components of Change: 2020-2024*. https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-total.html

[10] Just before the workshop, the health department announced that, due to financial constraints, the Mental Health Services division will close its clinic effective August 1, 2025.

[11] Maryland law (Health General § 10-1201) establishes either a Local Behavioral Health Authority (LBHA) or a Core Service Agency (CSA) and Local Addictions Authority (LAA) for non-integrated jurisdictions in every county in Maryland and Baltimore City. As mandated by Health General § 10-1203 and at the direction of the Secretary of the Maryland Department of Health (MDH), these entities report directly to the Behavioral Health Administration (BHA). BHA, housed within MDH, oversees publicly-funded inpatient and outpatient (community) behavioral health services, regulates and licenses all behavioral health programs in Maryland's Public Behavioral Health System, and ensures provider compliance with COMAR 10.63 and state policy.

focuses on individuals with chronic, high-level needs who are among the county's most frequent service users. Another group addresses the unique needs of the adolescent population. The overdose prevention team convenes quarterly, while health department staff participate in the local overdose fatality review team, which meets with partner agencies multiple times each week.

Additionally, the Frederick County Health Department has designated the Coalition for a Healthier Frederick County as the Local Health Improvement Coalition. This coalition is tasked with the following: identifying local health needs through the Community Health Needs Assessment (CHNA); responding to the CHNA with a Local Health Improvement Plan (LHIP) that sets priorities and develops actionable strategies; organizing workgroups composed of local partners around each priority; and coordinating and mobilizing community organizations to support and sustain workgroup efforts. The *2025 Community Health Needs Assessment (CHNA)*, which was ongoing during the time of the workshop and distributed to attendees to encourage participation, identifies five priority areas to shape the 2025-2028 LHIP cycle: (1) lack of access to affordable, healthy food, (2) institutional and systemic racism, (3) stigma around mental health and (4) lack of awareness of accessibility of mental health resources, (5) inadequate affordable housing supply. These priorities have led to the creation of four community workgroups (with the two mental health-related priorities merged into one workgroup). Notably, due to multiple agencies currently examining housing needs in the county, public engagement on that issue may occur outside of the LHIP process. The CHNA also provides links to other relevant community reports, including *The Golden Mile Report: 2016-2021 Census Data Synopsis* (which summarizes data for the Golden Mile neighborhood) and two reports on asset-limited, income-constrained, and employed (ALICE)[12] households: *The State of ALICE in Maryland* and the *2024 ALICE Report*.

Within the Frederick County Chamber of Commerce, the Frederick Nonprofit Alliance unifies and amplifies the voices of nonprofit members, advocating for their interests, needs, and concerns to effectively influence decision-making.

Advisory Boards and Commissions: Frederick County has 37 boards and commissions that guide the Board of County Commissioners in identifying local needs and evaluating efforts to address them. These bodies often include representatives from community organizations as well as individuals with lived experience. Among them, the legislatively-mandated Frederick County Local Management Board (LMB) plays a key role in advising the Division of Family Services. The division governs, allocates resources, monitors, and evaluates family programs and services to maximize impact and reduce duplication. Workshop participants report that membership of this robust group spans county and community agencies, nonprofits, foundations, parents, and

[12] ALICE households earn above the federal poverty level but struggle to afford basic expenses.

other community members. Participation is encouraged beyond formal membership, with non-members welcomed to attend and engage in LMB activities.

Community Services: Livable communities include essential features that allow all residents to thrive. The tables detail available resources, including transportation (see Table 1), housing (see Tables 2A, 2B, and 2C), and services for special populations (see Table 3), which characterize the community's accessibility and sustainability.

Table 1
Transit Services in Frederick County, Maryland

Type	Service	Local Context
Bus	Transit	Ten connector routes operate in the city of Frederick and the urbanized areas of Frederick County. Transit is free to ride.
	Transit-plus	Transit-plus is a curb-to-curb demand-response paratransit service for older adults aged 60 and over and individuals with disabilities. Other transit-dependent residents may use this service on a space-available basis. Pre-registration is required.
Taxi	Taxi Access Program (TAP)	An additional option for Transit-plus users, TAP provides subsidized trips via local taxicab companies.
Shuttle	Transit	Commuter shuttles and two Meet-the-MARC shuttles operate each weekday.
Non-Emergency Medical (NEMT)	Medical Assistance Transportation Program	This shared-ride service provides non-emergency transportation to and from medical appointments for county residents with active Medicaid who lack access to public or personal transportation.
Commuter	Regional Train and Bus	The MARC Brunswick-Washington line provides weekday service between Washington, D.C., and four stations in Frederick County. The MTA Commuter Bus operates three weekday routes that connect Shady Grove and College Park with various stops in Frederick County. The BayRunner shuttle, a locally owned and operated service, offers transportation to BWI Marshall Airport, the BWI Amtrak station, and the Baltimore Greyhound Bus Terminal, with two pick-up locations in the city of Frederick. Additionally, a Greyhound bus stop is located in Frederick.

Specialized	Nonprofit-Supported	Ride United, launched in 2018 through a partnership between United Way Worldwide and Lyft, is a transportation access initiative designed to connect individuals with essential services. By leveraging the reach of United Way, the 211 network, and community partners, the program provides free or discounted rides to help people access food, employment, education, or services related to housing, finances, health care, or benefits, all while ensuring drivers receive their standard fare. Additionally, Platoon 22, a nonprofit organization dedicated to supporting Veterans, operates a 12-passenger bus equipped with a wheelchair lift, offering accessible transportation to local Veterans.

Note. *Transit services are available within and beyond the county, with access to these services varying by location.*

In addition to the transportation resources outlined in Table 1, the community benefits from targeted initiatives such as the Pathway to Transportation program. Recognizing the vital role private transportation plays in accessing employment, medical care, and stable housing, the United Way of Frederick County operates this program to support long-term financial stability for ALICE[13] families. In partnership with Second Chances Garage, the program allows participants to purchase a vehicle by saving a portion of the cost, while United Way of Frederick County covers the remaining balance. The vehicle sale is conducted directly between the buyer and Second Chances Garage. To promote financial wellness, participants must also complete budget coaching and credit counseling as part of the program.

Table 2A
Efforts to Prevent or End Homelessness[14] in Frederick County, Maryland[15]

Type	Purpose	Local Context
Local Coordination	A Community Action Agency (CAA) is a local nonprofit organization that offers a range of services and	Through a wide array of programs and services, the local Department of Housing and Human Services, known

[13] As previously mentioned, asset limited, income constrained, and employed (ALICE) households earn above the federal poverty level but struggle to afford basic expenses.
[14] "Homeless" is a common term used by many shelters, government bodies, and service providers. The terms "houseless" and "unhoused" have arisen in response to the fact that many people who do not live in traditional houses feel that they do have homes in tent encampments, vehicles, or specific spots for sleeping each night.
[15] According to the 2024 HUD Point in Time (PIT) count, 250 individuals were experiencing homelessness in Frederick County. Of these, 70% were in emergency shelters, 11% in transitional housing, and 19% were unsheltered.

	programs to help individuals living in poverty achieve self-sufficiency and economic mobility. These programs are designed to meet the community's unique needs and are delivered in collaboration with local partners. CAAs are primarily funded by federal grants, such as the Community Services Block Grant (CSBG), with additional funding from state and local sources.	as Frederick Housing and Human Services (formerly the Frederick Community Action Agency), provides food, shelter, medical care, housing, and other forms of assistance to low-income or homeless individuals and families.
	Local housing authorities are dedicated to helping community members access safe, affordable, and well-maintained housing.	The Frederick County Division of Housing assists in the provision of affordable housing for Frederick County residents with an emphasis on special needs populations, older adults, persons with disabilities, and low- to moderate-income workforce households. The Housing Authority of the City of Frederick (HACF) is an autonomous, non-profit private corporation that offers Frederick's low- and moderate-income residents a healthy foundation for economic self-sufficiency through employment and educational supports in safe, affordable housing.
Local Resource Promotion	Coalitions and councils coordinate the efforts of multiple local entities.	The Frederick County Continuum of Care Collaborative (FCCCC) is a coalition of individuals, government agencies, faith-based organizations, and community-based organizations united by a shared commitment to supporting residents of Frederick County who are homeless or at risk of homelessness. FCCCC works to evaluate community needs, advocate for resources, and coordinate services to address homelessness. In

		partnership with state agencies, FCCCC participates in the Maryland Balance of State[16] and also serves as the Local Management Board for the FEMA Emergency Food and Shelter Program.
Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) Outreach, Access, and Recovery (SOAR) Program	The program improves SSI and SSDI application outcomes for adults experiencing homelessness and behavioral health conditions. Through an agreement with the Social Security Administration and the Department of Disability Services, SOAR applicants who are homeless or at risk of homelessness receive an expedited review process, resulting in an 86% cumulative approval rate in Maryland.	Frederick Housing and Human Services (formerly the Frederick Community Action Agency) coordinates the SOAR and PATH programs for the county, as well as Permanent Supportive Housing and Housing First programs. Client self-referral forms for PATH and outreach referral forms for SOAR are available on the HHS Homeless Assistance Programs webpage.
Projects for Assistance in Transition from Homelessness (PATH)	PATH is a grant-funded outreach program for county residents with mental health diagnoses (and possibly co-occurring substance use concerns) who are homeless or at risk of becoming homeless. The program accepts referrals from all sources, including self-referrals, and provides outreach, case management, advocacy, and assistance with housing and SSI/SSDI applications.	
Continuum of Care (CoC) Program [24 CFR part 578]	The federal CoC program fosters a community-wide effort to end homelessness. Funds can be used for projects in five key areas:	The HHS Permanent Supportive Housing program provides on-site permanent supportive housing for chronically homeless, disabled single

[16] The Frederick County Continuum of Care Collaborative (FCCCC) participates in the Maryland Balance of State Continuum of Care, which coordinates funding, community partner collaborations, and strategies to prevent and end homelessness in nine counties (Garrett, Allegany, Washington, Frederick, Cecil, Harford, Charles, Calvert, and St. Mary's). More information can be found at https://www.mdboscoc.org/who-we-are.

	permanent housing,[17] transitional housing, supportive services, homeless management information system (HMIS), and, in some cases, homelessness prevention.	adults who meet eligibility requirements. The HHS Housing First Program provides subsidized permanent housing to unsheltered, chronically homeless, disabled individuals. With funding from HUD and other sources, the HHS has established 23 scattered-site Housing First units that house 29 different individuals; supportive services like case management and primary health care are provided by HHS staff. More units are planned for the future. Families or adults with children are not eligible for these housing programs.

Table 2B
Shelter Options in Frederick County, Maryland

Type	Purpose	Local Context
Emergency Shelter	Emergency shelters provide temporary, overnight housing.	Beyond Shelter Frederick (formerly the Religious Coalition for Emergency Human Needs) operates programs to deliver homeless prevention, emergency shelter, and financial assistance for health care. The organization also maintains an online directory of community resources. ● The Alan P. Linton, Jr. Emergency Shelter, the largest shelter in the county, is a 24/7/365 co-ed 88-bed facility offering case management in addition to nightly shelter, shower access, and laundry assistance. Admission takes place from 6:30 p.m. to 9:00 p.m., and the facility closes at 7:00 a.m.

[17] Permanent housing (PH) is defined as community-based housing without a designated length of stay in which formerly homeless individuals and families live as independently as possible. The CoC Program may fund two types of permanent housing: (1) permanent supportive housing (PSH), which is permanent housing with indefinite leasing or rental assistance paired with services to help homeless people with disabilities achieve housing stability; and (b) rapid re-housing (RRH), a model that emphasizes housing search and relocation services and short- and medium-term rental assistance to move homeless people as rapidly as possible into permanent housing.

		• The Emergency Family Shelter operates 24/7/365 for families in need. Frederick Mission's Faith House operates a 90-day, faith-based emergency shelter that can accommodate up to 12 women and 8 children, depending on family size.
Transitional Shelter	Transitional shelters act as temporary residences with maximum stays ranging from six to 24 months.	Advocates for Homeless Families operates a two-year transitional housing program for eligible homeless families with children. This structured program is designed to help families achieve stable and independent living through comprehensive, individualized support. In addition to housing, the program provides access to higher education and/or career training; assistance with scholarship applications; limited financial support for transportation, childcare, and emergencies; enrollment for children in after-school activities and summer camps; intensive bi-weekly case management meetings with a family advocate; and referrals to community resources tailored to the needs of each household member. The organization also offers a short-term subsidy rapid rehousing program to assist local individuals and families experiencing homelessness in securing and maintaining affordable housing. Andrea's House offers six beds for women in recovery and their children aged 9 and younger. This faith-based, multi-phase residential program supports women achieving long-term sobriety, securing stable employment, and maintaining custody of their children. Frederick Mission's Faith House operates a faith-based transitional living program that can accommodate up to 19 women and 16 children (through age 10), depending on family size. Heartly House provides support, including shelter and/or housing coordination, for individuals affected by domestic violence.

Table 2C *Permanent Housing Options in Frederick County, Maryland*[18]		
Type	Description	Local Context
Housing Choice Voucher Program (HCV or "Section 8")	The U.S. Department of Housing and Urban Development (HUD) funds the program to provide rental assistance to income-eligible applicants, helping them access suitable housing or pay a portion of the monthly rent where the family currently lives.	HCV waiting lists for the county and the city of Frederick are closed. Within the city of Frederick's HCV program, a homeownership program component offers assistance to first-time home buyers who are currently receiving a housing choice voucher.
Public Housing Program	Public housing offers decent and safe rental housing for eligible low-income families, older adults, and persons with disabilities. HUD provides federal aid to local housing agencies that manage housing units and offer affordable rents for low-income residents.	The city of Frederick's public housing program allows over 240 families/older adults an opportunity to live in safe, decent, and affordable housing located in one of three communities (i.e., Carver Apartments, Lincoln Apartments, and Catoctin Manor) or scattered-site townhomes.
Permanent Supportive Housing	Permanent Supportive Housing (PSH) is permanent housing in which housing assistance (e.g., long-term leasing or rental assistance) and supportive services are provided to assist households with at least one member (adult or child) with a disability in achieving housing stability.	The HHS Permanent Supportive Housing program provides on-site permanent supportive housing for chronically homeless, disabled single adults who meet eligibility requirements. The HHS Housing First program provides off-site single-unit housing for chronically homeless, disabled adults who meet eligibility requirements. Families or adults with children are not eligible for these housing programs.

[18] In September 2024, Frederick County announced a partnership with consulting firm Thomas P. Miller and Associates (TPMA) to develop a Housing Needs Assessment and Strategic Plan. This initiative will set the strategic direction for affordable housing policy in Frederick County. Progress updates for this year-long project are available at www.FrederickCountyMD.gov/HousingStrategicPlan.

U.S. Department of Housing and Urban Development VA Supportive Housing (HUD-VASH) Program	The program combines HUD's housing choice voucher (HCV) rental assistance with VA case management and supportive services to help homeless Veterans and their families secure permanent housing. It also provides access to health care, mental health treatment, and other supports to improve their quality of life and maintain housing over time. Unlike the traditional voucher program, applicants with a criminal history or outstanding debt to a housing authority are eligible, though individuals convicted of sexual offenses remain ineligible.	The Veterans Advisory Council is advocating for the implementation of the HUD-VASH program in Frederick County.

Table 3
Programs and Services Designed for Special Populations in Frederick County, Maryland

Population	Local Resources
Service Members, Veterans, and Families (SMVF)	Veterans in Frederick County can access primary and specialty health care, including mental health services, at the Fort Detrick VA Clinic, a local community-based outpatient clinic (CBOC) affiliated with Martinsburg VA Medical Center in West Virginia. The county's Veterans Advisory Council (VAC) advocates for legislation, services, and community support for Veterans; the council distributes a newsletter and maintains an up-to-date webpage with links to community events and a comprehensive resource directory. The local nonprofit Platoon 22 offers a comprehensive range of services for SMVF individuals, including service navigation, transportation, peer support, and advocacy. Through the Supportive Services for Veteran Families (SSVF) program, providers (e.g., Alliance Inc. and Friendship Place in the case of Frederick County) help Veteran families and individuals secure permanent housing. SSVF provides a short, intensive period of case management to link families to benefits and sometimes provides temporary financial assistance with

	housing or moving expenses. This program is funded by the U.S. Department of Veterans Affairs. The Maryland Department of Health (MDH) Behavioral Health Administration (BHA) oversees Maryland's Commitment to Veterans program, which develops policies, provides direct services, and coordinates national, state, and local organizations. The program offers referral services, peer support, crisis funding, and training/educational opportunities for behavioral health and medical providers, peers, first responders, and community partners.
LGBTQ+	The Frederick Center, a 501(c)(3) advocacy organization that serves the LGBTQ+ community, offers support groups and social networking opportunities and provides support for over 500 program events each year. PFLAG (Parents, Families, and Friends of Lesbians and Gays) Frederick supports LGBTQ+ families through peer groups and social events, educates the community on LGBTQ+ issues, and advocates for inclusive policies.
IDD/NCD[19]	The Arc of Frederick County operates a day services[20] program that blends personal supports, community development services, and day habilitation services to support individuals in accessing and participating in the local community. Community Living, Inc. (CLI), a nonprofit based in Frederick, Maryland, provides residential services, vocational programming, community living support services, and retirement programming for individuals with disabilities.
Transition-Aged Youth and Young Adults[21]	Sheppard Pratt operates a TAY day program that provides daily, structured activities in group settings to young adults ages 18 to 25 who have a psychiatric diagnosis and live with severe emotional and behavioral disabilities. The Student Homelessness Initiative Partnership (SHIP) of Frederick delivers essential resources and urgent services to youth experiencing homelessness in Frederick County. Its programs address basic material needs, reduce barriers to on-time graduation, and amplify the voices of youth currently experiencing homelessness through the Youth Action Board. SHIP also

[19] Intellectual and developmental disabilities (IDDs) are differences that are usually present at birth and uniquely affect the trajectory of an individual's physical, intellectual, and/or emotional development, while neurocognitive disorder (NCD) is a general term describing decreased mental function due to a medical disease other than a psychiatric illness.
[20] Adult day services are community-based programs that are designed to meet the needs of functionally and/or cognitively impaired adults through an individual plan of care.
[21] Transition-aged youth (TAY) and young adults include individuals ages 16-25.

	provides housing for unaccompanied students experiencing homelessness through host homes and rapid rehousing within the Thrive Housing Network. Steadfast, Standing Firm Against Youth Homelessness offers limited housing for youth who have aged out of the foster care system.
Older Adults	Frederick County Division of Aging and Independence develops and administers programs and activities that support older adults and adults with disabilities in their efforts to remain healthy, active, and independent members of the community.
Non-English Language Preference (NELP)[22]	All government agencies can access interpretation and translation services through LanguageLine Solutions Inc. (866-874-3972), the current contractor, to accommodate diverse language preferences. Additionally, the BHA Office of Suicide Prevention provides grant funding for interpretation services for individuals receiving PBHS services whose first language is not English, including members of the Deaf and hard of hearing community.

Supportive Funding: Mental Health Consumer Support, a grant from the Behavioral Health Administration, 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 funding to assist with time-limited rental or utility payments that will allow a person to remain in permanent housing, emergency one-time items such as clothing or hygiene products, time-limited assistance for certain medications or medical equipment, time-limited transportation to behavioral health treatment, vital records, basic household goods needed to establish permanent housing, approved educational or employment expenses, and language interpretive services needed for individuals to receive mental health treatment. Ongoing funding requests, such as transportation, must include a sustainability plan that describes how the individual will continue to obtain the service once Mental Health Consumer Support funds are expended.

Behavioral Health Continuum of Care

Prevention and Promotion: The Frederick County Health Department Division of Behavioral Health operates several substance use prevention programs, including an Alcohol Misuse Prevention Initiative, Opioid Misuse Prevention Program, Merchant Sales Compliance Initiative, *Stay In the Know* Youth Campaign, and Tobacco Prevention and Cessation Program. Outreach efforts related to substance use include staff participation in health fairs and community events, as well as educational presentations. While supplies last, the health department also offers

[22] When considering the language access needs of diverse populations, this report replaces the federal term "limited English proficiency (LEP)" with "non-English language preference (NELP)."

no-cost firearm safe storage devices as a community safety and suicide prevention effort; see Appendix C for additional details.

Other agencies and businesses cooperate to provide services to the community. The Mental Health Association of Frederick County operates the 211 Maryland (211) call center for Frederick County and maintains the MHA Guide to Community Health and Human Service Resources, a digital directory that is updated in real time and reviewed annually.

Local businesses and organizations are aiding with a new initiative by hosting harm reduction vending machines stocked with free, essential supplies, including hygiene kits, wound care kits, drug testing strips, naloxone, drug disposal bags, and at-home STI test kits.

Justice and Recovery Advocates Inc., a local nonprofit, conducts street-based and community outreach, harm reduction services, and education. The organization also offers forensic services, which are described in more detail in the "Intercepts 4/5 Resources" section.

Additionally, Frederick Housing and Human Services (formerly the Frederick Community Action Agency) also offers naloxone training to further support overdose prevention efforts.

Opportunity: To complement outreach and education related to substance use, stakeholders can emphasize that mental health is a community effort as well. Public spaces like shelters, schools, and libraries are ideal locations for outreach efforts, given that individuals often first seek assistance within the community. Community education on the signs and symptoms of mental illness and how to access help can aid in early detection, reduce stigma, and connect individuals to services. For example, the Mental Health Association of Maryland offers a free, evidence-based Mental Health First Aid (MHFA) class each month for Maryland residents, teaching participants how to recognize and respond to the signs of mental illness.

The health department partners with the Frederick Police Department to provide street outreach through the Law Enforcement Assisted Diversion/Let Everyone Advance with Dignity (LEAD) program, which supports individuals who commit low-level offenses stemming from unmet behavioral health needs. The team identifies participants through post-overdose response efforts, deploying two to three times per week to conduct outreach. LEAD also collaborates closely with the harm reduction team and the mobile crisis team to provide comprehensive support.

The Community Outreach And Support Team (COAST), a partnership between the Frederick County Health Department and the Division of Fire and Rescue Services, connects individuals to treatment and recovery resources within the community. Each COAST team, comprising a paramedic and peer recovery specialist, provides pre- and post-overdose outreach, including

naloxone distribution, test strips, overdose response training, and referrals to treatment and recovery programs. They also assist with access to broader community resources such as shelter, income support, health insurance, or food. COAST responses may be requested by law enforcement or by dispatch for calls that do not require an EMS response. The team works closely with local crisis services to ensure individuals receive comprehensive support.

Opportunity: Expanding LEAD efforts to include the Frederick County Sheriff's Office would extend coverage beyond the city of Frederick. To support this growth, the county should consider applying for funding through the Governor's Office of Crime Prevention and Policy, which currently administers the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) fund to 13 of Maryland's 16 active LEAD sites.

While not the primary focus of the workshop, participants report a range of youth support services across universal, selective, and indicated prevention. Free substance use screenings are offered in local schools, and community outreach events promote positive childhood experiences. The school-based *Kids Like Us (KLU)* program uses art therapy to support children from families affected by substance use. *On The Mark (OTM),* a community-based adolescent clubhouse, offers developmentally appropriate activities and peer support for youth aged 12-18. Phoenix Recovery Academy, located in the city of Frederick, is Maryland's only recovery high school, offering a supportive private school environment for students in recovery.

Treatment and Recovery: Treatment and recovery services are traditional (non-emergency) behavioral health services provided in physical and behavioral health settings (see Table 4). The information in the tables below reflect the status at the time of publication unless otherwise stated.

Table 4
Treatment and Recovery Services in Frederick County, Maryland

Setting	Eligible Diagnoses[23]	Local Context
Federally Qualified Health Centers (FQHCs)[24]	MI, SUD, Co-Occurring	The HRSA search tool confirms one county FQHC located in the city of Frederick.[25]

[23] MI denotes mental illness diagnoses. SUD denotes substance use disorder diagnoses. SPMI denotes serious and persistent mental illness. Co-occurring denotes concurrent mental illness and substance use disorder diagnoses.
[24] Federally Qualified Health Centers (FQHCs) are federally funded, nonprofit clinics that deliver primary care services in medically underserved areas and to underserved populations. They provide care regardless of a patient's ability to pay, with service fees based on a sliding fee scale.
[25] A school-based health center is also located in the city of Frederick; however, school-based services fall outside the scope of this report.

Hospital	MI, SUD, Co-Occurring	Frederick Health comprises Frederick Health Hospital (formerly Frederick Memorial Hospital) and Frederick Health Medical Group, a network of providers offering primary care, family medicine, and a wide range of specialty services, including behavioral health care. For individuals with substance use disorders, standard buprenorphine induction protocols allow hospital staff to safely initiate MOUD treatment for patients in withdrawal. Early initiation of MOUD during hospitalization can decrease post-discharge overdose fatalities and facilitate timely linkage to continued outpatient treatment. Frederick Health Hospital also offers three levels of psychiatric care: emergency evaluation, inpatient hospitalization, and the psychiatric partial hospitalization program and intensive outpatient program (PPHP/IOP) for acute psychiatric needs. PPHP/IOP offers treatment for adults with psychiatric and co-occurring substance use disorders that require a higher level of care. These options can prevent hospitalization or provide step-down care from inpatient treatment. Stabilized patients are linked to the most appropriate community-based outpatient care, including counseling, psychiatric medication management, and case management services.
Psychiatric Medication Assistance Program[26]	MI with/ without SUD	Through its free mobile medical clinic that travels to four sites in Maryland (including the city of Frederick), Mission of Mercy MD/PA provides formulary medications at no cost to patients. For patients requiring non-formulary medications, volunteers assist with registration for pharmaceutical company Pharmacy Assistance Programs; these medications are shipped to Mission of Mercy and dispensed to the patient at no charge. The health department's Behavioral Health Services

[26] Psychiatric medication assistance programs, also known as Patient Assistance Programs (PAPs), provide free or low-cost access to psychiatric medications for eligible individuals who are uninsured or have limited coverage.

		division partners with Whitesell's Pharmacy to cover medication costs using Mental Health Consumer Support funds (described within the "Community Resources" section under "Supportive Funding"), as well as the Olson Fund, a philanthropic fund dedicated for use by and at the discretion of the local behavioral health authority.
Targeted Case Management[27]	SPMI with medical necessity	The county's TCM program is currently offered through Potomac Community Services. Referrals can be made by anyone. Eligible individuals are Medicaid-insured with a mental health diagnosis within the past two years.
Assertive Community Treatment (ACT)[28]	MI with/ without SUD	Sheppard Pratt operates one licensed ACT team with 24/7 on-call availability to serve county adults (301-733-6063).
Outpatient Mental Health Clinic (OMHC)[29]	MI with/ without SUD	Eleven OMHCs serve the county: ● Advanced Behavioral Health Inc. ● Associated Catholic Charities Inc. ("Villa Maria") ● Brook Lane Behavioral Services Inc. ● BTST Services LLC ● Harwood Behavioral Health II LLC ("CCG") ● Lifespan Behavioral Health Services PC ● Magnolia Behavior Health Center LLC ● Mosaic Community Services Inc. (two locations) ● Project Chesapeake LLC ● The Orenda Center for Wellness LLC
Mobile Treatment Services (MTS) Program	MI with/ without SUD	None available.

[27] The Adult TCM program serves adults (18+) with a SPMI diagnosis and medical necessity. Local TCM programs are required to be put out for procurement by the LBHA every five years.

[28] Assertive Community Treatment is a multidisciplinary, team-based service delivery model that provides time-unlimited, community-based services for individuals with serious mental illness who experience or are at particular risk for concurrent substance use, frequent hospitalization, homelessness, involvement with the criminal legal system, and psychiatric crises. The primary goal is to help individuals achieve recovery through community treatment, rehabilitation, and support. Referrals are made by reaching out to the team at the contact number listed. An individual participating in the service has access to services during regular business hours and on call 24/7.

[29] OMHCs employ a medical director who is a psychiatrist or psychiatric nurse practitioner, and multidisciplinary clinical treatment staff representing at least three clinical disciplines, which may include psychologists, professional counselors, marriage and family therapists, art therapists, alcohol and drug counselors, and clinical social workers to deliver an array of outpatient and community-based mental health treatment services. The service array includes, at minimum, individual therapy, group therapy, family therapy, and medication management and may include family psychoeducation or other adjunctive treatment services.

Integrated Behavioral Health (IBH) Program[30]	MI, SUD, Co-Occurring	Brook Lane Behavioral Services Inc. is licensed to operate an IBH program at its Frederick location.
Mental Health Partial Hospitalization Program (PHP)[31]	MI	As previously described, Frederick Health Hospital offers psychiatric day treatment services.
Psychiatric Rehabilitation Program for Adults (PRP-A)[32]	SPMI with medical necessity	Six licensed providers offer PRP-A services: ● Associated Catholic Charities Inc. ● Family Service Foundation Inc. ● Harwood Behavioral Health II LLC ● Magnolia Behavior Health Center LLC ● Rehoboth Behavioral Services LLC ● Connect Incorporated ● Way Station, Inc.
Residential Rehabilitation Program (RRP)[33]	MI with a priority population diagnosis	Way Station Inc./Sheppard Pratt and Family Service Foundation Inc. offer a combined total of 177 RRP beds (88 general and 90 intensive).
Housing for Individuals Living with Mental Illness (Group Home for Adults with MI[34])	MI	Included within the RRP totals, Way Station Inc./Sheppard Pratt[35] operates five houses, four with 4-8 beds and one with 9-16 beds.

[30] For licensure in Maryland, programs must have the capacity to provide outpatient mental health and substance-related (ASAM Level 1) evaluation and treatment services to individuals with mental health, substance use, or co-occurring diagnoses. Programs may also be authorized to provide withdrawal management and/or opioid treatment services.

[31] Partial Hospitalization Programs, also known as psychiatric day treatment programs, provide short-term, intensive, day or evening individual and group mental health treatment and support services for individuals with acute psychiatric symptoms which require medical supervision and intervention. PHP's are an alternative to psychiatric inpatient care for individuals who do not require 24-hour care and can safely reside in the community. This level of service is a covered benefit for Medicaid-eligible service recipients only.

[32] A psychiatric rehabilitation program (PRP) provides community-based comprehensive rehabilitation and recovery services and supports and promotes successful community integration and use of community resources. Services for the program are provided onsite, offsite, or a combination of both.

[33] Residential Rehabilitation Program (RRP) provides housing and supportive services to single individuals. The goal of residential rehabilitation is to provide services that will support an individual to transition to independent housing of their choice. Residential Rehabilitation Programs provide staff support around areas of personal needs such as medication monitoring, independent living skills, symptom management, stress management, relapse prevention planning with linkages to employment, education and/or vocational services, crisis prevention and other services that will help with the individual's recovery.

[34] Group homes provide a home-like, supportive residential environment for individuals living with mental illness. Small group homes serve 3-8 clients, while large group homes serve 8-16 clients. Notably, individuals with a primary diagnosis of developmental disability are not eligible.

[35] Way Station Inc. operates under the Sheppard Pratt system as a subsidiary.

		ClearView Communities LLC also operates five houses, but does not serve the public behavioral health system.
Supported Employment Program (SEP)	MI	Way Station Inc./Sheppard Pratt operates a supported employment program.
State Care Coordination[36]	SUD	The Frederick County Health Department contracts with Potomac Community Services to provide Maryland State Care Coordination to eligible county residents.
Recovery Residence[37]	SUD	Three providers maintain in-county certified recovery residences: ● The Orenda Center for Wellness LLC (2 houses) ● Solid Ground Recovery (11 houses) ● Up and Out Sober Living LLC (2 houses) Notably, Solid Ground Recovery and Up and Out Sober Living LLC are in the process of transitioning select houses to Level 3.1 facilities, thereby reducing their number of recovery residences to 8 and 0 in the near future.
Level 0.5 (Early Intervention)	SUD	Five providers within the city of Frederick offer licensed early intervention services: ● Focus Recovery Center LLC ● Magnolia Behavior Health Center LLC ● Maryland Treatment Centers Inc.[38] ● MRB Counseling Services Inc. ● The Orenda Center for Wellness LLC

[36] State Care Coordination is a recovery support service designed to improve recovery outcomes for individuals at risk of relapse, and high-cost individuals that utilize publicly funded substance use treatment resources. State Care Coordination provides referrals and community linkages to resources that promote recovery and wellness. Individuals in the program are assisted with gaining access to community/faith-based, somatic, behavioral, social, and other recovery support services that are appropriate to their needs. Services may include recovery assessment, care planning, ongoing monitoring, and follow up.

[37] Recovery residences offer alcohol-free and illicit-drug-free housing for individuals with substance use disorders, addictive disorders, or co-occurring mental health conditions. The Maryland Certification of Recovery Residences (MCORR) office oversees statewide certification. Only MCORR-certified recovery residences are noted here.

[38] Maryland Treatment Centers, including its affiliate Mountain Manor Treatment Centers, operates multiple outpatient and inpatient facilities across Maryland, with the following locations in Frederick County: Mountain Manor Emmitsburg, Mountain Manor Frederick, Mountain Manor at Marcies Choice, and Safe Harbor/New Horizons.

Level 1 (Outpatient, OP)	SUD	Sixteen providers offer adult outpatient SUD treatment services: ● Associated Catholic Charities Inc. ● Brook Lane Behavioral Services Inc. ● Concerted Care Group Frederick LLC ● Focus Recovery Center LLC ● Frederick County Health Department (service location within the Frederick County Adult Detention Center) ● Genesis Treatment Services LLC ● Magnolia Behavior Health Center LLC ● Maryland Treatment Centers Inc. (Mountain Manor Frederick and Mountain Manor Emmitsburg locations) ● MRB Counseling Services, Inc. ● The Orenda Center for Wellness LLC ● Project Chesapeake LLC ● The Ranch Inc. ● Serenity Treatment Center, Inc. ● Smith-Berch Inc. (“Frederick Institute”) ● Way Station Inc./Sheppard Pratt ● Wells House, Inc.
Level 2.1 (Intensive Outpatient, IOP)	SUD	Ten licensed providers offer IOP services in the county: ● Brook Lane Behavioral Services Inc. ● Concerted Care Group Frederick LLC ● Genesis Treatment Services LLC ● Magnolia Behavior Health Center LLC ● Maryland Treatment Centers Inc. (Mountain Manor Frederick and Mountain Manor Emmitsburg) ● MRB Counseling Services Inc. ● The Orenda Center for Wellness LLC ● Project Chesapeake LLC ● Serenity Treatment Center Inc. ● Wells House Inc.
Level 2.5 (High-Intensity Outpatient, HIOP)	SUD	Two providers offer SUD partial hospitalization services: ● The Orenda Center for Wellness LLC (Frederick outpatient location) ● Maryland Treatment Centers Inc. (Mountain Manor Emmitsburg location)

Opioid Treatment Service (OTP)	SUD	Four licensed providers offer OTP: ● Concerted Care Group Frederick LLC ● Focus Recovery Center LLC ● Genesis Treatment Services LLC ● Smith-Berch Inc. (“Frederick Institute”)
Level 3.1 (Clinically Managed Low-Intensity Residential)	SUD	Five local providers offer Level 3.1 treatment services: ● Serenity Treatment Center, Inc. ● Solid Ground Recovery ● The Ranch, Inc. ● Up & Out Sober Living LLC ● Wells House Inc.
Level 3.3 (Clinically Managed Population-Specific Residential)	SUD	Two local providers offer Level 3.3 treatment services across five locations: ● Maryland Treatment Centers Inc. (Mountain Manor Emmitsburg, Mountain Manor Frederick, and Mountain Manor at Marcies Choice locations) ● The Orenda Center for Wellness LLC (Sabillasville women’s campus and Buckeystown men’s campus)
Level 3.5 (Clinically Managed High-Intensity Residential)	SUD	Three providers offer Level 3.5 treatment services: ● The Freedom Center in Buckeystown ● Maryland Treatment Centers Inc. (Mountain Manor Frederick location) ● The Orenda Center for Wellness LLC (Sabillasville women’s campus and Buckeystown men’s campus)
Level 3.7 (Medically Managed Residential)	SUD	Maryland Treatment Centers Inc., through its Mountain Manor Emmitsburg location, is the only licensed in-county provider of Level 3.7 treatment.
Withdrawal Management	SUD	Maryland Treatment Centers Inc. provides withdrawal management services at its Mountain Manor locations in Emmitsburg and Frederick.

Note. *The American Society of Addiction Medicine (ASAM) criteria define the continuum of care using four whole-number treatment levels (1-4) with decimals to express further gradations of intensity and types of care provided.*

Evidence-Based Recommendations: Coordinated specialty care for early psychosis is an empirically supported model that utilizes a multidisciplinary team to provide comprehensive care following a first episode of psychosis, including mental health care, vocational and educational support, family education and support, care management, and peer support.

The collaborative care model addresses common conditions such as anxiety and depression in primary care through screening and immediate access to a behavioral health specialist and a consulting psychiatrist; this model has been empirically shown to improve early identification and treatment outcomes for mental health conditions.

Employment is a vital component of long-term recovery, offering economic stability, a sense of purpose, and enhanced access to essential treatment and support services. Frederick County Workforce Services leads the Resilient Frederick County (RFC) initiative, which supports both job seekers and employers in expanding workforce opportunities. RFC helps individuals in recovery reconnect with the workforce, occupational wellness planning, job readiness support, and career development resources. At the same time, it partners with local businesses to foster recovery-friendly workplaces.

Stable housing is equally vital to sustained recovery. Main Street Housing Inc., a peer-run nonprofit organization, provides rental housing for low-income individuals and families living with psychiatric disabilities. Originally launched at a single site in Washington County, the organization now offers scattered-site, permanent, affordable housing in 12 jurisdictions across Maryland. Although a psychiatric disability is required for tenant eligibility, these homes are not treatment facilities. Priority is given to individuals transitioning from inpatient mental health units or residential rehabilitation programs (RRPs). This housing model's design may reduce strain on Maryland's behavioral health continuum of care by offering appropriate step-down options. By providing non-service-based housing for individuals who do not require daily support, the program helps prevent unnecessary placement or stays in higher levels of care.

Urgent and Acute Services: Maryland's blueprint for a vibrant behavioral health continuum of care includes urgent and acute care services, which offer, in lay terms, someone to contact, someone to respond, and a safe place for help (see Table 5).

Table 5
Urgent and Acute Behavioral Health Care in Frederick County, Maryland

Category	Service	Local Context
Behavioral Health Lines	988 Suicide and Crisis LifeLine	The Mental Health Association of Frederick County operates a blended 211/988 call center that serves as the primary call center for

		Western Maryland. This 24/7 call center offers information, referrals, and crisis intervention.
	Frederick County Hotline (301-662-2255)	The Mental Health Association continues to accept calls to this phone number, familiar to residents due to its 40-year history.
	Frederick County Phone Friend (301-694-8255)	This Mental Health Association line is available specifically for children in 1st through 5th grade.
	On Our Own of Frederick County Non-Emergency Warm Line (301-620-0555)	The warm line offers non-emergency peer support weekdays from 9:00 a.m. to 4:00 p.m. and weekends from 10:00 a.m. to 10:00 p.m.
Mobile Crisis Response and Stabilization Services	Mobile Response Team (MRT) / Mobile Crisis Team[39]	Sheppard Pratt has historically served as the local provider of the MCT response in Frederick County. However, Sheppard Pratt has announced it will no longer continue in this role. The county's new vendor will be announced in late October with no anticipated gap in service.[40] Currently, the MCT consists of two distinct teams. A two-person team, comprising a clinician and a mental health paraprofessional, provides countywide coverage during daytime and evening hours; overnight coverage is handled by a single staff member. The second team, consisting of three members, is embedded within the Frederick Police Department and the Frederick County Division of Fire and Rescue Services (DFRS). This team operates the Crisis Car, which provides services within city limits 40 hours per week. Further details about the Crisis Car can be found in the upcoming "First Responders" section. The teams work closely with 988, often receiving caller information directly rather than

[39] Mobile crisis responders provide in-person support to people when they experience a serious mental health or substance use challenge, including a crisis as the person defines it. These teams, which include trained professionals, go to wherever the individual is in the community (e.g., home, school, or other public places. Services are provided to de-escalate the situation, evaluate the individual's behavioral health, stabilize the situation, and make connections to treatment and support services.

[40] This transition is further discussed within the "Intercepts 0/1 Gaps" section.

		through emergency dispatch. When appropriate, the MCT may respond jointly with law enforcement. While most service calls originate from 911 or law enforcement referrals, community members can also contact the MCT directly for support.
	Assertive Community Treatment (ACT) *Although not exclusively urgent/acute care, ACT teams can be called out 24/7 for clients.*	Sheppard Pratt operates one official ACT team with 24/7 on-call availability to serve county adults (301-733-6063).
Crisis Receiving and Stabilization Facilities	Urgent Care Appointments (Same Day/Next Day)	None advertised.
	Walk-In Care	The Mental Health Association operates the Walk-In Crisis Care Center in Frederick, providing free walk-In behavioral health services 24/7 to individuals of all ages. The center offers several recliners for short-term stays (less than 24 hours) with limited availability for extended stays to bridge to treatment. A multidisciplinary team of licensed clinicians, nurse practitioners, peer recovery specialists, and care navigators provides crisis deescalation, assessments, bridge medications, medication management, peer support, and follow-up services to ensure successful connection to ongoing care and community resources. Walk-in services are also available via telehealth through the center's Virtual Walk-In Services webpage.
	Residential Crisis Services/Beds[41]	Way Station Inc./Sheppard Pratt operates a four-bed residential crisis facility with an open-door, voluntary model, providing both hospital diversion and step-down support.
	Substance Use Disorder Crisis Beds	None available.

[41] RCS offers intensive short-term treatment and support in a structured environment for individuals who require 24-hour supervision due to a psychiatric crisis.

Coordination to Other Levels of Care	Inpatient Psychiatric Treatment[42]	Frederick Health Hospital operates a 21-bed inpatient psychiatric unit for adults aged 18 and older, accepting both voluntary and involuntary admissions. Admissions occur 24 hours a day through the hospital's emergency department. Workshop participants report that both the emergency department and the psychiatric unit are routinely at capacity. Discharge planning includes referrals to Frederick Health Hospital's partial hospitalization program, outpatient providers, and other community agencies as appropriate. Notably, Frederick Health Hospital also offers a specialized inpatient program for individuals with co-occurring substance use disorders.

First Responders

Organization: The Frederick County Department of Emergency Communications serves as the Public Safety Answering Point (PSAP) for all police, fire, and EMS emergency (911) and non-emergency requests for assistance in Frederick County. All 911 calls are vetted via a comprehensive protocol system for emergency call-taking that includes a structured, standardized script and procedures for dispatch.

The Frederick County Sheriff's Office is one of the county's primary law enforcement agencies, currently staffed with 186 sworn deputies (96.9% of the authorized strength of 192). Although the Sheriff's Office has jurisdiction throughout the county as permitted by law, it generally does not respond to calls from residents in municipalities that have their own police departments.

The county's other primary law enforcement agency, the Frederick Police Department, has 150 sworn officers, representing 95.5% of its authorized strength of 157. This department serves a population of approximately 78,000 residents within the city of Frederick.

Other municipal agencies include the Brunswick Police Department (serving approximately 7,800 residents) and the Thurmont Police Department (serving approximately 6,200 residents). Additionally, the Mount Airy Police Department serves the approximately 9,700 residents of the town, which is located on the border of Frederick and Carroll counties. Maryland State Police maintains Barrack B in Frederick County. In addition, the local institutions of higher education

[42] A level of care in a regulated facility (such as a hospital) that provides psychiatric services to individuals with severe mental health disorders.

(i.e., Frederick Community College, Hood College, and Mount St. Mary's University) employ campus security professionals who coordinate with local law enforcement as needed.

The Frederick County Division of Fire and Rescue Services (DFRS) comprises three sections: Emergency Services (field operations, emergency medical services, training, safety, and special operations), Administrative Services (finance, logistics, fire marshals, and EMS billing), and Volunteer Services (volunteer recruitment, retention, and coordination). The county's combination fire/rescue system operates 29 fire/rescue stations staffed by 24 independent volunteer corporations and county career fire/EMS personnel. Current estimates indicate that fire service personnel are composed of 38% volunteers and 62% career staff, whereas EMS personnel are 8% volunteers and 92% career.

Training: Efforts are underway to provide behavioral health and crisis intervention team (CIT) training to first responders in Frederick County (see Table 6).

Table 6
Behavioral Health Training for Law Enforcement in Frederick County, Maryland

Type	Local Context
Academy / In-Service	Officers, deputies, and troopers receive training on mental health, intellectual and developmental disabilities (IDD), emergency petitions, and active listening skills as part of their academy training. These topics are reinforced through annual in-service training. Additionally, roll call trainings provide regular opportunities to brief officers on available community resources.
Crisis Intervention Team (CIT)	Within the Frederick Police Department, 57 officers (38%) have completed the 40-hour CIT training. The Frederick County Sheriff's Office has integrated the 40-hour CIT training into the academy curriculum for all new recruits, in addition to previously embedded mental health education. Before this integration, a total of 23 deputies attended the 40-hour CIT training in a neighboring jurisdiction.

Response: 911 dispatch and law enforcement provide the majority of referrals to MCT. Law enforcement can request a joint response from MCT or request that MCT take over a call entirely. When 988 involves 911 and MCT is dispatched, law enforcement can choose whether or not to jointly respond. In addition to the traditional MCT program, a multidisciplinary team in Frederick County comprising a plain-clothes officer, an EMT, and a mental health specialist (either a clinician or paraprofessional) provides mobile crisis response via an unmarked vehicle known as the Crisis Car. Calls for service may originate from 911 or be routed through the mobile crisis team. The Crisis Car operates exclusively within the city of Frederick and does not

offer transport capabilities. Currently, it operates from 1:00 p.m. to 9:00 p.m., with plans to expand to evenings and weekends. This initiative, the only of its kind in Maryland, is funded and operated under the mobile crisis budget.

Victim services units within the Frederick County Sheriff's Office and the Frederick Police Department provide immediate response following incidents, offering deescalation, protection, and support services. Law enforcement may also refer individuals who are frequent service users to these units for ongoing support.

The Multicultural Liaison Unit of the Frederick Police Department includes seven police officers and a Victims Services supervisor, each serving as a liaison to one of the following communities: African-American, Asian-American, Deaf/Hard-of-Hearing, Hispanic/Latino, and LGBTQIA+. This unit works to build trust, reduce fear, foster relationships, and ensure that all residents feel safe and supported when calling 911 or interacting with law enforcement.

Through county grant funds, the Frederick Police Department has adopted Howie from Hero Dogs Inc. to provide comfort and animal-assisted interventions. Howie participates in community engagement, provides follow-ups from previous shifts, and responds to patrol requests for assistance. Howie arrived as a trained facility dog; however, he is currently also training as a therapy dog.

A petition for emergency evaluation[43] initiates an emergency psychiatric evaluation due to the belief that an individual is a danger to themselves or others; emergency petitions are, by nature, involuntary. Law enforcement is responsible for transporting evaluees to the nearest emergency facility; county law enforcement transports to the emergency department at Frederick Health Hospital. In 2024, mobile crisis services responded to 345 calls that resulted in both voluntary and involuntary emergency department evaluations (see Table 7 for a breakdown of outcome data).

Table 7
Frederick County Mobile Crisis Services: 2024 Emergency Department Evaluations Outcomes

Category	Subcategory	Count
Voluntary	Psychiatric	112
	Somatic	37
	Subtotal	*149*

[43] A petition for emergency evaluation may also be referred to as a petition, an emergency petition/EP, or an emergency evaluation petition/EEP). Please refer to Table 8 for a summary of the legal process.

Provider-Initiated Emergency Petitions	Initiated by Mobile Crisis	11
	Initiated by Community Provider	15
	Subtotal	*26*
Law Enforcement Emergency Petitions	Frederick Police Department	133
	Frederick County Sheriff's Office	37
	Subtotal	*170*

That same year, the Frederick Police Department served a total of 609 court-endorsed or provider-initiated petitions, including those calls for service supported by mobile crisis services as detailed in Table 7. Anecdotal evidence suggests that this number is remaining consistent. As of September 2025, the agency has served 430 petitions, representing a 1.18% increase compared to 425 petitions served by the same point in 2024.

Extreme risk protective orders (ERPOs) are civil court orders, distinct from but often issued in conjunction with emergency petitions, that temporarily require individuals to surrender firearms or ammunition and prohibit them from purchasing or possessing firearms or ammunition. As of September 2025, one ERPO has been granted and served.

Efforts to enhance the ERPO use in Frederick County have been supported by Byrne State Crisis Intervention Program (BSCIP) funding since 2025. The Frederick County Health Department serves as the ERPO Liaison for the Western Central Region. This role focuses on improving ERPO implementation by strengthening coordination among law enforcement, behavioral health, judicial, and community partners. During the initial phase, the liaison held listening sessions with regional stakeholders to assess current ERPO practices, identify barriers, and build collaborative relationships. This input guides the development of training curricula, supports data-sharing, and improves outreach to priority populations. Ongoing work includes facilitating quarterly coalition meetings, forming law enforcement and community subcommittees, and raising awareness of ERPOs as a proactive public safety and behavioral health tool.

Peer Support Services

Frederick County is home to a range of dedicated peer support organizations, including the West Central Intergroup of Maryland of Alcoholics Anonymous, the Narcotics Anonymous Chesapeake & Potomac Region, and Medication-Assisted Recovery Anonymous at Genesis Treatment Services LLC. While some meetings are limited to participants only, many are open to individuals seeking to learn or support others. The West Central Intergroup is particularly robust, offering a meeting guide app, a staffed hotline, and a central office open five days a

week. Its strong reputation draws participants from outside the county to attend these meetings.

Peers are also embedded across various community resources through health department-led initiatives, with placements at Frederick Health Hospital, the Frederick Community Action Agency, Way Station Inc./Sheppard Pratt, and the Frederick Police Department. The health department also offers free Connecticut Community for Addiction Recovery (CCAR) Recovery Coach Academy training to individuals in recovery, as well as their friends, families, or allies.

Statewide, a network of peer-led wellness and recovery centers (WRCs) operates within the Maryland Public Behavioral Health System (PBHS). Funded by the Behavioral Health Administration within the Maryland Department of Health, these centers provide free resources, social opportunities, and structured activities within a community of behavioral health peer support. On Our Own of Frederick County's WRC is open Mondays, Tuesdays, and Fridays from 9:00 a.m. to 4:00 p.m., Wednesdays and Thursdays from 9:00 a.m. to 8:00 p.m., and Sundays from 1:00 p.m. to 4:00 p.m. During these hours, peer-led services are offered both in person and online; certified peer recovery specialist training is also available.[44]

Family Support Services

Maryland Coalition of Families (MCF) provides confidential, no-cost family peer support to families, regardless of income or insurance status. MCF supports and advocates for individuals who care for someone with behavioral health challenges, helping families understand their rights, navigate complex systems, and access resources such as support groups, workshops, and service referrals.

The Building Resilient Families program, operated by Mental Health Association of Frederick County, is a case management and resource coordination program with embedded peer support that works to support parents and help build resiliency, stability, and self-sufficiency for families impacted by incarceration, substance use disorder, or involvement in the child welfare system.

In partnership with the Frederick Police Department's Victims Services Unit and the local health department, Frederick Health Hospice launched the Overdose Survivor Outreach Program to support families and friends of individuals who have died from an overdose. At the request of first responders, program specialists respond to the scene of overdose fatalities to offer immediate emotional support. The program also provides ongoing services, including one-on-one counseling, support groups for surviving family members, and referrals to recovery and harm reduction resources for loved ones, as appropriate.

[44] As of June 16, 2025, the health department's Community Organized Recovery Efforts (CORE) Recovery Center activities have moved to On Our Own of Frederick County.

Data Collection and Sharing

Given that most services in the county are grant-funded, data collection and maintenance are primarily handled by grant management teams. Most data sharing occurs within the local health department, although the LBHA also engages with external stakeholders.

The Frederick Police Department maintains a webpage featuring a map-based interface that displays calls for service. The site is updated once per day with data from the previous day's police service requests, pulled from the department's computer-aided dispatch (CAD) system. Community members can subscribe to automated email alerts to stay informed about activity in specific areas of interest.

Intercepts 0/1 Gaps

Community Resources

Coordination: Feedback from the workshop highlights the urgent need to maintain community focus on collaboration rather than competition for resources. Cooperative efforts to effectively address the increasing demand on local services are particularly relevant given that recent census data shows the jurisdiction has the fastest growth rate in Maryland.

Education: Stakeholders report that mounting pressures on the local school system are making it harder for the community to respond effectively to overlapping behavioral health and public safety challenges. Overcrowded classrooms, staff shortages, and high levels of teacher burnout are undermining prevention efforts and reducing students' access to critical educational and behavioral health supports.

At the same time, exposure to community violence and related trauma increases the risk of mental illness and substance use, creating a reinforcing cycle where poor behavioral health both results from and contributes to these conditions. The compounded impact on behavioral health, academic performance, job readiness, and literacy further fuels unemployment and social instability.

Community Services: Gaps in critical assets, such as transportation, housing, and services for special populations, undermine both accessibility and long-term community sustainability. While participants recognize that the city of Frederick is relatively well-resourced, they emphasize that outlying areas of the county remain significantly underserved, often functioning as resource deserts.

Transportation: Transit remains a significant challenge in rural areas of the county. Private ride services are often costly and limited in availability, while public transit is frequently inaccessible

due to geographic and financial constraints. Residents living outside fixed bus routes, which cover only a portion of the county, struggle to access transportation. With most essential services concentrated in the city of Frederick, the lack of reliable transit options in outlying areas further compounds barriers to access for those communities.

Housing: Frederick County is experiencing a shortage of adequate and affordable housing, along with limited economic opportunities that support self-sufficiency. Participants report that the stigma surrounding homelessness discourages many individuals from seeking available resources.

To guide future planning efforts, the county has partnered with Thomas P. Miller and Associates (TPMA) to produce the *Frederick County 10-Year Housing Study and Strategic Plan*, a comprehensive housing needs assessment and strategic framework aimed at shaping housing policy and identifying the resources necessary to meet the county's evolving needs. This initiative is ongoing and is expected to continue through November 2025.

There is a growing unhoused population in Frederick County. Stakeholders report that it is common for service facilities to be filled with non-residents, some of whom ultimately choose to remain in the county and, in some cases, become homeless. This dynamic adds further pressure to already-strained local housing and support services.

Supportive Funding: Maryland Recovery Net (MDRN), a grant from the Behavioral Health Administration for individuals receiving Maryland State Care Coordination, provides funds to those actively engaged in fee-for-service substance use disorder treatment to help achieve treatment goals and can be applied to a variety of services. MDRN housing funds are also available to qualified residents of certified recovery housing. However, MDRN-approved housing options are limited.

Special Populations: The county is home to a large Deaf community, influenced by the presence of the Maryland School for the Deaf and the proximity to Gallaudet University in Washington, D.C. However, like much of the state and nation, Frederick County faces a severe shortage of inpatient treatment options accessible to d/Deaf[45] individuals. One case highlighted by participants involves a client who was unable to find d/Deaf-accessible inpatient services anywhere in the U.S. and was forced to hire an interpreter for 30 consecutive days, a prohibitively expensive and unsustainable solution.

[45] In this report, "d/Deaf" is used to inclusively refer to people with hearing loss, encompassing AP Stylebook guidance for both lowercase "deaf" (the audiological condition) and capital "Deaf" (a cultural identity). The distinction acknowledges the medical reality of hearing loss while also recognizing the cultural and social aspects of Deaf culture when an individual preference is unknown.

The county's growing immigrant population[46] also underscores the need for improved language access, particularly for non-English language preference (NELP) individuals. Participants note that language barriers often limit access to crisis services and hinder efforts to address broader issues that contribute to behavioral health challenges, such as housing instability and limited access to care.

Opportunity: Workshop participants express a strong interest in exploring partnerships with institutions of higher education to expand language access and interpretation services. Frederick Community College currently offers basic communication skills training for law enforcement, and some participants support expanding that partnership. However, the level of interpretation proficiency required in behavioral health settings typically comes at later stages of training. As such, collaboration with Gallaudet University, particularly leveraging student interpreters who could also potentially offer virtual and/or volunteer options, has been identified as a more feasible and promising opportunity to meet immediate needs.

Additional strategies are needed to improve law enforcement interactions with diverse populations. In support of culturally responsive policing, the Frederick Police Department (FPD) currently employs approximately 11-12 bilingual officers and maintains a dedicated Multi-Cultural Liaison Unit. These officers are available to assist both during and outside of their regular duty hours. The agency has also secured a virtual translation tool for crisis translation, a video remote interpreting (VRI) for emergencies[47] involving d/Deaf individuals. This on-demand service enables real-time communication via webcam or tablet between individuals in the same location with assistance from a remote interpreter. Other agencies may benefit from adopting similar strategies to enhance accessibility and communication during critical incidents.

Supportive Funding: Maryland Recovery Net (MDRN), funded by the Behavioral Health Administration, supports individuals receiving Maryland State Care Coordination in fee-for-service substance use treatment by covering costs that help achieve recovery goals. MDRN also provides housing funds for qualified residents of certified recovery housing. However, MDRN-approved housing options are limited.

[46] The following reports provide details specific to immigrant and refugee youth behavioral health in Frederick County: *Community Advisory Board Roadmap for Success*, *Youth in Our Neighborhoods are Suffering (Spring 2024)*, *and Frederick County Immigrant Youth Behavioral Health Report*.
[47] This service does replace certified interpreters for interviews.

Behavioral Health Continuum of Care

Prevention and Promotion: Many individuals who use drugs may not be ready for or require treatment; for these individuals, harm reduction services provide essential support. While the county currently provides such services, a recent statewide gap in training may affect their delivery. As of July 1, 2025, the Maryland Harm Reduction Training Institute's[48] contract with the Maryland Department of Health to lead the statewide harm reduction training program has ended. This has resulted in a pause in training and certification for key services such as syringe service programs, wound care, and outreach. Until HealthHIV, a national nonprofit based in Washington, D.C., assumes responsibility for the program in fall 2026, the lapse may disrupt workforce development and delay access to life-saving practices.

Treatment and Recovery: Accessing behavioral health services in the county remains a challenge due to limited provider availability and geographic barriers. The Health Resources and Services Administration within the U. S. Department of Health and Human Services has designated the county as a health professional shortage area (HPSA) for primary care and mental health, both for the Medicaid-eligible population and at the Federally Qualified Health Center (FQHC) level.

As previously noted in the context of housing gaps, stakeholders report a significant number of individuals traveling into the county for treatment due to service shortages in neighboring jurisdictions. This influx strains local capacity, limiting immediate access for county residents and contributing to long-term resource challenges when some individuals remain in the county post-treatment.

Residents with primary mental health concerns face particularly imposing barriers. Stakeholders describe persistent difficulties connecting these individuals to care, citing insufficient availability and, in some cases, concerns about quality. While most substance use disorder programs accept individuals with co-occurring mental health conditions, eligibility often hinges on psychiatric medication stability. These capacity constraints contribute to long waitlists and delays in care, potentially worsening clinical outcomes.

Medical complexity further reduces access. State-imposed caps on dual diagnosis beds restrict availability for individuals with co-occurring mental health and substance use disorders. Additionally, many facilities do not accept clients receiving methadone maintenance treatment. Those with physical health needs, such as those requiring supplemental oxygen, a common issue among older adults, are also frequently deemed ineligible. As a result, the more complex a client's health profile, the more difficult it becomes to secure appropriate care.

[48] Maryland Harm Reduction Training Institute is a component of Behavioral Health System Baltimore.

Insurance and eligibility requirements present another barrier to care. As highlighted during SIM mapping workshops across Maryland, strict eligibility criteria for services such as ACT leave many individuals without access. Some clients lose Medicaid coverage due to modest income increases from employment, only to discover that private insurance does not cover critical services like ACT or in-person case management. While the state's uninsured coverage program can help fund select services not covered by private plans, access is limited and contingent on available state funding. In some cases, individuals are forced to leave employment voluntarily to regain Medicaid eligibility. Those seeking sober living environments face additional constraints, as Medicaid only covers 90 days in licensed recovery residences. Veterans who do not qualify for Supplemental Security Income (SSI) or Medicaid are particularly difficult to connect to treatment as well.

Additionally, providers are increasingly shifting to private-pay models to reduce administrative burden and remove insurance restrictions. However, those accepting private insurance are often at capacity, and locating one with availability can be time-consuming. This trend creates further access challenges for individuals unable to afford out-of-pocket costs.

A structural deficit associated with serving this population has undermined the sustainability of services. Announced just before the workshop, the Mental Health Services division within the health department has closed its clinic effective August 1, 2025, after over 80 years of service to the community. The clinical team, comprising psychiatric nurse practitioners, licensed clinical social workers, and licensed professional counselors, has historically provided diagnostic and psychiatric evaluations, medication management, and individual, family, and group therapy to clients enrolled in Medicaid and Medicare. However, Medicare reimbursement rates have remained significantly below the actual cost of providing care for many years. While some facilities offset this deficit by accepting private insurance, the health department, as a government agency, has traditionally avoided competition with the private sector. Additionally, recruitment for public sector positions has been challenging due to compensation discrepancies compared to the private sector, a challenge seen across jurisdictions and service sectors. Notably, the clinic has not accepted new clients for several years, limiting its role in the broader continuum of care. Transition plans are currently underway for the 300 existing clients, but the county anticipates service gaps as the system works to absorb this population. The full scope of the impact, however, remains to be seen.

Urgent and Acute Services: A significant transition is underway in mobile crisis team (MCT) services in Frederick County. Sheppard Pratt has decided not to continue as the mobile crisis services provider, although the organization has agreed to extend services through December 2025. The county’s active RFP for this service has generated a healthy response, and a new

vendor is expected to be announced in late October.[49] Although a service interruption is not expected, the transition may require an adjustment period for clients, community professionals, and law enforcement partners alike.

The community is also experiencing significant gaps in crisis receiving facilities. Residents living near the county's borders must travel considerable distances to access one of the two existing options, Frederick Health Hospital and the Mental Health Association Walk-In Crisis Care Center, both located in the city of Frederick. For some individuals, the hospital is the only viable option, as the walk-in center is not equipped to meet the medical requirements for licensure as a behavioral health crisis stabilization center. The hospital's psychiatric beds are limited to adults, a gap seen in many other jurisdictions. Additionally, the four residential crisis beds operated by Way Station Inc./Sheppard Pratt fall far short of meeting demand, serving not only Frederick County residents but also individuals from neighboring counties that lack comparable resources.

First Responders

In the absence of sufficient crisis receiving facilities, law enforcement officers are often left with limited options when responding to individuals experiencing a behavioral health crisis who are unable or unwilling to seek care voluntarily. These options typically include transporting the individual to a hospital, making an arrest, or leaving the scene, all of which conflict with the goals of hospital and jail diversion.

At the same time, agencies must manage the rising volume and acuity of behavioral health-related calls for service alongside growing demands on law enforcement resources. Hospital wait times for law enforcement accompanying or serving emergency petitions can vary significantly, and extended time out of service further strains agencies already challenged by staffing shortages.

While many local first responders attend behavioral health or crisis intervention team (CIT) trainings in neighboring jurisdictions, such as Carroll or Howard counties, offering localized training presents a unique advantage. Training within the community not only reinforces core crisis response skills but also introduces officers to local resources, a critical component in supporting deflection and diversion strategies.

Opportunity: The crisis intervention team (CIT) model is a collaborative approach involving law enforcement, the behavioral health system, consumers, family advocates, and community services to respond to individuals in crisis or with behavioral health needs. Its goal is to

[49] Update (as of November 2025): Since the drafting of this report, Frederick County has announced that the new vendor for mobile crisis services will be the Mental Health Association (MHA) of Frederick County, which is set to assume program operations from Sheppard Pratt in 2026.

reduce unnecessary hospitalization and incarceration for those interacting with law enforcement due to health care needs. CIT provides a strong foundation for law enforcement to respond to behavioral health crises and supports broader strategies to integrate public safety and behavioral health systems, such as the co-responder framework, referral programs, and police-led diversion initiatives like the Law Enforcement Assisted Diversion / Let Everyone Advance with Dignity (LEAD) program and the Safe Station model.[50]

The Centers of Excellence, as the statewide repository for behavioral health treatment and diversion programs related to the criminal justice system, offers resources on its webpage for developing, implementing, and securing sustainable funding for CIT training and programming.

EMS buprenorphine field induction protocols allow trained paramedics to initiate medication for opioid use disorder (MOUD) in the field (i.e., pre-hospital) for patients experiencing opioid withdrawal. These programs aim to alleviate withdrawal symptoms, improve engagement in long-term treatment, and reduce the risk of future overdoses. EMS providers are often the first point of contact for individuals experiencing an opioid overdose, and the delivery of pre-hospital MOUD reaches high-risk individuals, particularly those who decline transport to the emergency department. In Frederick County, an EMS field induction protocol is in place; however, stakeholders report a need for clearly defined interagency procedures, as current practices at joint scenes may be interfering with effective service delivery.

Opportunity: The county should implement clear, comprehensive interagency procedures for situations, including but not limited to buprenorphine field induction. To support implementation, joint scenario-based training between EMS and law enforcement should be conducted. These trainings should emphasize interagency collaboration, recognizing that each profession brings distinct expertise. EMS providers are responsible for patient care decisions, while law enforcement ensures scene safety. EMS professionals also have an obligation to advocate for patients by clearly communicating medical needs and ensuring that care remains the priority. At the same time, custodial status must be explicitly clarified, as it directly impacts decision-making authority regarding patient care.

[50] Safe Station programs provide 24/7/365 access to substance use treatment by using police stations as entry points. Variations of the model include officer referrals and the use of additional locations, such as fire stations.

Several jurisdictions in Maryland, including Baltimore County and the cities of Baltimore and Salisbury, have implemented or are preparing to implement buprenorphine field induction protocols. These localities may serve as valuable models for developing interagency procedures in Frederick County.

Stakeholders should also be aware of Sections 13-5501 and 13-5502 of the Health General Article, which establish the *Buprenorphine Training Grant Program.* This program supports county efforts to train paramedics in buprenorphine administration by authorizing the use of funds from the Opioid Restitution Fund. It also requires the Governor to include an annual appropriation of at least $50,000 in the state budget for this purpose and directs the Maryland Office of Overdose Response to convene a workgroup to study access to buprenorphine across the state.

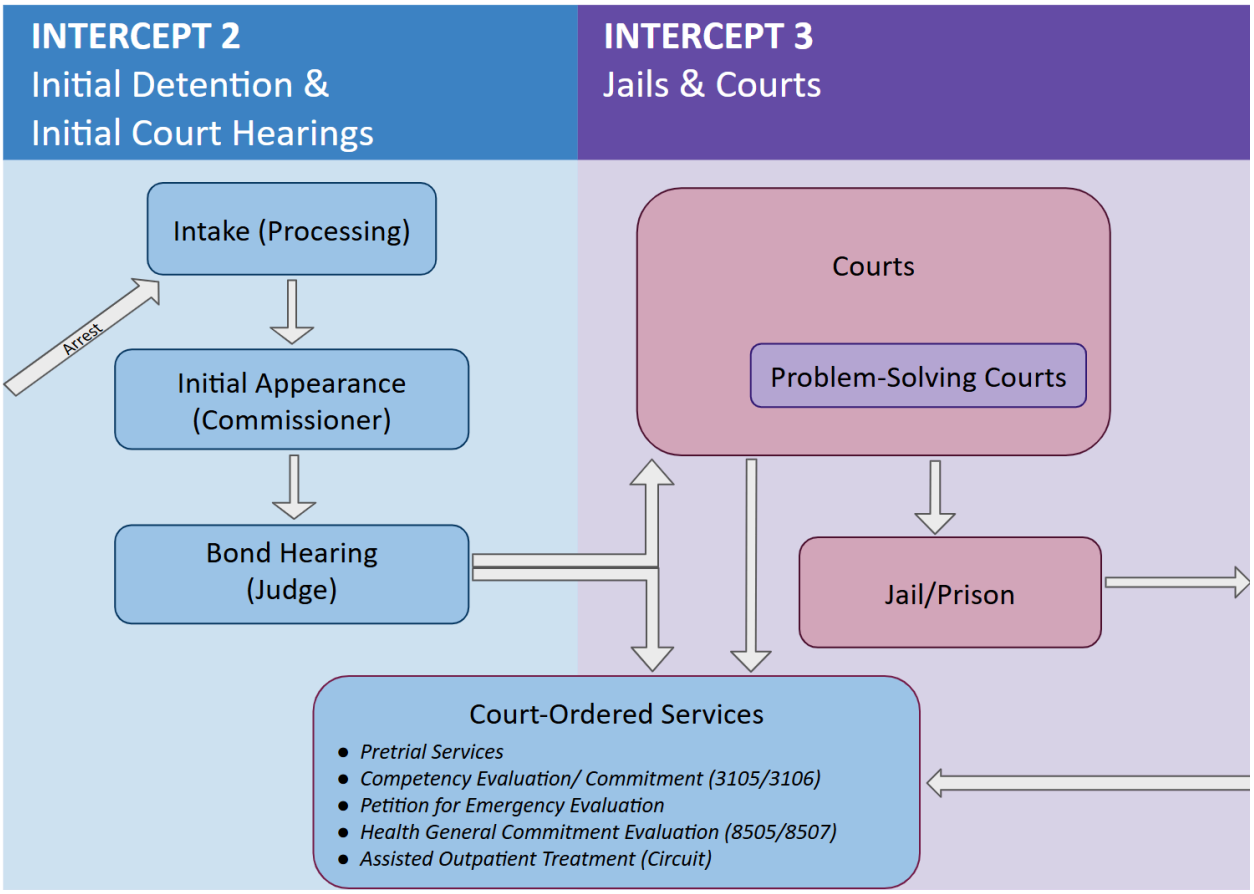
Peer Support Services

While the county effectively integrates peer professionals across services spanning multiple intercepts, the majority of these peer support specialists primarily serve individuals in recovery from substance use, not those living with mental illness. This service gap is rooted in funding limitations, as the public behavioral health system does not fund Medicaid-billable peer services of any type in clinical mental health settings.

Data Collection and Sharing

Although grant information is technically public, accessing it often requires a Freedom of Information Act (FOIA) request, which can hinder timely and informed community engagement and oversight.

Similar to other jurisdictions, the county faces challenges in analyzing behavioral health calls for service. The nature of 911 triage may result in some calls being recoded after dispatch based on observations made at the scene. Additionally, while dispatch data is shared, outcome data from EMS and law enforcement remain unlinked.



Intercept 2 and Intercept 3

Intercepts 2/3 Resources

Intake (Processing)

Once taken into custody, detained persons ("detainees") are transported to the central booking located within the Frederick County Detention Center in Ballenger Creek, Maryland. Detainees are either brought in by the arresting officer or for prior commitment to serve time.

Upon arrival, correctional staff physically search detainees and conduct a brief medical screening that also includes an assessment of harm risk and immediate needs. This initial screening evaluates basic health needs, including but not limited to immediate psychiatric or substance use concerns.

Central booking also offers services to ensure clear communication. Bilingual staff are available, and LanguageLine Solutions provides interpretation for individuals who prefer a non-English language (NELP). Electronic tablets are also accessible for on-demand interpretation services

within the detention facility. Although the facility's certified d/Deaf interpreter recently retired, the county continues to offer services for d/Deaf or hard of hearing individuals to promote full understanding and participation.

Initial Appearance and Bond Hearing

Wait times for initial appearances vary depending on individual circumstances. While some detainees may be seen within an hour, others, such as those who are intoxicated, may need to wait six to seven hours until they are sober. However, by law, an initial appearance before a District Court Commissioner to determine bond conditions must occur within 24 hours of arrest.[51] Detainees attend initial appearances in person.

The initial appearance is typically the detainee's first opportunity to speak with an attorney. Legal representation at this stage is provided either through court-appointed attorneys, coordinated at the district court level and funded through the court's budget, or privately contracted attorneys. During the hearing, detainees are also asked whether they wish to apply for a public defender. If so, they undergo a screening process to determine eligibility. Additionally, detainees are screened for Veteran status, which may inform future service coordination or diversion options, such as referral to the Regional Veterans Treatment Court.

Commissioners may hold an individual without bail, release an individual on bail or surety bond, or grant release on personal recognizance. However, commissioners have limited authority in setting bond conditions. For example, commissioners cannot refer or order individuals to pretrial supervision. If a commissioner believes that competency may be an issue, they will not complete the initial appearance; instead, the matter is referred to a judge, who can order a competency evaluation (see the "Court-Ordered Services" section).

If the commissioner holds a detainee, they remain at the detention center in holding cells while awaiting a bond hearing. Detainees held by the commissioner before 6:00 a.m. will go before a judge for bond review later that same day, typically at 1:00 p.m. in district court or 2:00 p.m. in circuit court. Detainees held after this time will see a judge the next business day. Bond review hearings are typically held remotely.

While awaiting a bond hearing, the Pretrial Classification Manager conducts a risk assessment to determine a defendant's eligibility for pretrial supervision. If a detainee is arrested and held during normal working hours, the Pretrial Classification Manager will meet with them at the detention center as soon as possible, or at the latest, before the bond hearing, to complete the assessment. This ensures timely decisions regarding pretrial release options. Based on this interview, a pretrial release interview report is prepared and provided to the judge, prosecutors,

[51] MD Rule 4-212(f)(1): https://www.courts.state.md.us/sites/default/files/import/bailbond/lawchart.pdf

and defense attorneys at the bond hearing. The judge ultimately decides to 1) continue to hold the subject, 2) release the subject with conditions (e.g., supervised pretrial release), or 3) release the subject without supervision or conditions. More information on the outcomes of these decisions can be found in the "Court-Ordered Services" section. It should be noted that only detainees who are held for a court hearing before a judge can be considered for pretrial services. Individuals already on probation are ineligible for pretrial supervision, as it would constitute duplicative supervision efforts.

Additionally, the Office of the Public Defender (OPD) is responsible for speaking to every detainee before their bond review hearing, serving as their initial legal representative. Public defenders begin virtual interviews around 8:30 a.m. on the day of the hearing. Virtual interviews are preferred, as they allow defenders to meet with more clients more efficiently. However, defenders can also enter the detention center to meet in person when needed. OPD policy requires attorneys to prepare to represent detainees at bond hearings. Clients must explicitly decline public defender services during the hearing if they wish to withdraw representation.

The bond hearing population typically includes individuals charged with a range of offenses, from minor nuisance offenses to more serious violent crimes. Many are repeat defendants who often do not meet the legal criteria for being considered a danger to the community or a flight risk.

On average, the district court holds approximately four to eight bond review hearings per day, while the circuit court conducts about three bond review hearings daily. Influenced by the Bail Reform Act of 1984 and the implementation of Maryland Rule 4-216.1[52] in 2017, the number of individuals released on cash bail has decreased as the number of individuals either held without bond or released without bond has increased in recent years. This rule, adopted by the Maryland Court of Appeals, provides judicial officers with guidance on pretrial release decisions.

Court-Ordered Services

Court-ordered services are programs or interventions mandated as part of a legal ruling, typically aimed at addressing the individual's needs or rehabilitation. The types of court-ordered

[52] Maryland Rule 4-216.1 is intended to encourage the release of defendants on their own recognizance or, when necessary, on an unsecured bond. Additional conditions of release should be imposed only when justified by specific circumstances of the case, such as ensuring the defendant's appearance in court, protecting the community, victims, or witnesses, or preserving the integrity of the judicial process. Whenever possible, preference should be given to nonfinancial conditions of release For the full text of the Rule, related judicial guidance, and a preliminary impact analysis, see: https://www.mdcourts.gov/sites/default/files/import/reference/pdfs/impactofbailreviewreport.pdf.

services available in Maryland are summarized in Table 8; additional details on the procedures and processes for each service in Frederick County are described following the table.

Table 8
Court-Ordered Services in Maryland

Type	Overview
Pretrial Services	Pretrial services are programs or agencies that support the criminal legal system by assessing individuals who are held by a commissioner and providing supervision, monitoring, and resources to those released from custody while awaiting trial. The primary goals of pretrial services are to promote public safety, ensure court appearance compliance, and reduce unnecessary detention of individuals who may be safely managed in the community.
Competency Evaluation	Incompetency to stand trial can be understood as the lack of capacity to understand the nature and objective of proceedings, to consult with counsel, and to assist in preparing a defense; incompetency determinations require a mental disorder or intellectual disability.
Petition for Emergency Evaluation	Sections 10-620 through 10-627 of the Health General Article define the legal process to obtain an emergency evaluation for possible involuntary hospitalization of individuals experiencing a psychiatric crisis.[53] Certain mental health professionals (e.g., physicians, psychologists, clinical social workers) and law enforcement may file an emergency petition without the courts' approval. However, the courts must grant petitions filed by anyone else interested in an individual's mental well-being. Law enforcement transports petitioned individuals to an emergency facility for rapid evaluation. However, emergency facilities may only keep an individual who is emergency petitioned for up to 30 hours unless a physician or a psychologist completes certificates for involuntary admission.[54] Involuntary admission may only be deemed when an individual has a mental disorder, is a danger to themselves or others, is unable or unwilling to be admitted voluntarily, and there is no less restrictive form of care or treatment to meet the individual's needs.

[53] §10–620 of the Health-General Article: https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ghg&section=10-620&enactments=False&archived=False
[54] §10–624(b) of the Health-General Article: https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ghg&section=10-624&enactments=False&archived=False

Assisted Outpatient Treatment (AOT)	Sections 10-6A-01 through 10-6A-12 of the Health General Article authorize (not require) counties to establish assisted outpatient treatment (AOT) programs.[55] For counties that do not develop programs independently, the Department of Health must establish a program by July 1, 2026**.** These programs provide court-ordered treatment for individuals with severe mental illness who meet specific criteria, such as a history of non-adherence to treatment that has led to hospitalization or incarceration. The law outlines the eligibility criteria for AOT, details the procedure for initiating AOT, including court hearings and legal representation for the individuals involved, specifies provisions for training mental health professionals and law enforcement officers on AOT processes and protocols, and allocates funding for the implementation and administration of AOT programs. The law further requires MDH to collect and analyze AOT program data to evaluate programs' impact on reducing hospitalizations and incarcerations while improving adherence to treatment plans.
Health General Commitment Evaluation	Sections 8-505[56] and 8-507[57] of the Health General Article allow for court-ordered evaluations and treatment for drug or alcohol use. These orders are valuable resources for addressing substance use or co-occurring diagnoses, offering specialized support and integrated care for individuals with multiple conditions. These evaluations can be ordered at all stages of the criminal proceedings.

Note. *Services highlighted in blue may be ordered during either a bond or court hearing, while those in red can only be ordered in a court hearing.*

Pretrial Services: The Pretrial Services Unit within the Frederick County Sheriff's Office was established in April 1993 to evaluate and supervise individuals awaiting trial. Its primary goal is to reduce unnecessary pretrial detention while ensuring court appearances and maintaining public safety. For more information on the assessment process, please refer to the "Initial Appearances and Bond Hearing" section. If a defendant is ordered to supervised pretrial release during a bond hearing, they are assigned one of four supervision levels based on their assessed risk and needs (see Table 9). The defendant must report to the Office of Pretrial Services, located at Frederick County Work Release Center, to begin supervision. An intake is conducted immediately following the bond hearing, during which the defendant is provided with and read

[55] §10-6A-01 of the Health General Article: https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ghg&section=10-6A-01&enactments=false
[56] §8-505 of the Health General Article: https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ghg&section=8-505&enactments=false
[57] §8-507 of the Health General Article: https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ghg&section=8-507&enactments=False&archived=False

the Pretrial Services Supervision Contact and Reporting Instructions. Supervision continues until the case proceeds to trial.

Table 9
Frederick County's Supervised Pretrial Release Levels

Levels	Conditions of Release
Tracking	• Minimum of one telephone call per week • Employment verification: once per month • Special condition verification: once per month • Warrant check: once per month
1	• Four to five positive contacts per month (at least one must be face-to-face) • Urinalysis: once per month • Employment verification: once per month • Special condition verification: once per month • Warrant check: once per month
2	• One positive contact per week • Urinalysis: twice per month • Employment verification: twice per month • Special condition verification: once per month • Warrant check: once per month • One face-to-face contact every other week • One telephone contact every other week
3	• Two positive contacts per week (at least one must be face-to-face) • The Correctional Classification Specialist must have two positive community contacts per month • Urinalysis: twice per month • Employment verification: twice per month • Special condition verification: once per week • Warrant check: once per month

Competency Evaluation: In Frederick County, competency evaluations are typically ordered during bond hearings and generally completed within the legally required 10-day period. The Maryland Department of Health (MDH) is mandated to transfer individuals who are found incompetent to stand trial to a treatment facility within 10 days to initiate restoration services. Competency hearings in both district and circuit courts are scheduled based on availability, with no set day or time, and may be presided over by any judge.

Petition for Emergency Evaluation: Emergency petitions can be another entry point to the judicial system. Workshop participants did not provide additional information beyond what is included in the "First Responders" section.

Assisted Outpatient Treatment: Under the guidance of the Maryland Department of Health (MDH), the Frederick County Local Behavioral Health Authority will establish the Assisted Outpatient Treatment (AOT) program by July 1, 2026.

Health General Commitment Evaluation: Pre-plea orders for commitments under Health General § 8-507 are not permitted. In accordance with Maryland law, all § 8-507 commitments must be issued post-plea or post-conviction. The circuit court does order both § 8-505 evaluations and § 8-507 commitments. Evaluators are generally prompt and thorough in submitting their assessments to the court. If additional time is needed to complete an evaluation, the evaluator will submit a written request to the court for an extension.

Court Structure

Court structures vary across jurisdictions in Maryland, with each having different specialized dockets and programs tailored to the community's needs and staffing capacity. This section provides an overview of the court structure in Frederick County (see Table 10), followed by additional information about the specific dockets and programs.

Table 10
Frederick County's Court Structure

Court	Specialty Program
Frederick County District Court	Mental Health Court
	Frederick and Washington County Regional Veterans Treatment Court
Frederick County Circuit Court	Drug Treatment Court

Note. *The newly established Truancy Court is not included in the table but is part of the broader Frederick County court system. As this workshop focuses on adults with behavioral health needs, please contact the Frederick County Circuit Court for details about this docket.*

Problem-Solving Courts: Frederick County operates three problem-solving courts: a Mental Health Court, a Drug Treatment Court, and a Regional Veterans Treatment Court. Each is designed to provide treatment-focused alternatives to traditional criminal justice processes for eligible participants.

Mental Health Court: Frederick County established its Mental Health Court program in the district court in 2021 to offer a voluntary, treatment-oriented alternative for eligible defendants with significant mental health needs. The program was revamped and reorganized in October 2024, strengthening its structure and improving coordination. The current presiding judge has been overseeing the docket for approximately six to seven months.

This post-plea, pre-sentence specialty court serves individuals aged 18 or older who are residents of Frederick County, deemed competent, and diagnosed with a mental illness that is connected to or a contributing factor to their current offense. Most participants face misdemeanors or nonviolent offenses, often nuisance-related.

The program follows a three-phase structure (see Table 11). Participants must adhere to all treatment provider recommendations, and the court receives monthly status reports to monitor adherence and progress. Graduation marks a transition that varies by participant, with supervised probation being one possible outcome. Participants who do not successfully complete the program are sentenced through traditional court procedures.

Table 11
Frederick County's Mental Health Court Program Phases

Phase	Duration	Key Activities and Expectations
Stabilization	≥ 3 months	● Attend weekly court status hearings ● Engage in weekly case management ● Complete assessments for mental health, substance use, and medication management ● Begin recommended treatment and work toward adherence ● Start demonstrating appropriate behavior with the court team, providers, and community members
Maintenance	≥ 6 months	● Attend court hearings every other week ● Engage in case management every other week ● Maintain appointments and medication adherence ● Show consistent progress in treatment ● Continue demonstrating appropriate behavior across settings ● Complete a *Reflection Project*
Thriving	≥ 6 months	● Attend monthly court hearings ● Engage in monthly case management ● Focus on aftercare planning and graduation preparation ● Maintain stable treatment participation and medication adherence

		● Demonstrate ongoing stability and sobriety ● Complete a *Recovery and Aftercare Project*

Referrals can come from any source, though most originate from the State's Attorney's Office, Office of the Public Defender, law enforcement, and community providers. The referral process includes a legal screen conducted by the State's Attorney's Office (SAO). If the SAO approves, then the court requests an evaluation from the Maryland Department of Health to determine suitability for Mental Health Court. Once this evaluation is received, the team determines whether or not to accept prospective participants into Mental Health Court.

The Mental Health Court team meets weekly to discuss participant progress and collaboratively provide recommendations. The team comprises a judge, prosecutors, public defenders, health department staff, and peer support staff through the DPSCS Division of Parole and Probation ("Parole and Probation"). Although treatment providers are not formal members of the team, they contribute by submitting monthly progress reports to inform court decisions. The court holds weekly dockets every Wednesday afternoon in the district court.

The program currently has eight active participants, with several more in the referral screening process. Though the official capacity may vary depending on budget and staffing, the program can realistically serve up to 15 participants at a time to ensure high-quality oversight and individualized care.

Drug Treatment Court: Frederick County's Drug Treatment Court (DTC), housed in the circuit court, was established over 20 years ago as a voluntary, post-plea, pre-sentence alternative to incarceration for nonviolent individuals with substance use disorders. The program's goals are to reduce recidivism and promote long-term rehabilitation through structured treatment, close supervision, and accountability.

The program typically lasts 18 months, with a minimum duration of 15 months, and is structured into four phases (see Table 12). Eligibility requirements include residency in Frederick County, nonviolent charges, a positive drug test, and entry of a guilty plea. Sentencing is deferred until successful completion or termination. Participants are required to adhere to treatment plans and comply with DTC staff directives. Successful graduates receive sentences aligned with their progress, while those who do not complete the program are sentenced through traditional processes.

Table 12 *Frederick County's Drug Treatment Court Program Phases*		
Phase	Approximate Duration	Key Activities and Focus Areas
1	4 months	• Weekly court appearances • Intensive case management • Initial substance use treatment
2	5 months	• Court appearances every other week • Continued treatment • Sustained progress
3	6 months	• Monthly court check-ins • Reintegration focus • Graduation preparation

The collaborative, multidisciplinary DTC team comprises a judge, representatives from the State's Attorney's Office, Office of the Public Defender, Parole and Probation, peer support specialists through Parole and Probation, and treatment providers (e.g., Orenda and Project Chesapeake). The team intends to add a law enforcement representative as well. While treatment providers are not formal voting members of the team, they provide essential input through regular updates. The team meets every Wednesday for one hour before the weekly court docket, which takes place each Thursday at 8:30 a.m.

Referrals to the DTC may come from any source. Most commonly, they are initiated by public defenders and private defense attorneys, though state attorneys, judges, law enforcement, and even participants themselves have made referrals. The Frederick County Adult Detention Center has also referred individuals, while referrals from Parole and Probation have decreased over time.

Currently, the program has 50 active participants, a number that has remained steady over the past year and a half. The program has supported as many as 67 participants in the past, as there is no official capacity limit.

Program outcomes reflect its effectiveness: while the general one-year probation recidivism rate is approximately 67%, DTC graduates show a recidivism rate of only 10–11%. Frederick County's DTC continues to serve as a vital tool in the community's efforts to reduce substance use-related crime, support rehabilitation, and promote long-term recovery.

Regional Veterans Treatment Court: Frederick County established the Regional Veterans Treatment Court in partnership with Washington County in the district court in late 2024. The program officially launched in Frederick, Maryland, with its first participant in January 2025.

This trauma-informed initiative is designed to support Veterans facing substance use disorders and mental health challenges, to divert them from the traditional criminal legal system, and to guide them onto a path of recovery and stability.

The program has enrolled five participants, with a sixth individual expected to enroll in June 2025. Although all court dockets are physically held in Frederick County, plans are underway to begin holding dockets in Washington County as the program expands. In the interim, any documentation involving Washington County participants must be signed in Frederick County.

The court team is staffed by two judges (a presiding and a backup), representatives from the State's Attorney's Offices and Parole and Probation from both counties, a peer consultant who is a Veteran in recovery and trained in co-occurring disorders, and the Veterans Treatment Court coordinator. Care coordination and case management are jointly managed by the coordinator and Platoon 22, a Frederick-based, Veteran-focused nonprofit organization. Additionally, the U.S. Department of Veterans Affairs assigns a Veterans Justice Outreach Specialist to provide support to the team, although the specialist does not attend court proceedings. Each Veteran is also paired with a volunteer Veteran mentor, serving in a non-official role, who provides peer support, which often includes transportation to court hearings.

The court operates two program tracks tailored to participants' risk and need levels (see Table 13). The court can schedule weekly dockets, except for the first Tuesday of each month, and also holds additional dockets as needed to accommodate participant needs.

Table 13
Frederick and Washington County Regional Veterans Treatment Court Tracks

Track	Participant Profile	Treatment Approach
1	High-risk, high-need	Intensive supervision and clinical services
2	Low-risk, low-need	Diversion with limited supervision

Eligibility for the program is limited to post-conviction, pre-sentence individuals who possess a DD-214 to confirm Veteran status and whose offense occurred within either Frederick or Washington County. Individuals with sexual offenses or serious felonies are excluded. Although the court currently handles district court cases, it remains open to handling circuit court cases at the discretion of the State's Attorney's Office.

Referrals are accepted from prosecutors, public defenders, Veteran agencies, and community and nonprofit organizations. Initial eligibility screenings frequently occur during the public defender application process after the individual's initial appearance hearing, followed by a formal referral and further assessment.

The program focuses on reaching an underserved population of justice-involved Veterans and expanding its presence in Washington County, where enrollment growth has trailed Frederick County. With continued development, the court aims to serve a capacity of 15 to 20 participants across both counties.

Detention and Corrections

Structure: The Frederick County Adult Detention Center, originally built in 1984, has a current maximum capacity of 330 detainees, with an average population of approximately 300 in 2024. The facility is staffed by approximately 200 employees, including 140 correctional officers, 30 civilian staff, and 3 county maintenance technicians. An additional 25 positions are managed under contractual services. Over 50 volunteers also contribute valuable services and programs that support detainee rehabilitation and facility operations.

Crisis intervention is included as an objective within the Mental Health Issues and Intervention Training provided to all recruits during the correctional academy. This training is conducted jointly by the Frederick County Adult Detention Center's Training Department and the facility's contractual mental health staff. Additionally, the training department is actively exploring opportunities to expand the number of crisis intervention training hours offered during the academy.[58]

Officers also receive mental health awareness training focused on recognizing symptoms and behaviors associated with mental health disorders. De-escalation techniques are emphasized throughout the training to ensure officers are well-equipped to respond safely and effectively to mental health crises within the facility.

Services: Services while incarcerated vary across facilities, but they can generally be organized into four different categories (see Table 14); specific information about the services available at the Frederick County Adult Detention Center is provided following the table.

[58] The Crisis Intervention Team Model Standard Training Curriculum developed by the Centers of Excellence within the Governor's Office of Crime Prevention and Policy has been adopted by the Maryland Police and Correctional Training Commissions effective April 2025. The term "CIT" and any associated P/C numbers are reserved for trainings that align with this curriculum.

Table 14 *Detention Services Available in Maryland*	
Type	Definition and Examples[59]
Screenings	Upon entry, screenings refer to the initial evaluations conducted to determine an individual's physical and mental health status, risk level, and immediate needs upon intake. These screenings play a vital role in ensuring safety, appropriate housing or supervision, and timely access to essential services during custody. They typically include the following: ● Medical: Identifies any immediate medical needs, contagious diseases, injuries, or ongoing medical conditions ● Mental health: Assesses for signs of mental illness, suicidal ideation, or cognitive impairments to determine the need for further evaluation or intervention ● Substance use: Evaluates for signs of withdrawal, intoxication, or a history of substance use disorders ● Classification: Determines security level, housing needs/placement, and potential risk to self or others ● Legal and administrative: Confirms identity, legal status, and any detainers or holds
Assessments	Assessments refer to comprehensive evaluations conducted after initial screenings to gather more in-depth information about an individual's medical, mental health, behavioral, and security needs. These assessments help guide treatment plans, housing decisions, and rehabilitative services. Common types include the following: ● Medical: Detailed evaluations of existing health conditions, medication needs, and ongoing care plans ● Mental health: In-depth evaluations of psychiatric conditions, trauma history, and risk for self-harm or suicide ● Substance use: Determines the severity of substance use disorders and the need for detoxification or treatment ● Risk and need: Identify an individual's risk level for violence, recidivism, or victimization and help inform classification and intervention strategies ● Behavioral and social: Examine factors like education level, employment history, family background, and support systems to guide rehabilitation efforts

[59] Not all facilities offer the following examples of services, but this provides an overview of the various types that may be available to support individuals in custody.

Mental Health and/or Substance Use Treatment	In addition to screenings and assessments, facilities offer various mental health and substance use treatment services to support individuals in custody. These may include crisis intervention, psychiatric care, medication management, and individual or group therapy for mental health conditions. Substance use treatment services often include detoxification support, medication-assisted treatment (MAT),[60] counseling, and recovery programs. These services aim to stabilize individuals, reduce recidivism, and connect them with continued care upon release.
Other	Other services include vocational training and personal development programs, such as educational classes, job readiness training, and life skills workshops to help individuals gain skills for future employment. Religious services, recreational activities, and reentry programs help support well-being and build a foundation for successful reintegration into the community.

Screenings and Assessments: Upon admission to the Frederick County Adult Detention Center, individuals undergo a series of screenings and assessments to identify medical, mental health, and other specialized needs. The process begins with a medical screening, which includes a review of medical history and four mental health-specific questions. At this stage, detainees may sign a release of information (ROI) and request continuation of prescribed medications. Wellpath serves as the contracted health care provider for medical and behavioral health services at the facility.

Following the medical screening, a classification specialist conducts a comprehensive intake assessment covering suicide risk, sexual assault history, family history, Veteran status, current medications, and relevant factors related to the Prison Rape Elimination Act (PREA). This assessment also provides an opportunity to refer individuals to the detention center's mental health unit. As part of the intake process, detainees who report current or past use of medication-assisted treatment (MAT) are referred to the MAT coordinator. Detainees may also request MAT services directly through written requests. These two pathways are described in further detail in Table 15.

Once referred, mental health unit staff meet to evaluate the detainee further and determine appropriate next steps. Outcomes may include placing the individual on mental health watch, recommending a competency evaluation, scheduling appointments with behavioral health providers, or ensuring continuity of medication management.

[60] While the term "medication-assisted treatment" can be found referenced in laws, regulations, academic literature, the media, and common language, many organizations are retiring the use of the term in favor of "addictions medication" or terms indicating the medications specifically tailored for treatment (e.g., "medications for opioid use disorder").

To ensure coordinated care, a multi-disciplinary team, including medical staff, the classification unit, mental health staff, security staff, and dietary/kitchen staff, meets every Thursday at 9:00 a.m. to discuss all individuals admitted during the past week. These weekly meetings help align staff across departments and support individualized care planning.

In addition, within five days of admission, detainees are also given a reentry survey by the classification specialist to help identify support needs for community reintegration. This structured, collaborative process supports safety, stabilization, and continuity of care throughout a detainee's time at the facility.

Mental Health and/or Substance Use Treatment: The Medication-Assisted Treatment (MAT) program at the detention center was developed to replace self-administered addiction medications with a structured, physician-monitored approach. In addition to medication, the program addresses the underlying behavioral health needs of participants by integrating mental health and peer counseling services.

The MAT Department is supported by a multidisciplinary team consisting of a MAT coordinator, dosing nurse, medical provider, discharge planner, and peer recovery specialist. Patients are also evaluated and monitored by the mental health team as needed to ensure continuity of care and appropriate treatment adjustments.

The medications currently offered through the program include buprenorphine, methadone, and naltrexone. At this time, injectable MAT medications are not utilized within the program.

Eligibility for the MAT program can be established through one of two pathways (see Table 15). Once enrolled, participants receive their MAT medication once daily while in custody.

Table 15
Frederick County's MAT Program Eligibility Pathways

Eligibility Pathway	Eligibility Description	Process Steps
Community Continuity	Detainees arriving at the detention center who are currently prescribed MAT by a community provider or clinic.	1. Verify medication, dosage, and last dose with the provider 2. Obtain orders 3. Enroll in the MAT program
Detention-based Induction	Detainees who are not currently on MAT, or who have experienced a lapse in treatment, and meet at least one of the following criteria: ● Verifiable history of MAT	1. Screen by the MAT coordinator 2. Schedule an induction evaluation with the MAT provider, discharge planner, and mental health team 3. Initiate MAT medication 4. Refer to Project 103

	prescription ● Placement on the COWS[61] detox protocol within the past 30 days	<u>If criteria are not met</u>: 1. Refer to Project 103 2. Create a discharge plan 3. Attempt intake with the MAT provider pre-release 4. Schedule a post-release appointment or provide MAT resource information if pre-release intake is not possible

On the day of release, patients are administered their final in-custody dose. Contrary to prior practice, the program no longer routinely provides a 30-day supply of MAT medications upon release. Instead, methadone is dispensed only if the individual is released before the next available clinic day (e.g., Friday release with weekend coverage), and buprenorphine prescriptions are called into the patient's designated pharmacy under similar conditions. The program's census fluctuates, but it typically serves approximately 45 to 60 patients at any given time.

Building on the comprehensive medication-assisted treatment services, Project 103 delivers an intensive, therapy-based program to support individuals with substance use disorders during incarceration. Project 103 is a CARF-accredited, MDH-BHA licensed, ASAM Level 1 Outpatient Treatment Program operated by the Behavioral Health Services division of the health department within the detention center. The program offers weekly individual and group therapy sessions led by licensed or certified clinical staff, using evidence-based models to guide interventions. In addition to treatment, Project 103 provides peer recovery support, behavioral health case management, and reentry planning services. In collaboration with the detention centers' mental health staff, the program supports participants diagnosed with severe and persistent mental illness. Project 103 also conducts screening and referrals for all levels of care outside of the detention center. Recovery support specialists play a critical role in helping participants connect with recovery resources post-release, ensuring continuity of care.

The TAMAR program has been in operation for over 10 years, providing support to incarcerated individuals affected by traumatic or adverse life experiences. This structured, 10-week psychoeducational group program integrates trauma-informed care principles and cognitive-behavioral approaches to address the complex needs of participants, particularly those with co-occurring mental health and substance use disorders. Currently, the detention center only offers this voluntary, gender-specific program to self-referred incarcerated women with a documented history of trauma. Each group meets weekly and accepts an average of 12

[61] Clinical Opiate Withdrawal Scale (COWS) is an 11-item assessment tool used by health care professionals to rate the severity of opioid withdrawal symptoms and guide treatment.

participants per cycle. Participation is voluntary and initiated through self-referrals. TAMAR provides a safe, structured environment for participants to begin processing their traumatic experiences and developing healthy coping strategies.

Furthermore, all detainees are offered naloxone upon release as a critical overdose prevention measure. Both detainees and staff receive naloxone training to ensure readiness and awareness. Additionally, a naloxone vending machine has been installed outside the facility, which stakeholders report as a successful initiative in improving community access to this life-saving medication.

Other: The Frederick County Adult Detention Center offers a range of programs supporting rehabilitation, recovery, and reentry. These include Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups, as well as a peer recovery program through the local health department that provides support from individuals with lived experience. Parenting classes and religious programming are also available to address personal development and spiritual needs.

Educational support includes GED preparation, which was previously paired with on-site testing before being discontinued during the COVID-19 pandemic. Electronic tablets ("purple tablets") are available for communication and self-guided learning. In addition, the Second Opportunity Reentry Program helps individuals prepare for successful reintegration into the community (see the "Corrections Reentry Services" section).

Peer Support Services

Peer support specialists play an important role in intercepts 2 and 3. Most peers are SUD-specific and are often shared across multiple teams, including problem-solving courts, jail-based programs, and pretrial services. Their lived experience and specialized training make them valuable resources for engagement, motivation, and connection to treatment and recovery services during critical early points in the criminal justice process.

Data Collection and Sharing

Other than what is included in each section above, workshop participants did not discuss data collection or sharing practices related to initial detention, court hearings, or jail and court processes during the workshop.

INTERCEPTS 2/3 GAPS

Court-Ordered Services

Competency Evaluation: The Maryland Department of Health (MDH) is legally required to transfer detainees deemed incompetent to a treatment facility within 10 days; however, in practice, transfers frequently take two months or longer. As of the time of the workshop, eight individuals in the Frederick County Detention Center have been awaiting transfer for more than two months, with some cases reportedly extending up to 10 months. Despite the statutory deadline, there are reportedly no cases where a transfer has occurred within the 10 days.

In response to these delays, public defenders have filed motions to hold MDH in contempt; however, it is commonly observed that just before the scheduled contempt hearing, the detainee is either transferred for evaluation or removed from the detention center's custody, temporarily resolving the issue without systemic reform.

Although distinct from competency evaluations, workshop participants raised a gap related to Not Criminally Responsible (NCR) evaluations during this discussion. In Frederick County, there are significant delays in conducting NCR evaluations; these delays often involve individuals charged with violent offenses, who remain in custody for extended periods while awaiting assessment, creating prolonged uncertainty and further straining the legal and correctional systems.

Additionally, concerns about consistency in evaluations across clinicians were highlighted, further complicating both competency and NCR determinations and undermining confidence in the evaluation process.

Petition for Emergency Evaluation: Workshop participants are concerned about a growing trend of individuals being sent from jails outside the county, including Allegany, Washington, Montgomery, and most recently, Prince George's counties, to receive substance use treatment locally. Many of these individuals arrive with untreated, under-treated, or inadequately managed mental health conditions. Without sufficient mental health services in place, their conditions often deteriorate, resulting in crises that necessitate emergency petitions. This places a significant strain on local resources, including emergency services, behavioral health providers, and treatment programs. Workshop participants voice growing concern that this practice may, in effect, amount to shifting individuals with complex needs to jurisdictions unequipped or unprepared to fully support them, rather than providing coordinated, holistic care.

Opportunity: This challenge presents a valuable opportunity to strengthen cross-county collaboration, enhance comprehensive discharge planning, and establish greater accountability in the referral of individuals for treatment across jurisdictions. By working together, counties can ensure individuals receive coordinated, appropriate care that addresses both substance use and mental health needs, ultimately improving outcomes and reducing strain on local systems.

Assisted Outpatient Treatment: The provisions of the AOT bill and its implementation remain unclear, leading to significant concerns from the affected parties, including providers, the judiciary, and other stakeholders, about the potential implications of the new legislation. A primary concern is that AOT may require the expansion of Assertive Community Treatment (ACT) teams, which, without dedicated funding, could become a barrier. ACT already has long waitlists, making it unlikely that current teams could absorb additional demand without significant investment. The county's Core Service Agency has also expressed particular apprehension, citing a lack of sufficient resources, infrastructure, housing, and transportation to effectively manage and implement the bill's requirements independently.

Recommendation: To build a sustainable AOT program, it is essential to follow a strategic and collaborative approach. For detailed guidance, refer to the "Resources" section, which includes the Treatment Advocacy Center's comprehensive report outlining key building blocks, foundational components, and practical implementation tips. Key recommendations include securing buy-in from leadership across sectors to ensure broad support and effective integration. It is also essential to foster a shared understanding of the law and funding landscape to guide decisions and determine the appropriate level of judicial involvement for efficient court processes. Additionally, establish a robust oversight mechanism to monitor program progress and outcomes, and create clear written policies, procedures, and forms to maintain consistency and transparency. Regular stakeholder meetings should be held to address challenges, share successes, and refine processes. Participants should be well-informed by providing materials outlining their rights and responsibilities. Efforts should also be made to educate stakeholders and the community to build awareness and support for the program. Tracking program data will help assess effectiveness and guide improvements. Finally, mentor neighboring communities by inviting them to observe processes and review policies, promoting regional collaboration and expanding the program's impact.

Health General Commitment Evaluation: The primary challenge occurs after the § 8-505 evaluation and during the § 8-507 commitment phase, where delays in bed availability often hinder timely placement.

Court Structure

Problem-Solving Courts: The Mental Health Court is currently operating without treatment specialists and case managers on the team due to funding constraints. This absence significantly limits the court's ability to effectively coordinate clinically-appropriate treatment and supervision.

The Veteran Justice Outreach (VJO) Specialist is intended to play a critical role in supporting the Veterans Treatment Court by working closely with the court coordinator to identify and connect participants to appropriate services within the VA system. This partnership is essential, as the coordinator has limited authority or access when it comes to navigating VA-specific resources. The VJO is meant to serve as the primary liaison between the court and the VA, facilitating timely linkages to care and support. However, in practice, the VJO currently does not attend docket hearings and is not actively involved in coordinating services for Veterans. This lack of engagement has created a significant gap in support for justice-involved Veterans, many of whom rely on this connection to access the care and resources they need.

In response, local nonprofit Platoon 22 has stepped in to fill this void, leveraging its connections and community presence to assist with resource navigation and service referrals. It was recently learned that VJOs fall under the VA's Homeless Program, where their primary responsibilities may be more aligned with housing support than direct court engagement, potentially contributing to their limited involvement and responsiveness to the treatment court's specific needs.

Opportunity: There is a bidirectional opportunity to advocate for the inclusion of treatment specialists and case managers on problem-solving court teams and to more fully integrate members of the judiciary into local behavioral health or problem-solving committees. These actions could help strengthen collaboration, improve resource coordination, and enhance the effectiveness of court-based interventions for individuals with complex behavioral health needs.

Detention and Corrections

Services: The Frederick County Detention Center faces several key challenges related to behavioral health services, medication access, staffing, and program engagement. Like many facilities across the state, jail staffing shortages have impacted operations, limiting the availability and consistency of programming and clinical support.

Screenings and Assessments: Within the medical unit, concerns such as traumatic brain injury (TBI) and intellectual or developmental disabilities (IDD) are primarily identified through self-report, which may result in underdiagnosis or missed opportunities for intervention.

Mental Health and/or Substance Use Treatment: Workshop participants report that offering mental health treatment is difficult in a correctional environment where detainees may be made emotionally vulnerable without sufficient follow-up care or supportive housing conditions.

Medication management also presents ongoing challenges. The Medication-Assisted Treatment (MAT) program is strained by its status as an unfunded mandate, with barriers including high medication costs, implementation logistics, and staffing limitations. The detention center maintains a relatively robust formulary and allows off-formulary use when necessary. A formal process exists to reinitiate community-prescribed medications, requiring a psychiatric assessment, signed release of information, and verification request. However, delays often occur when detainees provide incomplete or inaccurate information, contributing to frustration and mistrust. Long-acting injectable psychiatric medications are reportedly not provided due to cost. Staff expressed a strong interest in offering Sublocade (injectable buprenorphine) as a strategy to reduce medication diversion, an issue seen statewide, though the high cost continues to present a substantial barrier.

Overall, program participation remains inconsistent. Many in-custody programs were discontinued during the COVID-19 pandemic and have not been fully reinstated. For example, while GED preparation is available, the facility is no longer a GED testing center. Additionally, the TAMAR program remains available to women in custody, but there is currently no equivalent trauma-informed treatment option for men. This is a significant gap, given that many incarcerated men have histories of trauma that often go unaddressed, contributing to unresolved mental health and substance use issues that increase the risk of reoffending.

Staff also report a general lack of engagement in programming due to multiple factors, including short lengths of stay, averaging just 27 days, and low motivation among detainees. For some, the ability to access a tablet and receive meals without program participation reduces the incentive to engage in rehabilitative services. Additionally, many reentry programs are designed to span six to nine months, which often doesn't align with the brief period many individuals remain in custody.

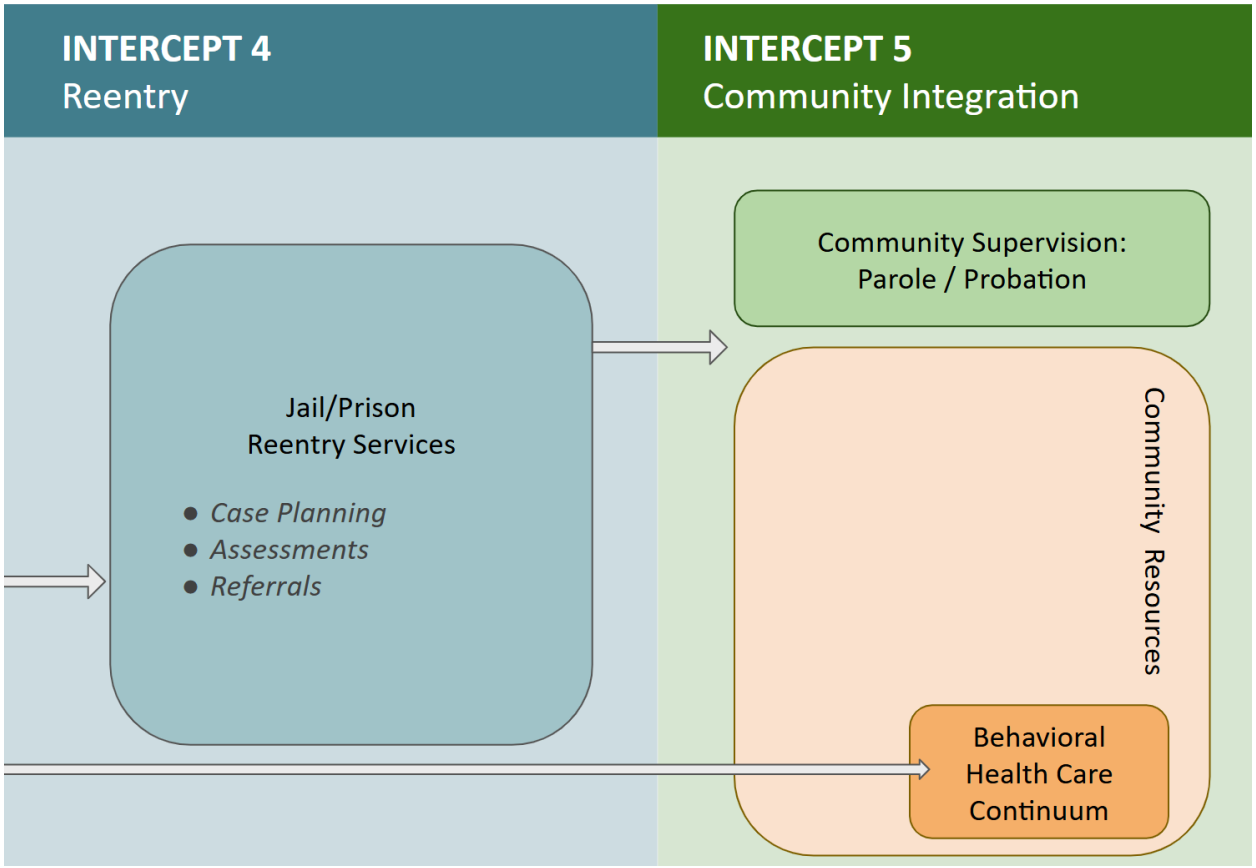
Challenges also exist at the community level. There is currently no available Level 4.1 residential treatment option locally, and individuals requiring civil commitment must instead enter the forensic system. Workshop participants report that this gap in care presents a barrier to both

diversion and reentry efforts and limits the continuum of care available to individuals with serious behavioral health needs.

Peer Support Services

While peer support specialists are actively used across multiple teams within intercepts 2 and 3, most currently focus on substance use disorders. There is a growing need for peers with lived experience in mental health or co-occurring disorders to better support individuals with complex behavioral health needs. Expanding peer support in this area would enhance engagement, continuity of care, and recovery outcomes.

Opportunity: Partnering with organizations like the National Alliance on Mental Illness (NAMI), Maryland can expand access to trained mental health peers, enhancing and complementing existing SUD-focused services.



Intercept 4 and Intercept 5

Intercepts 4/5 Resources

Corrections Reentry Services

Services and Referrals: All incarcerated individuals, regardless of behavioral health status, meet with the reentry coordinator to initiate the reentry process. This meeting typically occurs between 0 and 120 days before their scheduled release, if the release date is known. During this process, a reentry service plan is developed to identify post-release needs such as services, referrals, and other supports. These plans can be shared with Parole and Probation, as appropriate.

The reentry coordinator manages a caseload encompassing the entire detainee population, which averages around 300 individuals. The coordinator generally prepares discharge paperwork; however, releases occurring outside of regular working hours are handled by other staff, including correctional officers or medical personnel.

Available reentry services include assistance with obtaining vital documents (e.g., birth certificates, IDs), reactivating health insurance, coordinating health care referrals, connecting individuals to public benefits (e.g., Supplemental Security Income, Veterans Affairs services), and facilitating referrals for other basic needs.

Before release, individuals with psychiatric or somatic prescriptions are dosed, if present at the time of medication distribution, and discharged with their remaining medication blister packs. Community treatment providers coordinate any necessary bridge medications. As previously stated, all individuals are offered naloxone at release, and a naloxone vending machine is located just outside the facility.

The detention center utilizes a BHA-funded, LBHA-administered grant to support the clinical component of reentry for individuals with behavioral health needs. The Maryland Community Criminal Justice Treatment Program (MCCJTP)[62] is a detention center-based program that identifies individuals with mental health needs while they are detained in local detention centers. The program focuses on maintaining continuity of care and improving health care outcomes, thereby reducing recidivism. Services may include mental health screening and assessment, short-term crisis intervention, aftercare planning, and coordination of community treatment and support services by care coordinators and peer recovery specialists. Locally, MCCJTP applies funds to cover reentry planning and pre-release case management for individuals with serious and persistent mental illness.

Several programs offer continuity of support by engaging individuals before release and maintaining services afterward. Project 103, highlighted in the "Intercepts 2/3 Resources" section, offers peer support that begins in custody and continues post-release. LEAD case managers are granted access to the detention center to meet with participants, while the Mental Health Association provides virtual advocacy and support services. Probation agents conduct monthly "Re-Start" program sessions within the facility, delivering educational workshops beginning one month before release to support reintegration. Additionally, the reentry coordinator facilitates the Second Opportunity program, a 10-12 week initiative for sentenced individuals that includes five courses focused on vocational exploration, skills development, higher education, financial literacy, and values-aligned goal setting.

[62] MCCJTP operates in all Maryland jurisdictions except Montgomery County and Baltimore City, assisting local detention centers in addressing the comprehensive behavioral health needs of justice-involved individuals. In collaboration with the LBHAs/CSAs, the program provides both clinical treatment and case management services. Each participating jurisdiction partners with experts from agencies that provide behavioral health services, case management, and legal counsel services. Additionally, input is sought from a broad range of stakeholders, including representatives from detention centers, judiciary, parole and probation, law enforcement, social services, consumer advocates, and the community.

Additional programs are being vetted to expand reentry support. Both Platoon 22 and a representative of the Maryland Reentry Navigator program have recently requested access. For more details about these programs, see the "Intercepts 0/1 Resources" section and the "Community Reentry Services" segment of this section, respectively.

Supervision: The Department of Public Safety and Correctional Services (DPSCS) oversees community supervision operations to ensure that individuals reentering the community comply with the conditions set by the courts and the Maryland Parole Commission.[63]

The Parole and Probation Training Unit, within the Maryland Police and Correctional Training Commission, is committed to preparing agents and monitors to provide services that are professional, ethical, lawful, and respectful. Training emphasizes sensitivity to client needs while aligning with legal standards and the public interest.

While the Maryland Correctional Training Commission requires that mandated parole and probation staff complete 18 hours of annual in-service training to maintain certification, the leadership of the Division of Parole and Probation has set a higher standard. Mandated staff are now required to complete 40 hours of Commission-approved in-service training annually (see Table 16).

Table 16
In-Service Training for Parole and Probation Staff in Frederick County, Maryland

Type	Context
Defensive Tactics	Provides non-custody staff with the skills and confidence to use defense techniques if required to protect themselves from physical harm.
Field & Agent Safety	Reviews safety policies and procedures related to community supervision activities.
CPR/First Aid	Offers both theoretical knowledge and hands-on instruction in CPR and basic first aid techniques.
Justice Reinvestment Act (JRA)	Covers policies and procedures related to assessments, case planning, graduated sanctions, earned compliance credit, collections, and accounting in accordance with the JRA.

[63] In addition to supervising parolees, probationers, and those on mandatory release from correctional facilities, community supervision staff also conduct pre-sentence, post-sentence, special court, pre-parole, and executive clemency investigations and supervise individuals who've been court-ordered into the Drinking Driver Monitor Program. A Community Supervision Enforcement Program monitors offenders on home detention and operates the Warrant Apprehension Unit to bring in offenders who have violated the terms of their supervision.

De-Escalation and Behavioral Health	Educates staff on recognizing signs of escalation and using verbal techniques to de-escalate conflict. Includes training on identifying behavioral health issues (e.g., depression, anxiety, and substance use) and understanding stigma and other barriers to care. Also addresses special topics, including suicide and considerations for older adults.

In Frederick County, individuals assigned to community supervision following incarceration are required to complete an in-person intake on the first business day after release at the Frederick Field Office/DDMP, which is co-located with the Frederick County Courthouse. The intake process includes fingerprinting, photographing, document execution, and assignment to a supervision agent. During intake, the agent reviews the 10 standard supervision conditions used statewide, along with any special conditions imposed by the court. This process typically takes 1 to 1.5 hours.

In Frederick County, supervision agents each manage an average of approximately 100 active general supervision cases. Specialized caseloads vary by offense type, with the following local averages: 50 cases per COMET (Collaborative Offender Management/Enforced Treatment for sexual offenders) agent, 65-70 cases per domestic violence agent, and 120 cases per DDMP (Drinking Driver Monitor Program) monitor. As of the time of publication, stakeholders report a total of 2,100 active supervision cases in the county.

Supervision is categorized into four levels, ranging from low (for individuals with no prior history and no present disorders) to high. GPS-based home monitoring is generally reserved for mandatory releases and parolees. Monthly check-ins are typically conducted face-to-face, either in the field or at the office. In response to the COVID-19 pandemic, DPSCS introduced flexible protocols, allowing individuals to check in virtually using state-issued cell phones when appropriate.

Through the Justice Reinvestment Initiative, the Division of Parole and Probation is striving to dispel the historically adversarial understanding of supervision. Supervisors complete mandated training on mental health and substance use disorders and provide referrals to the community for resources and graduated sanctions when permitted by the court, with the ultimate goal of successful termination of supervision. While the DPSCS Division of Corrections has long employed social workers, the Division of Parole and Probation has only recently begun embedding social workers within its operations. These professionals support agents by helping connect individuals under supervision with needed services and resources.

Community Reentry Services

The Reentry Advisory Coalition for the city of Frederick provides guidance and recommendations to city staff on issues affecting reentering individuals, disconnected populations, and justice-impacted youth. Frederick is in the process of hiring a reentry coordinator, who will be based in City Hall and serve as a point of connection to services for individuals returning to the community.

Supportive Funding: As discussed in the "Intercepts 0/1 Resources" section, the Behavioral Health Administration's Mental Health Consumer Support grant serves as a vital safety net for individuals actively engaged in the Public Behavioral Health System.

Behavioral Health Services: Multiple agencies offer community-based behavioral health care for residents, including systems-involved individuals who are experiencing mental health or substance use disorders. These services are detailed in the "Intercepts 0/1 Resources" section.

To address the unique needs of the reentry population, Justice and Recovery Advocates Inc. offers full-service reentry and recovery case management for a period of three to six months after community intake. This support helps individuals navigate the challenges of reentry and reintegration.

Recommendation: Workshop conversations highlight the broad desire for trauma-informed care in Frederick County, a notable issue for individuals reintegrating into the community after incarceration. Stakeholders should actively pursue opportunities to strengthen and expand connections committed to offering trauma-informed care to this population.

Professional Development: The U.S. Department of Labor's Reentry Employment Opportunities (REO) program, authorized under Section 169 of the Workforce Innovation and Opportunity Act (WIOA) of 2014, provides federal funding to support formerly incarcerated adults and systems-involved youth and young adults. The program fosters partnerships and strategies that improve reentry-related employment outcomes. In Frederick County, WIOA services are administered through the Frederick County American Job Center, which is open Monday through Friday from 8:00 a.m. to 4:00 p.m.

Statewide, the Maryland Department of Education Division of Rehabilitation Services (DORS) and the Maryland Department of Labor provide workforce supports, including job training, coaching, resume writing assistance, job placement support, and education services such as GED preparation.

To further strengthen workforce access for justice-involved individuals, the Maryland Department of Labor has launched the Maryland Reentry Navigator program. This initiative

connects returning residents to employment opportunities, skill-building programs, credentialing resources, and other local reentry support services. Frederick County is assigned one reentry navigator who collaborates regularly with navigators across the state to coordinate services, reduce fragmentation, and co-host job and resource fairs.

Recommendation: To address concerns raised during the workshop regarding duplication of efforts, the county should ensure coordination between the Maryland Reentry Navigator program and existing supports and services. Additional materials, including a program flyer, a navigator contact list, and a calendar of job and resource fairs, can be found in the "Resources" section.

A local nonprofit originating in Frederick, Justice Jobs has grown to serve individuals across the state. The organization helps remove barriers to employment by supporting applicants with resume writing, online applications, and interview preparation. After job placement, Justice Jobs provides continued support through workshops and morale-boosting events.

Frederick County Workforce Services (FCWS), also highlighted in the "Intercepts 0/1 Resources" section, offers a range of in-person and virtual workshops and services to support clients and their families. No-cost GED preparation is available through both FCWS and Frederick Community College. Workshop participants report that local philanthropic organizations can assist with testing fees, although funding is limited.

Recommendation: Workshop participants express a desire to expand literacy-focused services to support low-literacy reintegrating individuals. The Literacy Council of Frederick County provides local adults with pathways to essential literacy skills. Eligibility is limited to adults aged 18 and older who live or work in Frederick County. The council offers multiple programs, serving people who are learning or already speak English. Services include free and confidential tutoring, a life skills program (e.g., basic computer skills, GED preparation, and health and simple math literacy), and a workforce development program offering interviewing skills, online job searching, and resume writing workshops, as well as certifications in hospitality, customer service, and Agile. The county should consider partnering with the council to explore expansion opportunities specifically targeting justice-impacted community members.

Legal Assistance: Maryland Legal Aid (MLA) offers comprehensive civil legal assistance to low-income residents, serving all 24 jurisdictions from 12 offices across Maryland. The Midwestern Maryland Office in Frederick serves residents of Frederick, Carroll, and Washington counties. MLA offers assistance in a range of civil legal matters, including child custody and family law, housing and eviction prevention, public benefits, bankruptcy and debt collection,

and criminal record expungement to help remove barriers to housing, employment, and custody.

Housing: Housing options for county residents are detailed in the "Intercepts 0/1 Resources" section.

Transportation: As noted in the "Intercepts 0/1 Resources" section, public transit options are available within Frederick County and to surrounding areas. However, access remains inconsistent across the region.

Peer Support Services

Workshop participants emphasized that Frederick County has been actively working to integrate peer support at each intercept point to better serve the entire community. Because these services are not court-ordered, peer professionals are able to engage individuals more organically, meeting them where they are on their personal recovery journeys.

Justice and Recovery Advocates Inc. provides both one-on-one and group peer support services. Notably, the organization employs a forensic peer in long-term recovery, offering a valuable and unique perspective to individuals navigating both behavioral health challenges and involvement in the justice system.

Family Support Services

As detailed in the "Intercepts 0/1 Resources" section, family and community members can access peer support through organizations such as the Maryland Coalition of Families. When possible, pre-parole investigations engage family members to explain supervision conditions and incorporate them into the reentry process, an approach that can help promote stability and reduce violations for the returning citizen.

The Safer Stronger Together initiative supports families involved with multiple systems, including the Department of Human Services, the Department of Public Safety and Correctional Services (DPSCS), and the Department of Juvenile Services (DJS), by investing in youth, strengthening families, empowering communities, and enhancing public safety. Through this initiative, agencies collaborate with a Family Navigator to coordinate services for families engaged across systems. In parallel, local community action boards develop strategies to allocate public funds toward addressing public safety concerns in their neighborhoods. The initiative is designed to streamline interagency collaboration, promote community-led approaches to safety and wellness, and expand opportunities in areas most impacted by system involvement.

Locally, Justice and Recovery Advocates Inc. offers reentry education and support for families navigating the justice system, along with referrals for family members seeking treatment, counseling, and other community services. Additionally, Children of Incarcerated Parents Partnership (COIPP), a volunteer-led non-profit organization, provides support, resources, and services for children impacted by the incarceration of a loved one, as well as their caregivers and currently or formerly incarcerated family members in the Frederick region. COIPP hosts free events for children and caregivers throughout the year, along with regularly scheduled classes and special activities at the Frederick County Adult Detention Center. The organization's outreach team also provides gift cards for food, gas, and children's necessities, and helps connect families to community resources and other nonprofits that can offer further assistance.

Data Collection and Sharing

No data collection and sharing strategies related to intercepts 4 and 5 were reported during the workshop.

Intercepts 4/5 Gaps

Corrections Reentry Services

Services and Referrals: Reentry planning is time-consuming and complex. Connecting individuals to essential services frequently involves lengthy and complicated application processes. Within the detention center, staffing for reentry services is limited, with a single reentry coordinator serving the entire incarcerated population. Outside organizations are not permitted to provide in-facility case management, which could otherwise help alleviate this burden. A single additional intern offers limited, one-year support, further restricting capacity. As a result, many reentering individuals who need care coordination remain underserved, a challenge commonly reported across jurisdictions statewide.

Individuals released on probation while still receiving treatment often face disruptions in health insurance coverage, which is terminated after 30 days of incarceration. Assisting individuals with obtaining new coverage is time-intensive and adds to the strain on limited resources. Workshop participants estimate that approximately 95% of individuals leave incarceration without health insurance.

Unplanned releases present another well-documented challenge across the state. These occur when individuals are discharged unexpectedly, often due to court orders, sentence recalculations, or administrative decisions, without prior notice to reentry or treatment staff. As a result, there is little to no time for service coordination, reducing the likelihood of individuals receiving timely and appropriate support and increasing the risk of recidivism.

Opportunity: The county may benefit from utilizing targeted case management (TCM) to address some of the challenges with unplanned releases, especially given the broad eligibility for TCM. Individuals can self-refer or be referred by non-professionals such as family members, and services can follow participants for several years.

Stakeholders across the state also report widespread difficulties in providing individuals with vital documents at the time of release, especially when the release is unplanned. Delays in obtaining Social Security cards appear to be increasing, and local efforts to expand ID access through a Maryland Motor Vehicle Administration kiosk at the detention center have failed. Without the combination of a Social Security card, a birth certificate, and a state-issued photo identification, formerly incarcerated people face significant barriers to securing employment, housing, bank accounts, and government services.

Opportunity: Innovative collaboration strategies to expand state ID access exist across the country. The U.S. Department of Transportation's *Leading Practices Toolkit Concerning Government-Issued Identification for Formerly Incarcerated Individuals* offers examples of interagency strategies, including DMV services inside correctional facilities and mobile DMV units; some of these examples are implemented at a local level and are even self-funded.

Supervision: Improving coordination between the bench, correctional reentry services, community-based reentry programs, and community supervision agencies can significantly enhance reintegration outcomes across all jurisdictions. Stronger partnerships help ensure a smoother transition from incarceration to community life, support continuity of care, and expand access to critical resources, all of which reduce the risk of recidivism.

Opportunity: Facilitating continuity of care before release is considered best practice, but effective implementation requires careful coordination. Courts can support this process by imposing special conditions that empower supervision agents to verify adherence with reentry plans. This is especially valuable given that screening results for individuals released from detention are not automatically shared with parole and probation staff. In addition, providing education on the role of Parole and Probation in § 8-507 commitments while clarifying guidance for supervision agents responding to decompensating Mental Health Court participants will offer immediate opportunities for alignment across sectors to strengthen continuity of care.

However, current policies present barriers to effective supervision. Notably, legal counsel is not permitted to accompany clients to supervision intake appointments. The Office of the Public Defender (OPD) has raised concerns that this restriction can hinder clients' understanding of the

conditions they are expected to follow. Many individuals may struggle to comprehend the terms of their supervision on their own, especially without legal support to clarify complex language or requirements. As a result, some clients may unintentionally violate their supervision conditions, not due to willful non-compliance, but because of confusion or misunderstanding at the outset.

Opportunity: Peers can bridge this significant gap, ensuring clients understand their supervision conditions.

Community Reentry Services

Behavioral Health Services: In some cases, behavioral health providers do not address underlying criminogenic factors, such as antisocial attitudes, negative peer influences, or poor impulse control, that contribute to justice involvement, which limits the effectiveness of treatment in reducing recidivism.

Opportunity: Stakeholders have expressed an interest in reviving a collaboration focused on addressing criminogenic factors for Drug Treatment Court participants. This effort, discontinued as a result of the COVID-19 pandemic, would afford a chance to endorse treatment options that address dynamic criminogenic factors.

Recent changes allowing medical cannabis use under probation conditions have created confusion and concern among professionals. Individuals are now applying for medical cannabis ID cards while incarcerated or while receiving other SUD treatment. Some professionals worry that cannabis may interfere with recovery and pose long-term risks, including an increased risk of psychosis. These concerns are supported by multiple meta-analyses, which advise avoiding cannabis use during adolescence and early adulthood and in individuals with or at risk for mental health disorders.

Parents seeking substance use treatment face additional barriers due to a lack of facilities that allow children to accompany them. Andrea's House is the only identified local option and serves six women at a time with children aged nine and younger. As a result, some parents forgo needed treatment due to a lack of safe childcare, a concern further discussed in the "Priorities for Change" section.

As noted in the "Intercepts 0/1 Gaps" section, residents with primary mental health concerns, and the care teams that support them, face significant challenges due to limited treatment options in the community.

Individuals convicted of sexual offenses face significant barriers to accessing treatment due to a lack of trained professionals willing to work with this population. The Maryland Sexual Offender Advisory Board (MSOAB) has called for a statewide plan to identify and train professionals to deliver this specialized care. The MSOAB 2021 Report to the Maryland General Assembly outlines these recommendations.

Parolees face unique barriers to accessing treatment. Under House Bill 295 and Senate Bill 194 (2004), certain nonviolent offenders can become eligible for parole if they participate in drug or alcohol treatment. However, in practice, several obstacles limit access to these services. Assessments for mental health and substance use must be conducted by external providers, but case managers, who are responsible for scheduling these appointments, often do not do so in time. Even when appointments are made, obtaining the required provider signatures can delay treatment further. As a result, many people remain incarcerated only to be released without established connections to community-based services. Frederick County, which receives many individuals paroled from the nearby Maryland Correctional Institute in Washington County, is especially affected. This highlights the urgent need to strengthen coordination and close gaps in serve delivery.

Professional Development: While the Department of Labor offers employment services, only about 10% of individuals follow up, according to representatives. A more competitive job market, partly due to an influx of former federal employees, has made it even harder for returning citizens to secure employment, particularly in traditionally accessible industries.

Housing: Housing remains a critical gap across intercepts. Affordable, stable housing is essential for successful reintegration and access to services. Stakeholders emphasize the importance of warm handoffs to transitional housing in preventing reincarceration and supporting continuity of care. However, transitional housing remains severely limited statewide. In Frederick County, the absence of single room occupancies (SROs) and an overreliance on informal living arrangements (e.g., motels) present challenges, particularly for participants in drug treatment court. Given the volume of individuals transitioning into the local community from incarceration (50 reported at the time of the workshop), this gap is a key concern for stakeholders.

Individuals with sexual offense convictions face further housing barriers due to exclusion zones and restrictive regulations imposed by landlords, housing authorities, and programs, severely limiting their options. Similarly, individuals with arson convictions have historically been denied housing access.

Opportunity: Proposed legislation, such as Maryland's Fair Chance in Housing Act ("Act"), presents a promising opportunity to reduce housing barriers for individuals with criminal histories. The Act intends to significantly reform the tenant screening process by prohibiting criminal history inquiries on initial rental applications, allowing checks only after a conditional offer has been made. Additional provisions include a shortened look-back period for arson convictions, mandatory individualized assessments for recent arson cases before rescinding offers, and a structured appeals process for applicants. Although the Act stalled in committee without receiving a vote in 2025, supporters plan to reintroduce the bill in the next legislative session.

Transportation: Transportation is a significant obstacle in the reentry process. While individuals are released 24/7, transportation options, especially overnight, are limited. After midnight, cab services are often unavailable, creating risks for those returning to rural or remote areas who may be left without a safe way to reach housing, treatment, or support services. Overnight releases heighten vulnerability, including exposure to high-risk environments or relapse into substance use.

The county lacks easily accessible, direct transportation between the courthouse and the detention center; stakeholders partially address this gap by releasing individuals directly from the detention center. In some cases, however, individuals are released from the courthouse, forcing them to secure transportation or walk over four miles to retrieve their belongings from the detention center. These instances typically occur when visiting judges are unaware of the transportation limitations; however, some judges feel obligated to authorize immediate releases to those without pending charges, regardless of the consequences.

Opportunity: The Route 85 shuttle, one of the county's ten connector bus routes, already makes four scheduled stops (two in the morning and two in the afternoon) at both the detention center and the transit center, which is an 11-minute walk from the courthouse. To reduce transportation-related barriers during reentry, the county should consider aligning shuttle schedules with release time times from the detention center from the detention center. While this coordination would not fully address the transportation challenges faced by those released at unscheduled or overnight hours, it would benefit individuals released on a timed schedule.

Peer Support Services

Justice and Recovery Advocates Inc. provides support to incarcerated and returning individuals with mental health and substance use disorders, as well as their families in the community. However, due to funding cuts, the organization has reduced its service area from four counties

to two (Frederick and Washington counties) and scaled back the scope of services offered, despite continued demand.

In neighboring Washington County, representatives from Gatekeepers support reentry by engaging with individuals before their release, developing reentry plans, providing "gate meet" services upon release, and assisting throughout the transition. Unfortunately, the program is only available to individuals incarcerated in Washington County facilities.

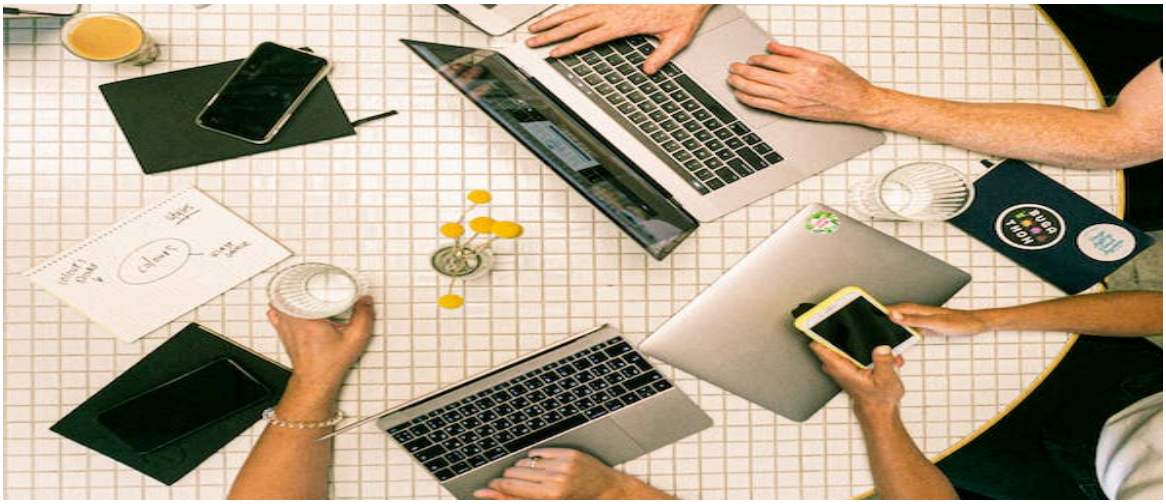
Family Support Services

As mentioned in the "Peer Support Services" section above, Justice and Recovery Advocates Inc. has reduced service offerings, including those supporting families, due to funding limitations.

Data Collection and Sharing

Local stakeholders report a need for technical assistance with tracking recidivism rates for problem-solving courts. At present, data collection is informal and paper-based while they await standardized guidance from the Administrative Office of the Courts.

The Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") establishes a set of national standards for implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Privacy Rule defines and limits the circumstances under which providers can disclose personal health information (PHI), making it difficult for reentry professionals to track whether individuals follow through with health care appointments after release.



Priorities for Change

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. **Increase access to and availability of safe, stable, and secure housing**. **(31 votes)** Safe and affordable housing is a basic necessity; its absence is one of the most significant barriers to recovery. Without it, individuals often cycle through homelessness, shelters, hospitals, and jails, hindering progress toward stability. The county has identified housing gaps, especially for special populations, detailed in the "Intercepts 0/1 Gaps" section. Barriers include a shortage of adequate and affordable permanent housing, limited transitional housing, a lack of single room occupancies (SROs) and second chance housing, and an overreliance on informal living arrangements. Stigma and certain convictions (i.e., sexual offenses and arson) create additional obstacles. The *Frederick County 10-Year Housing Study and Strategic Plan*, which is expected to be completed in November 2025, will provide additional clarity regarding evolving community needs. In addition to any policy recommendations that may emerge from the housing study, the county should expand housing options that promote independent living and support client autonomy for individuals with behavioral health needs. Stakeholders may consider adapting non-service-based models such as the Main Street approach described in the "Intercepts 0/1 Resources" section. Other opportunities include exploring various peer-supported housing models offering ongoing peer engagement and case management, as well as sober living environments that foster peer accountability and a commitment to sobriety. To advance these initiatives, the county should continue pursuing funding opportunities, including the Maryland Department of Housing and Community Development Shelter and Transitional Housing Facilities Grant

Program, the Housing and Urban Development Supportive Housing for Persons with Disabilities Program ("Section 811"), and the Veterans Affairs Supportive Services for Veterans and their Families (SSVF) Program. Success will depend on strong collaboration among public health agencies, housing authorities, mental health providers, nonprofit organizations, and private sector partners. These partnerships are critical to expanding access to innovative housing models and maximizing available resources. In addition, systemic change may require policy reform and federal advocacy to reduce service barriers. Programs and funding streams that are flexible and portable, following individuals across various housing settings, including caregiver-provided housing, are essential to promote client choice, autonomy, and long-term self-sufficiency.

2. **Expand access to supports and services from rural to urban areas**. **(20 votes)** Ensuring equitable access to services within the behavioral health and criminal legal system across both rural and urban communities remains essential to closing existing gaps. In Frederick County, limited public transportation options and variable service availability create significant barriers for individuals, particularly those traveling from rural areas to urban centers where many resources are located. Limited public transit and long travel distances pose barriers to compliance and contribute to missed court appearances and/or additional legal complications. Addressing transportation challenges, both at the point of release and throughout pretrial and reentry phases, is essential to ensuring continuity of care and improving justice outcomes. Transportation barriers also limit access to health care, housing, employment, and supports; the resulting instability can exacerbate transportation issues. Challenges such as affordability, accessibility, availability, applicability, and awareness, often called the 5 A's, further complicate access to needed supports. Expanding transportation options is a critical component of addressing these disparities, as is increasing the geographic reach and flexibility of services themselves, including telehealth, mobile clinics, and community-based programs. Federal funding and partnerships with community organizations and private foundations can support these efforts. The Rural Health Information Hub provides resources and information focused on developing, implementing, evaluating, and sustaining rural transportation programs in the Transportation to Support Rural Healthcare topic guide and the corresponding Rural Transportation Toolkit. Strengthening these systems is key to promoting comprehensive, accessible behavioral health care for all residents, regardless of location.

3. **Expand access to dual diagnosis services**. **(17 votes)** Expanding services for individuals with co-occurring mental health and substance use disorders is a critical priority. Across the state, there tends to be a greater availability of treatment options specifically for substance use disorders, as well as some dedicated mental health services. However, services designed to address both conditions simultaneously, known as dual diagnosis or co-occurring disorders

treatment, remain limited. Most current trends also indicate that while substance use treatment programs are more widespread, specialized support for individuals facing both mental health and substance use challenges is minimal. This gap leaves many people without the comprehensive care they need, as treating one condition without addressing the other often results in poorer outcomes and higher rates of relapse or recidivism. Expanding dual diagnosis services is essential to provide integrated, holistic care that meets the complex needs of this population, improves recovery prospects, and supports long-term stability.

4. Develop and implement a 911 diversion and alternative crisis response strategy. **(16 votes)** Officers are frequently called to respond to behavioral health concerns, which diverts their focus from core public safety responsibilities and creates a key manpower issue. Officers are often not the most appropriate responders for these situations, especially when the incident involves no threat of violence or criminal behavior. Stakeholders express support for innovative alternatives to traditional police response to limit contact with law enforcement and prevent penetration into the criminal legal system, particularly for calls involving nuisance issues, nonviolent situations, and low-public-safety-risk events. By deploying a 911 diversion strategy, certain types of calls (e.g., mental health crises, welfare checks, substance use) can be immediately routed to a mobile crisis team or civilian response unit. This proactive step diverts calls before police are dispatched, not after. This approach aligns with concepts in the *Baltimore Consent Decree*, which emphasizes alternatives to police intervention and reforms in how 911 calls are handled. The county may consider piloting a strategy modeled after Baltimore's 911 diversion program, which allows 911 call takers to divert certain calls from law enforcement to experienced mental health professionals through the 988 helpline when appropriate; mobile crisis teams are dispatched to provide in-person aid should the 988 helpline determine that an in-person response is necessary. Other jurisdictions operate similar strategies. To preview a sample triage and dispatch protocol, see Appendix D: Montgomery County's Common Triage and Dispatch Protocol for Behavioral Health Crisis (which includes two levels of crisis response: (1) civilian response, and (2) co-response with police).

5. Explore the creation of a health hub. **(10 votes)** A Health Hub is a centralized location that brings together a variety of health and social services under one roof to create a streamlined, person-centered system of care. It focuses on improving outcomes by addressing not just medical needs but also the social determinants of health (housing, food security, mental health, substance use, etc.). Frederick County would benefit from connecting with St. Mary's County to learn from their Health Hub model, which offers a strong example of integrated, community-based care. St. Mary's model demonstrates how co-locating services, such as primary care, behavioral health, dental services, public health

programs, housing support, food assistance, and legal aid, can create a more efficient and person-centered system of care. To establish a similar hub in Frederick County, key steps would include conducting a comprehensive community needs assessment, forming a multi-sector planning task force, securing sustainable funding, identifying a centrally located and accessible site, and coordinating technology and data sharing among partners. Launching with a pilot phase and gradually expanding services based on evaluation and community feedback could ensure long-term success.

6. Expand family services and support to ensure children are cared for when caregivers engage in treatment. **(8 votes)** Expanding family services and support is a critical priority due to the significant gaps currently experienced by families navigating behavioral health and justice systems. When caregivers enter treatment, whether inpatient or outpatient, they often face the difficult reality that many programs do not allow children to accompany patients. This is especially challenging for single parents, who must find alternative care arrangements for their children during this time. Securing reliable childcare can be costly, and not everyone has access to a strong support system to help. The financial burden and lack of accessible childcare options can create significant barriers, sometimes deterring individuals from seeking or continuing treatment altogether. These challenges highlight the urgent need for more comprehensive, family-centered resources and services. Without adequate support, families experience increased stress that can negatively impact both recovery and legal outcomes. Strengthening family services is essential to ensure children are properly cared for and that caregivers receive the support necessary to successfully navigate demanding circumstances.

7. Expand LEAD programming partnerships across the county. **(5 votes)** The Law Enforcement Assisted Diversion (LEAD) program, operating out of the health department's Behavioral Health Services unit and Harm Reduction Services subunit, is a community-based initiative that treats substance use and other behavioral health conditions as public health issues rather than solely criminal matters. By addressing the socioeconomic factors that often underlie chronic low-level criminal offenses, LEAD connects individuals to critical support services that can reduce harm and promote recovery. Expanding LEAD programming partnerships, particularly within the sheriff's office and detention center, is a key priority for community stakeholders. Broadening these collaborations will enable the program to reach more people involved in the justice system earlier, reducing overdose deaths, decreasing reliance on incarceration, and lowering the overall costs to the criminal justice system. This expansion also supports efforts to reduce crime and recidivism while fostering improved community-police relationships. By strengthening LEAD's presence countywide, more individuals struggling with behavioral health challenges can access timely, effective interventions that prioritize health and recovery over punishment.

Quick Fixes/Low-Hanging Fruit

While most priorities identified during a sequential intercept model mapping workshop require significant planning and resources to implement, quick fixes are priorities that can be implemented with minimal investment of time and little, if any, financial investment. Nonetheless, quick fixes can significantly impact the trajectories of people with behavioral health needs in the justice system.

1. Information sharing and awareness of community resources and processes were notable outcomes of the workshop convening, highlighting opportunities to support individuals with behavioral health needs in the justice system through improved communication and coordination.

   The discussion around the county's ongoing comprehensive housing study constitutes one example of this exchange. Many participants learned for the first time that the county is actively collecting data from all municipalities to better understand local housing needs, availability, and affordability. A key component of the study involves revisiting the definition of "affordable housing" to ensure it aligns with the lived experiences of residents.

   A participant took responsibility for disseminating the link to the county's housing survey to stakeholders in the room, encouraging broader engagement in the process. The study is expected to be completed by the end of the year, with several early recommendations already taking shape to enhance community well-being and promote more inclusive, sustainable housing strategies. Stakeholder input through the survey is critical to shaping the final recommendations and guiding future housing policy decisions.

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. Address the lack of suitable, affordable housing for individuals with behavioral health needs. The county has identified gaps across the housing continuum, as detailed in the "Intercepts 0/1 Gaps" and "Intercepts 4/5 Gaps" sections and further explored in the "Priorities for Change" section. Reducing or eliminating barriers can accelerate progress on existing strategies. However, some obstacles extend beyond the county's jurisdiction. Challenges such as restrictive requirements tied to voucher programs, a statewide shortage of supportive housing, and stringent certification standards for recovery housing continue to hinder local efforts. To overcome these systemic barriers, coordinated advocacy and legislative action at both the state and federal levels may be necessary.

2. Eliminate insurance and eligibility barriers to ensure equitable access to comprehensive behavioral health services. As outlined in the "Intercepts 0/1 Gaps" section, strict eligibility criteria and gaps in private insurance coverage prevent many residents from receiving care. While state-funded coverage may help fill some gaps, its availability depends on funding levels,[64] and certain individuals and services remain excluded. In some cases, individuals are forced to choose Medicaid eligibility and access to treatment over maintaining steady employment. Additionally, despite guidance allowing Medicaid reimbursement for peer support services under a fee-for-service model, the public behavioral health system does

[64] See the Carelon Behavioral Health Maryland PBHS Provider Manual for details: https://s18637.pcdn.co/wp-content/uploads/sites/75/carelon-maryland-pbhs-provider-manual.pdf?_gl=1*yz3ib7*_ga*MTAzODUyOTIwMS4xNzM2MjYxNjU5*_ga_DVJWV4YXE8*czE3NDY3OTcyNzEkbzQxJGcwJHQxNzQ2Nzk3MjcxJGowJGwwJGgw

not fund these services in clinical mental health settings, creating a barrier to parity in care. Without correction of these gaps, individuals with serious and persistent mental illness will continue to face barriers to accessing client-centered, community-based services.

3. Evaluate the impact of graduated sanctions established by the Justice Reinvestment Act (JRA). The primary goals of justice reinvestment remain popular: to improve public safety, reduce corrections spending, and reinvest those savings into evidence-based strategies to reduce crime and recidivism. In alignment with the JRA, the Maryland Department of Corrections has implemented a graduated sanction matrix to respond to technical violations of supervision. If these graduated sanctions are exhausted and technical violations persist, then supervisees may be referred back to court or to the parole commission for possible revocation. Despite these efforts, local stakeholders question the effectiveness of the current sanctions, noting that they may lack the immediacy or impact needed to promote accountability and behavioral change. Rather than advocating for a repeal of the JRA, stakeholders should prioritize partnership with local officials to propose amendments that would update and improve specific aspects of the JRA to address any identified limitations.

4. Develop a best practice model for prescribers. Providers often face the dilemma of balancing clinical judgement with patient expectations, particularly when patients anticipate receiving specific medications. This dilemma is further complicated by the widespread use of patient satisfaction surveys, which in some institutions are tied to financial incentives. Research indicates that such incentives may inadvertently encourage overprescribing, particularly of opioids. While patient feedback should not drive permissive prescribing practices, it remains a valuable tool for enhancing communication, care quality, and overall patient experience. Although local health departments currently provide prescriber education, the development of a comprehensive best practice model requires broader collaboration. County and state stakeholders must engage in coordinated efforts to build consensus, establish clear prescribing guidelines, and support providers in delivering evidence-based care that prioritizes both patient safety and satisfaction. Such a model should integrate clinical standards, patient engagement strategies, and ongoing professional education to ensure sustainable and responsible prescribing practices.

Resources

Local Resources

Community Resources

- *2024 ALICE Report*: https://www.unitedwayfrederick.org/challenge-ALICE
- *2025 Community Health Needs Assessment (CHNA)*: https://healthierfrederick.org/s/2025-Frederick-County-CHNA_20250507091543270.pdf
- Advocates for Homeless Families: https://afhf88.org/
- Andrea's House: https://www.andreashouse.org/
- Arc of Frederick County: https://www.arcfc.org/
- Coalition for a Healthier Frederick County: https://healthierfrederick.org/about/what-we-do
- *Community Advisory Board Roadmap for Success*: https://associationofnigeriansinfrederick.com/wp-content/uploads/2024/12/FINAL_Immigrant-Youth-Listening-Session-CommunityAdvisoryBoard-Roadmap.pdf
- Community Living, Inc. (CLI): https://communitylivinginc.org/
- Community Outreach And Support Team (COAST): https://health.frederickcountymd.gov/722/COAST
- Faith House: https://therescuemission.org/programs/faith-house/
- Fort Detrick VA Clinic: https://www.va.gov/martinsburg-health-care/locations/fort-detrick-va-clinic/
- The Frederick Center: https://thefrederickcenter.org/
- *Frederick County 10-Year Housing Study and Strategic Plan*: http://www.FrederickCountyMD.gov/HousingStrategicPlanFrederick County Boards and Commissions: https://frederickcountymd.gov/7675/Boards-Commissions
- Frederick County Continuum of Care Collaborative (FCCCC): https://www.unitedwayfrederick.org/FCCCC#:~:text=Frederick%20County%20Continuum%20of%20Care%20Collaborative%20(FCCCC)%20is%20comprised%20of,or%20at%20risk%20of%20homelessness
- Frederick County Division of Aging and Independence: https://frederickcountymd.gov/54/Aging-and-Independence
- Frederick County Division of Housing: https://frederickcountymd.gov/6366/Housing
- Frederick County Health Department: https://health.frederickcountymd.gov/
- *Frederick County Immigrant Youth Behavioral Health Report*: https://associationofnigeriansinfrederick.com/wp-content/uploads/2024/12/Immigrant-Youth-Listening-Session-Report_Youth-2024.pdf

- Frederick Housing and Human Services: https://hhs.cityoffrederickmd.gov/
- Frederick Nonprofit Alliance: https://www.frederickchamber.org/nonprofit-alliance.html
- *The Golden Mile Report: 2016-2021 Census Data Synopsis*: https://www.aushermanfamilyfoundation.org/wp-content/uploads/2025/03/AFF-Golden-Mile-Data-Flyer_Reference_UPDATED.pdf
- Homeless Assistance Programs: https://www.cityoffrederickmd.gov/1482/Homeless-Assistance-Programs
- Housing Authority of the City of Frederick (HACF): https://www.hacfrederick.org/about-us/
- Justice and Recovery Advocates Inc.: https://www.justiceandrecovery.org/
- Literacy Council of Frederick County: https://www.frederickliteracy.org/
- Main Street Housing Inc.: https://www.mainstreethousing.org/
- Mental Health Association (MHA) of Frederick County: https://fcmha.org/
- Mental Health Association (MHA) Guide to Community Health and Human Service Resources: https://na0prd.icarol.com/landing.html?token=4a338bd9-51c2-49ac-8237-3f053574f75d&cssMode=Publish&orgNum=2026&db=2026
- Mission of Mercy MD/PA: https://www.amissionofmercy.org/maryland-pennsylvania/
- Pathway to Transportation: https://www.unitedwayfrederick.org/pathway-transportation
- PFLAG (Parents, Families, and Friends of Lesbians and Gays) Frederick: https://pflag.org/chapter/frederick/
- Phoenix Recovery Academy: https://phoenixrecoveryacademy.org/the-academy/
- Platoon 22: https://platoon22.org/
- Resilient Frederick County: https://www.frederickworks.com/rfc
- Sheppard Pratt Psychiatric Rehabilitation Program for Transitional Age Youth (TAY): https://www.sheppardpratt.org/care-finder/psychiatric-rehabilitation-day-programs/
- Steadfast, Standing Firm Against Youth Homelessness: https://steadfastmd.org/
- Student Homelessness Initiative Partnership (SHIP) of Frederick: https://shipfrederick.com/
- Transit Services: https://frederickcountymd.gov/105/Transit-Services
- Veterans Advisory Council (VAC): https://www.frederickcountymd.gov/7816/Veterans-Advisory-Council
- *Youth in Our Neighborhoods are Suffering (Spring 2024)*: https://associationofnigeriansinfrederick.com/wp-content/uploads/2024/12/Immigrant-Youth-ListeningSessions-Report_Adult-2023.pdf

First Responders

- Brunswick Police Department: https://brunswickmd.gov/police
- Frederick County Department of Emergency Communications: https://www.frederickcountymd.gov/70/Department-of-Emergency-Communications
- Frederick County Division of Fire and Rescue Services (DFRS): https://www.frederickcountymd.gov/DocumentCenter/View/354603/Fire-and-Rescue-Org-Chart
- Frederick Police Department: https://www.cityoffrederickmd.gov/99/Frederick-Police-Department
- Maryland State Police Barrack B: https://mdsp.maryland.gov/Organization/Pages/FieldOperationsBureau/BarrackBFrederick.aspx
- Mount Airy Police Department: https://crimewatch.net/us/md/frederick/mount-airy-pd
- Thurmont Police Department: https://www.thurmont.com/2156/Police-Department

Peer and Family Support Services

- Building Resilient Families: https://fcmha.org/how-we-help/building-resilient-families/
- Children of Incarcerated Parents Partnership (COIPP): https://www.coipp.org/
- On Our Own of Frederick County: https://www.onourownfrederick.org/
- West Central Intergroup of Maryland of Alcoholics Anonymous: http://westcentralaa.org

Courts

- Frederick County's Drug Treatment Court: https://www.frederickcountymd.gov/5508/Drug-Treatment-Court
- Frederick County's Drug Treatment Court Participant Handbook: https://frederickcountymd.gov/DocumentCenter/View/262723/DTC-Participant-Handbook?bidId=
- Frederick County's Drug Treatment Court Referrals for Attorney's Form: https://www.frederickcountymd.gov/DocumentCenter/View/262721/DTC-Referral-for-Attorneys?bidId=

Community Reentry Services

- Reentry Advisory Coalition: https://www.cityoffrederickmd.gov/1743/Ad-Hoc-Reentry-Advisory-Coalition
- Justice Jobs: https://www.justicejobsmd.org/

State Resources

- Governor's Office of Crime Prevention and Policy. (2025). *Centers of Excellence.* https://gocpp.maryland.gov/centers-of-excellence/
- Kahlert Foundation. (n.d.) https://www.thekahlertfoundation.org/
- Maryland Coalition of Families. (2025). https://www.mdcoalition.org/
- Maryland Department of Health, Behavioral Health Administration. (2016). *BHA continuum of care policy and procedure manual.* https://health.maryland.gov/bha/Documents/CoC%20Policy%20and%20Procedure%20Manual_rev_2_8_17.pdf
- Maryland Courts. (2018). *Extreme risk protective orders.* https://mdcourts.gov/district/ERPO
- Maryland Department of Education Division of Rehabilitation Services. (n.d.) *About DORS.* https://dors.maryland.gov/consumers/Pages/about.aspx
- Maryland Department of Health. (n.d.). *Maryland's Commitment to Veterans.* https://health.maryland.gov/bha/veterans/pages/home.aspx
- Maryland Department of Health, Maryland Medicaid Administration (n.d.). *Collaborative Care Model Provider Information*. https://health.maryland.gov/mmcp/Pages/Collaborative-Care-Providers.aspx
- Maryland Department of Health and Mental Hygiene (DHMH). (2007). *Rights of persons in Maryland's psychiatric facilities.* https://health.maryland.gov/bha/Documents/Rights%20of%20Persons%20in%20Maryland%27s%20Psychiatric%20Facilities%20Handbook%20rotate.pdf
- Maryland Department of Human Services Office of Adult Services. (2025). *Project Home.* https://dhs.maryland.gov/office-of-adult-services/project-home/
- Maryland Department of Labor. (2018, May 21). *Federal bonding program*. https://labor.maryland.gov/employment/wdfedbondingflyer.pdf
- Maryland Department of Labor. (2024, March 22). *Transitioning home.* https://www.labor.maryland.gov/employment/wdtransitioningflyer.pdf
- Maryland Department of Public Safety and Correctional Services. *Reentry resources:* https://mce.md.gov/Reentry
- Maryland Department of Veterans Affairs. (n.d.). *Veterans.* https://veterans.maryland.gov/
- Maryland Insurance Administration. (n.d.). *Health Coverage Assistance Team.* https://insurance.maryland.gov/Consumer/Pages/Health-Coverage-Assistance-Team.aspx
- Maryland Judiciary. (2022). *Petition for Emergency Evaluation (Maryland Code, Health General Article § 10-620 et seq.).*

https://www.courts.state.md.us/sites/default/files/court-forms/courtforms/joint/ccdc013.pdf/ccdc013.pdf
- Maryland Legal Aid. (2023). https://www.mdlab.org/
- NAMI Maryland. (2024). http://namimd.org/
- On Our Own of Maryland Inc. (2024). https://www.onourownmd.org/s/
- Sheppard Pratt. (2023). *Assertive community treatment (ACT).* https://www.sheppardpratt.org/care-finder/assertive-community-treatment-act/
- Sklar, J. (2022). *Maryland launches new program to help reduce suicides for veterans.* State of Reform. https://stateofreform.com/news/2022/12/maryland-launches-new-program-to-help-reduce-suicides-for-veterans/

National Resources

Assisted Outpatient Treatment

- Stettin, B., Lukes, A., Snook, J., Johnson, B., Munetz, M. R., & Hrouda, D. (2019). *Implementing Assisted Outpatient Treatment: Essential Elements, Building Blocks and Tips for Maximizing Results*. American Psychiatric Association. https://www.tac.org/wp-content/uploads/2023/12/White-Paper.pdf

Brain Injury

- National Association of State Head Injury Administrators. (2020). *Criminal and juvenile justice best practice guide: Information and tools for state brain injury programs.* https://static1.squarespace.com/static/5eb2bae2bb8af12ca7ab9f12/t/5f66af29885b214e6f2b34ef/1600565034533/Criminal+and+Juvenile+Justice+Best+Practice+Guide_Final+edits+9-9-20.pdf
- National Association of State Head Injury Administrators. (2023). *Criminal and juvenile justice best practice guide for state brain injury programs: Supporting materials.* https://www.nashia.org/cj-best-practice-guide-attachments-resources-copy

Competence Evaluation and Restoration

- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009). Competency courts: A creative solution for restoring competency to the competency process. *Behavioral Science and the Law, 27,* 767-786. http://onlinelibrary.wiley.com/doi/10.1002/bsl.890/abstract;jsessionid=5A8F5596BB486AC9A85FDFBEF9DA071D.f04t04
- Policy Research Associates. (2023). *Competence to stand trial.* https://www.prainc.com/competence/

- Policy Research Associates. (2020). *Quick fixes for effectively dealing with persons found incompetent to stand trial.* https://www.prainc.com/wp-content/uploads/2020/09/ISTRebrand-508.pdf Original work published 2007)

Crisis Care, Crisis Response, and Law Enforcement

- Abt Associates. (2020). *A guidebook to reimagining America's crisis response systems.* https://www.abtassociates.com/files/Projects/PDFs/2020/reimagining-crisis-response_20200911-final.pdf
- Bureau of Justice Assistance. (n.d.). *Police-mental health collaboration toolkit.* https://bja.ojp.gov/program/pmhc
- Cordico. (2023). *Wellness apps.* https://www.cordico.com/
- Center for American Progress. (2020). *The community responder model: How cities can send the right responder to every 911 call.* https://www.americanprogress.org/issues/criminal-justice/reports/2020/10/28/492492/community-responder-model/
- Crisis Intervention Team International. (2019). *Crisis intervention team (CIT) programs: A best practice guide for transforming community responses to mental health crises.* http://citinternational.org/Sys/Store/Products/20523
- International Association of Chiefs of Police. (n.d.). *One Mind Campaign: Enhancing law enforcement engagement with people in crisis, with mental health disorders and/or developmental disabilities.* https://www.theiacp.org/projects/one-mind-campaign
- International Association of Chiefs of Police. (2016). *Improving police response to persons affected by mental illness: Report from March 2016 IACP Symposium.* https://www.theiacp.org/sites/default/files/all/i-j/ImprovingPoliceResponsetoPersonswithMentalIllnessSummaryGuide.pdf
- National Association of State Mental Health Program Directors. (n.d.). *Crisis Now: Transforming crisis services.* https://crisisnow.com/
- National Association of Counties. (2010). *Crisis care services for counties: Preventing individuals with mental illnesses from entering local corrections systems.* https://www.uwgb.edu/UWGBCMS/media/bhtp/files/Crisis_Care_in_CJ.pdf
- Open Society Foundations. (2018). *Police and harm reduction.* https://www.opensocietyfoundations.org/uploads/0f556722-830d-48ca-8cc5-d76ac2247580/police-harm-reduction-20180720.pdf
- Optum. (2015). *In Salt Lake County, Optum enhances jail diversion initiatives with effective crisis programs.* https://www.optum.com/content/dam/optum3/optum/en/resources/white-papers/8782_GOV_SLCCountyJailDiversion_Final_HR.pdf

- Policy Research Associates and the National League of Cities. (2020). *Responding to individuals in behavioral health crisis via co-responder models: The roles of cities, counties, law enforcement, and providers.* https://www.prainc.com/wp-content/uploads/2020/03/RespondingtoBHCrisisviaCRModels.pdf
- R Street. (2019). *Statewide policies relating to pre-arrest diversion and crisis response.* https://www.rstreet.org/wp-content/uploads/2019/10/Final-187.pdf
- Substance Abuse and Mental Health Services Administration. (2014). *Crisis services: Effectiveness, cost-effectiveness, and funding strategies.* https://store.samhsa.gov/product/Crisis-Services-Effectiveness-Cost-Effectiveness-and-Funding-Strategies/sma14-4848
- Substance Abuse and Mental Health Services Administration. (2019). *Tailoring crisis response and pre-arrest diversion models for rural communities.* https://store.samhsa.gov/product/Tailoring-Crisis-Response-and-Pre-Arrest-Diversion-Models-for-Rural-Communities/PEP19-CRISIS-RURAL?referer=from_search_result
- Substance Abuse and Mental Health Services Administration. (2020). *National guidelines for behavioral health crisis care: Best practice toolkit.* https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf
- Urban Institute. (2020). *Alternatives to arrests and police responses to homelessness: Evidence-based models and promising practices.* https://www.urban.org/research/publication/alternatives-arrests-and-police-responses-homelessness
- Vera Institute of Justice. (2020). *Behavioral health crisis alternatives: Shifting from policy to community responses.* https://www.vera.org/behavioral-health-crisis-alternatives

Housing

- Alliance for Health Reform. (2015). *The connection between health and housing: The evidence and policy landscape.* https://www.allhealthpolicy.org/wp-content/uploads/2017/01/Health-and-Housing-Toolkit_168.pdf
- Community Solutions. (2023). *Built for Zero.* https://community.solutions/built-for-zero/the-movement/
- Corporation for Supportive Housing. (2022). *Guide to the frequent users systems engagement (FUSE) model.* https://www.csh.org/fuse/
- Corporation for Supportive Housing. (2022). *NYC frequent user services enhancement – 'fuse' initiative – evaluation report.* https://www.csh.org/wp-content/uploads/2014/01/FUSE-Eval-Report-Final_Linked.pdf

- Corporation for Supportive Housing. (2014). *Housing is the best medicine: Supportive housing and the social determinants of health.* http://www.csh.org/wp-content/uploads/2014/07/SocialDeterminantsofHealth_2014.pdf
- Economic Roundtable. (2013). *Getting home: Outcomes from housing high cost homeless hospital patients.* http://economicrt.org/publication/getting-home/
- Substance Abuse and Mental Health Services Administration. (2015). *TIP 55: Behavioral health services for people who are homeless.* https://store.samhsa.gov/product/TIP-55-Behavioral-Health-Services-for-People-Who-Are-Homeless/SMA15-4734
- Urban Institute. (2012). *Supportive housing for returning prisoners: Outcomes and impacts of the Returning Home-Ohio pilot project.* https://www.urban.org/research/publication/supportive-housing-returning-prisoners-outcomes-and-impacts-returning-home-ohio-pilot-project
- Substance Abuse and Mental Health Services Administration. (n.d.). *Homelessness programs and resources.* https://www.samhsa.gov/homelessness-programs-resources
- State of Hawaii Office on Homelessness and Housing Solutions (OHHS). *100,000 Homes: Housing First self-assessment.* https://homelessness.hawaii.gov/wp-content/uploads/2015/10/Housing-First-Self-Assessment-Tool-FINAL1.pdf
- U.S. Department of Housing and Urban Development. (2024). *Continuum of Care Program.* https://www.hud.gov/program_offices/comm_planning/coc

Information Sharing/Data Analysis and Matching

- American Probation and Parole Association. (2014). *Corrections and reentry: Protected health information privacy framework for information sharing.* http://www.appa-net.org/eweb/docs/APPA/pubs/CRPHIPFIS.pdf
- Council of State Governments Justice Center. (2010). *Information sharing in criminal justice-mental health collaborations: Working with HIPAA and other privacy laws.* https://csgjusticecenter.org/publications/information-sharing-in-criminal-justice-mental-health-collaborations/
- Data-Driven Justice Initiative. (2016). *Data-driven justice playbook: How to develop a system of diversion.* https://www.naco.org/resources/data-driven-justice-playbook
- Legal Action Center. (2020). *Sample consent forms for release of substance use disorder patient records.* https://www.lac.org/resource/sample-forms-regarding-substance-use-treatment-confidentiality

- Substance Abuse and Mental Health Services Administration. (2019). *Data collection across the sequential intercept model: Essential measures.* https://store.samhsa.gov/product/data-collection-across-the-sequential-intercept-model-sim-essential-measures/PEP19-SIM-DATA
- Substance Abuse and Mental Health Services Administration. (2018). *Crisis intervention team (CIT) methods for using data to inform practice: A step-by-step guide.* https://store.samhsa.gov/product/Crisis-Intervention-Team-CIT-Methods-for-Using-Data-to-Inform-Practice/SMA18-5065
- The Council of State Governments Justice Center. (2011). *Ten-step guide to transforming probation departments to reduce recidivism.* https://csgjusticecenter.org/publications/ten-step-guide-to-transforming-probation-departments-to-reduce-recidivism/
- The People's Law Library of Maryland. (n.d.). *Legal Services Directory.* Thurgood Marshall State Law Library. https://www.peoples-law.org/directory?combine=&county=69&services=All.
- Urban Institute. (2013). *Justice reinvestment at the local level: Planning and implementation guide.* https://www.urban.org/sites/default/files/publication/24076/412930-Justice-Reinvestment-at-the-Local-Level-Planning-and-Implementation-Guide-Second-Edition.PDF
- Vera Institute of Justice. (2012). *Closing the gap: Using criminal justice and public health data to improve identification of mental illness.* https://www.vera.org/publications/closing-the-gap-using-criminal-justice-and-public-health-data-to-improve-the-identification-of-mental-illness

Information/Services for Incarcerated Individuals

- U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. (2023). Guidelines for managing substance withdrawal in jails. https://www.cossup.org/Content/Documents/JailResources/Guidelines_for_Managing_Substance_Withdrawal_in_Jails.pdf
- NAMI California. (2020). *Arrest guides and medication forms.* https://namica.org/resources/arrest-guides-medication-forms/
- NAMI California (2020). *Inmate mental health information forms.* https://namica.org/resources/inmate-mental-health-information-forms/
- R Street. (2020). *How technology can strengthen family connections during incarceration.* https://www.rstreet.org/wp-content/uploads/2020/09/Fina-No-203-Family-connections-in-incarceration.pdf

- National Institute of Corrections. (n.d.). *Thinking for a Change.* https://nicic.gov/resources/resources-topics-and-roles/topics/thinking-change
- Urban Institute. (2018). *Strategies for connecting justice-involved populations to health coverage and care.* https://www.urban.org/sites/default/files/publication/97041/strategies_for_connecting_justice-involved_populations_to_health_coverage_and_care.pdf

Mental Health, Behavioral Health & Co-Occurring Disorders

- Al-Khouja, M., & Corrigan, P. (2017). Self-stigma, identity, and co-occurring disorders. *The Israel Journal of Psychiatry and Related Sciences*, *54*(1), 56–60. https://www.researchgate.net/publication/321018240_Self-Stigma_Identity_and_Co-Occurring_Disorders
- Assey, D., & Wurzburg, S. (2020). *Improving responses to people who have co-occurring mental illnesses and substance use disorders in jails.* The Council of State Government Justice Center. https://csgjusticecenter.org/publications/improving-responses-to-people-who-have-co-occurring-mental-illnesses-and-substance-use-disorders-in-jails/?mc_cid=37fd794dde&mc_eid=b7966726f8
- Substance Abuse and Mental Health Services Administration. (2023). *Coordinated specialty care for first episode psychosis: Costs and financing strategies.* https://store.samhsa.gov/sites/default/files/pep23-01-00-003.pdf
- Substance Abuse and Mental Health Services Administration. (2022). *The case for screening and treatment of co-occurring disorders*. https://www.samhsa.gov/co-occurring-disorders

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

- American Society of Addiction Medicine. (2020). *National practice guideline.* https://www.asam.org/Quality-Science/quality/2020-national-practice-guideline
- Hyatt, J. M., & Lobmaier, P. P. (2020). Medication-assisted treatment (MAT) in criminal justice settings as a double-edged sword: balancing novel addiction treatments and voluntary participation. *Health & Justice, 8*(1), 7. https://doi.org/10.1186/s40352-020-0106-9
- Journal of Addiction Medicine. (2020). *Executive summary of the focused update of the ASAM national practice guideline for the treatment of opioid use disorder.* https://journals.lww.com/journaladdictionmedicine/Fulltext/2020/04000/Executive_Summary_of_the_Focused_Update_of_the.4.aspx
- Mace, S., Siegler, A., Wu, K., Latimore, A., & Flynn, H. (2020). *Medication-assisted treatment for opioid use disorder in jails and prisons: A planning and implementation*

toolkit. The National Council for Behavioral Health and Vital Strategies. https://www.thenationalcouncil.org/resources/medication-assisted-treatment-mat-for-opioid-use-disorder-in-jails-and-prisons-a-planning-and-implementation-toolkit/

- National Commission on Correctional Health Care and the National Sheriffs' Association. (2018). *Jail-based medication-assisted treatment: Promising practices, guidelines, and resources for the field.* https://www.ncchc.org/jail-based-MAT
- Substance Abuse and Mental Health Services Administration. (2015). *Federal guidelines for opioid treatment programs.* https://store.samhsa.gov/product/Federal-Guidelines-for-Opioid-Treatment-Programs/PEP15-FEDGUIDEOTP
- Substance Abuse and Mental Health Services Administration. (2015). *Medication for the treatment of alcohol use disorder: A brief guide.* https://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/SMA15-4907
- Substance Abuse and Mental Health Services Administration. (2019). *Medication-assisted treatment inside correctional facilities: Addressing medication diversion.* https://store.samhsa.gov/product/mat-inside-correctional-facilities-addressing-medication-diversion/PEP19-MAT-CORRECTIONS
- Substance Abuse and Mental Health Services Administration. (2019). *Use of medication-assisted treatment for opioid use disorder in criminal justice settings.* https://store.samhsa.gov/product/Use-of-Medication-Assisted-Treatment-for-Opioid-Use-Disorder-in-Criminal-Justice-Settings/PEP19-MATUSECJS
- Substance Abuse and Mental Health Services Administration. (n.d.) *Medication-assisted treatment inside correctional facilities.* https://store.samhsa.gov/sites/default/files/d7/images/pep19-mat-corrections.png
- U.S. Department of Health and Human Services. (2018). *Facing addiction in America: The Surgeon General's spotlight on opioids.* https://addiction.surgeongeneral.gov/sites/default/files/OC_SpotlightOnOpioids.pdf
- US Food and Drug Administration. (2023). *Information about medication-assisted treatment (MAT).* https://www.fda.gov/drugs/information-drug-class/information-about-medication-assisted-treatment-mat

Mental Health First Aid

- Gorman, C. D. (2022). *Mental Health First Aid: Assessing the evidence for a public health approach to mental illness*. Manhattan Institute.

https://media4.manhattan-institute.org/sites/default/files/Gorman-Mental-Health-First-Aid.pdf
- Illinois General Assembly. (2013). *Public Act 098-0195: Illinois Mental Health First Aid Training Act.* http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=098-0195
- National Council for Mental Wellbeing. (2023). *Mental Health First Aid.*[65] http://www.mentalhealthfirstaid.org/cs/
- Mental Health First Aid. (n.d.). *Mental Health First Aid for Public Safety*. Sheppard Pratt. https://www.sheppardpratt.org/files/resources/mental-health-first-aid-public-safety-one-pager.pdf

Peer Support/Peer Specialists

- Center for Psychiatric Rehabilitation. *The impact of Covid-19 on peer support specialists: Findings from a national survey*. https://cpr.bu.edu/research/effects-of-the-covid-pandemic-on-peer-specialists/
- George, K. (2022). *Peer support specialists: Connections to mental health care*. National Conference of State Legislatures. https://www.ncsl.org/news/details/peer-support-specialists-connections-to-mental-health-care
- Mental Health Association of Nebraska. (2024). *MHA reentry programs: Honu Home.*[66] https://mha-ne.org/programs-services/honu.html
- Mental Health Association of Nebraska. (2024). *Programs and services: Keya House.*[67] https://mha-ne.org/programs-services/keya.html
- Mental Health Association of Nebraska. (2024). *Programs and services: The REAL Referral Program.*[68] https://mha-ne.org/programs-services/real-program.html
- Philadelphia Department of Behavioral Health and Intellectual Disability Services and Achara Consulting Inc. (2017). *Peer support toolkit.* https://dbhids.org/peer-support-toolkit/
- Policy Research Associates. (2020). *Peer support roles across the sequential intercept model.* https://www.prainc.com/resource-library/peer-support-roles-sim/
- Poremski, D., Kuek, J. H. L., Yuan, Q., Li, Z., Yow, K. L., Eu, P. W., & Chua, H. C. (2022). The impact of peer support work on the mental health of peer support specialists.

[65] Mental Health First Aid is a skills-based training course that teaches participants about mental health and substance-use issues.
[66] Honu Home is a peer-operated respite for individuals coming out of prison or on parole or state probation.
[67] Keya House is a four-bedroom house for adults with mental health and/or substance use issues, staffed with peer specialists.
[68] 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.

International Journal of Mental Health Systems, *16*(51). https://doi.org/10.1186/s13033-022-00561-8

- Substance Abuse and Mental Health Services Administration. (2022). *Peer support workers for those in recovery.* https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers
- University of Colorado Anschutz Medical Campus, Behavioral Health and Wellness Program. (2015). *DIMENSIONS: Peer support program toolkit.* https://www.bhwellness.org/toolkits/Peer-Support-Program-Toolkit.pdf

Pretrial/Arraignment Diversion

- CSG Justice Center. (2015). *Improving responses to people with mental illness at the pretrial stage: Essential elements.* https://csgjusticecenter.org/publications/improving-responses-to-people-with-mental-illnesses-at-the-pretrial-stage-essential-elements/
- National Resource Center on Justice-Involved Women. (2016). *Building gender informed practices at the pretrial stage.* https://cjinvolvedwomen.org/wp-content/uploads/2016/05/Pretrial-Monograph-Final-Designed.pdf
- Picard, S., Watkins, M., Rempel, M., & Kerodal, A. (2019). *Beyond the Algorithm: Pretrial Reform, Risk Assessment, and Racial Fairness.* Center for Court Innovation. https://www.innovatingjustice.org/sites/default/files/media/documents/2019-06/beyond_the_algorithm.pdf
- Pilnik, S., Hankey, B. (Ed.), Simoni, E. (Ed.), Kennedy, S. (Ed.), Moore, L. J. (Ed.), & Sawyer, J. (Ed.). (2017). *A Framework for Pretrial Justice: Essential Elements of an Effective Pretrial System and Agency* (Accession No. 032831). The National Institute of Corrections. https://s3.amazonaws.com/static.nicic.gov/Library/032831.pdf
- Police Executive Research Forum. (2020). *New Challenges and Promising Practices in Pretrial Release, Diversion, and Community-Based Supervision.* https://www.policeforum.org/assets/PretrialRelease.pdf
- Substance Abuse and Mental Health Services Administration. (2015). *Municipal courts: An effective tool for diverting people with mental and substance use disorders from the criminal justice system.* https://store.samhsa.gov/product/Municipal-Courts-An-Effective-Tool-for-Diverting-People-with-Mental-and-Substance-Use-Disorders-from-the-Criminal-Justice-System/SMA15-4929

Procedural Justice

- American Bar Association. (2016). *Criminal justice standards on mental health.* https://www.americanbar.org/content/dam/aba/publications/criminal_justice_standards/mental_health_standards_2016.authcheckdam.pdf
- Chintakrindi, S., Upton, A., Louison, A.M., Case, B., & Steadman, H. (2013). *Transitional case management for reducing recidivism of individuals with mental disorders and multiple misdemeanors.* https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201200190
- National Institute of Justice. (2011). *Program profile: Hawaii Opportunity Probation with Enforcement (HOPE).*[69] https://crimesolutions.ojp.gov/ratedprograms/49#:~:text=Hawaii%20Opportunity%20Probation%20with%20Enforcement%20(HOPE)%2C%20or%20Hawaii%20HOPE,use%2C%20recidivism%2C%20and%20incarceration.

Racial Equity and Disparity

- Actionable Intelligence for Social Policy. (2020). *A toolkit for centering racial equity throughout data integration.* https://www.aisp.upenn.edu/centering-equity/
- National Institute of Corrections. (2014). *Incorporating racial equality into criminal justice reform.* https://www.aisp.upenn.edu/centering-equity/
- Vera Institute of Justice. (2015). *A prosecutor's guide for advancing racial equity.* https://www.vera.org/publications/a-prosecutors-guide-for-advancing-racial-equity

Reentry

- Antenangeli, L., & Durose, M. R. (2021). *Recidivism of Prisoners Released in 24 States in 2008: A 10-Year Follow-Up Period (2008–2018)* (NCJ 256094). U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. https://bjs.ojp.gov/library/publications/recidivism-prisoners-released-24-states-2008-10-year-follow-period-2008-2018
- Community Oriented Correctional Health Services (COCHS). (2014). *Technology and continuity of care: Connecting justice and health [nine case studies].* https://cochs.org/files/health-it-hie/nine-case-studies.pdf
- Reentry Coordination Council. (2022). *Coordination to reduce barriers to reentry: lessons learned from COVID-19 and beyond.* https://www.justice.gov/opa/press-release/file/1497911/download

[69] HOPE is a community supervision strategy for probationers with substance use disorders, particularly those who have long histories of drug use and involvement with the criminal legal system and are considered at high risk of failing probation or returning to prison.

- Substance Abuse and Mental Health Services Administration. (2017). *Guidelines for the successful transition of people with behavioral health disorders from jail and prison.* https://store.samhsa.gov/product/Guidelines-for-Successful-Transition-of-People-with-Mental-or-Substance-Use-Disorders-from-Jail-and-Prison-Implementation-Guide/SMA16-4998
- Substance Abuse and Mental Health Services Administration. (2016). *Reentry resources for individuals, providers, communities, and states.* https://www.samhsa.gov/sites/default/files/topics/criminal_juvenile_justice/reentry-resources-for-consumers-providers-communities-states.pdf
- Substance Abuse and Mental Health Services Administration. (2020). *After incarceration: A guide to helping women reenter the community.* https://store.samhsa.gov/product/After-Incarceration-A-Guide-To-Helping-Women-Reenter-the-Community/PEP20-05-01-001
- Stovell, M., & Wurzburg, S. (2018). *Best practices for successful reentry for people who have opioid addictions*. The Council of State Governments Justice Center & The National Reentry Resource Center. https://csgjusticecenter.org/publications/best-practices-for-successful-reentry-for-people-who-have-opioid-addictions/
- The Council of State Governments Justice Center. (2009). *National Reentry Resource Center.* https://csgjusticecenter.org/publications/about-the-national-reentry-resource-center/
- Washington State Institute of Public Policy. (2014). *Predicting criminal recidivism: A systematic review of offender risk assessments in Washington State.* http://www.wsipp.wa.gov/ReportFile/1554/Wsipp_Predicting-Criminal-Recidivism-A-Systematic-Review-of-Offender-Risk-Assessments-in-Washington-State_Final-Report.pdf
- U.S. Department of Labor. (n.d.). *Reentry employment opportunities.*https://www.dol.gov/agencies/eta/reentry
- U.S. Department of Labor. (n.d.). *Workforce Innovation and Opportunity Act.* *https://www.dol.gov/agencies/eta/wioa*

Screening and Assessment

- American Society of Addiction Medicine (ASAM). (2023). *ASAM Criteria: Free paper-based ASAM criteria assessment interview guide.* https://www.asam.org/asam-criteria/criteria-intake-assessment-form
- Desmarais, S. L., & Lowder, E. M. (2019). *Pretrial risk assessment tools: A primer for judges, prosecutors, and defense attorneys*. Safety + Justice Challenge. https://www.safetyandjusticechallenge.org/wp-content/uploads/2019/02/Pretrial-Risk-Assessment-Primer-February-2019.pdf

- Multi-Health Systems (MHS). (2004). *Level of Service/Case Management Inventory (LSCMI) brochure.* https://www.assessments.com/assessments_documentation/LSCMI_Tech_Brochure.pdf
- Picard-Fritsche, S., Rempel, M., Kerodal, A., & Adler, J. (2018). *The Criminal Court Assessment Tool: Development and validation.* Center for Court Innovation. https://www.innovatingjustice.org/sites/default/files/media/documents/2018-02/ccat_validation.pdf
- Substance Abuse and Mental Health Services Administration. (2019). *Screening and assessment of co-occurring disorders in the justice system.* https://store.samhsa.gov/product/Screening-and-Assessment-of-Co-Occurring-Disorders-in-the-Justice-System/PEP19-SCREEN-CODJS?print=true
- Steadman, H.J., Scott, J.E., Osher, F., Agnese, T.K., and Robbins, P.C. (2005). Validation of the Brief Jail Mental Health Screen. *Psychiatric Services, 56*, 816-822. https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.56.7.816
- The Stepping Up Initiative. (2017). *Reducing the number of people with mental illnesses in jail: Six questions county leaders need to ask.* https://stepuptogether.org/wp-content/uploads/2017/01/Reducing-the-Number-of-People-with-Mental-Illnesses-in-Jail_Six-Questions.pdf

Sequential Intercept Model

- Bonfire, N., Munetz, M. R., & Smiera, R. H. (2018). Sequential intercept mapping: Developing systems-level solutions for the opioid epidemic. *Psychiatric Services, 69*(11), 1121-1194. https://doi.org/10.1176/appi.ps.201800192
- Griffin, P. A., Heilbrun, K., Mulvey, E. P., DeMatteo, D., and Schubert, C. A. (2015). *The sequential intercept model and criminal justice.* New York: Oxford University Press. https://global.oup.com/academic/product/the-sequential-intercept-model-and-criminal-justice-9780199826759?cc=us&lang=en&
- Munetz, M. R., and Griffin, P. A. (2006). Use of the sequential intercept model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services*, *57,* 544-549. http://ps.psychiatryonline.org/doi/10.1176/ps.2006.57.4.544
- National Criminal Justice Association. (2021). *The sequential intercept model: Building blocks for strategic planning and stakeholder engagement.* https://www.ncja.org/_files/ugd/cda224_c2d5900354b8480591c30f75a5d6c847.pdf?index=true
- Policy Research Associates. (n.d.). *The sequential intercept model: Advancing community-based solutions for justice-involved people with mental and substance use disorders.* https://mn.gov/dhs/assets/pra-sequential-intercept-model_tcm1053-434949.pdf

- Willison, J. B., McCoy, E. F., Vasquez-Noriega, C., Reginal, T., & Parker, T. (2018). *Using the sequential intercept model to guide local reform.* Urban Institute. https://www.urban.org/sites/default/files/publication/99169/using_the_sim_to_guide_local_reform_0.pdf

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

- Dennis, D., Ware, D., and Steadman, H.J. (2014). Best practices for increasing access to SSI and SSDI on exit from criminal justice settings. *Psychiatric Services*, *65,* 1081-1083. https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201400120

Training

- Crisis Prevention Institute. (2023). *Crisis prevented.* https://www.crisisprevention.com/
- National Alliance on Mental Illness (NAMI). (2023). *Crisis intervention team (CIT) programs.* https://www.nami.org/Advocacy/Crisis-Intervention/Crisis-Intervention-Team-(CIT)-Programs
- Substance Abuse and Mental Health Services Administration (SAMHSA). (2023). *Training opportunities.* https://www.samhsa.gov/gains-center/trauma-training-criminal-justice-professionals/training-opportunities

Transitional Aged Youth

- Harvard Kennedy School Malcolm Weiner Center for Social Policy. (2016). P*ublic safety and emerging adults in Connecticut: Providing effective and developmentally appropriate responses for youth under age 21.* https://www.hks.harvard.edu/centers/wiener/programs/criminaljustice/research-publications/young-adult-justice/public-safety-and-emerging-adults-in-connecticut
- Roca Inc. (2023). *Young adults*. https://rocainc.org/who-we-work-with/young-adults/
- UMass Chan Medical School. *Transitions to Adulthood Center for Research (Transitions ACR).* https://www.umassmed.edu/TransitionsACR/

Transportation

- The Hilltop Institute [University of Maryland, Baltimore County (UMBC)]. (2008). *Non-emergency medical transportation (NEMT) study report.* https://www.hilltopinstitute.org/publication/non-emergency-medical-transportation-nemt-study-report/

- Policy Research Associates. (2021). *Transportation after incarceration: Where the rubber meets the road for sustainable reentry.* https://www.prainc.com/gains-transportation-after-incarceration/

Trauma and Trauma-Informed Care

- Freeman, D., & Lautar, A. (2015). *Trauma-specific interventions for justice-involved individuals.* SAMHSA's GAINS Center. https://mha.ohio.gov/static/learnandfindhelp/TreatmentServices/TCC/Trauma-Specific-Interventions-for-Justice-Involved-Individuals-SAMHSA.pdf
- Facer-Irwin, E., Blackwood, N. J., Bird, A., Dickson, H., McGlade, D., Alves-Costa, F., & MacManus, D. (2019). PTSD in prison settings: A systematic review and meta-analysis of comorbid mental disorders and problematic behaviors. *PLOS ONE, 14*(9). https://doi.org/10.1371/journal.pone.0222407
- Institute for Intergovernmental Research. (2023). *VALOR officer safety and wellness program.* https://www.valorforblue.org/
- Menschner, C., & Maul, A. (2016). *Key ingredients for successful trauma-informed care implementation [issue brief].* Center for Health Care Strategies Inc. https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf
- National Resource Center on Justice-Involved Women. (2015). *Jail tip sheets on justice-involved women.* http://cjinvolvedwomen.org/jail-tip-sheets/
- National Center for State Courts. (2022). *Trauma and trauma-informed responses.* https://www.ncsc.org/__data/assets/pdf_file/0034/77677/Trauma-and-Trauma-Informed-Responses.pdf
- Noether, C. (2012). *Toward creating a trauma-informed criminal justice system.* Policy Research Associates. https://www.prainc.com/creating-a-trauma-informed-criminal-justice-system/
- National Governors Association. (2021). *State actions to prevent and mitigate adverse childhood experiences.* https://www.nga.org/wp-content/uploads/2021/12/NGA_State_Actions_to_Prevent_Mitigate_ACEs_Dec_2021.pdf
- Substance Abuse and Mental Health Services Administration. *Trauma training for criminal justice professionals*. https://www.samhsa.gov/gains-center/trauma-training-criminal-justice-professionals
- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach.* https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884

- Substance Abuse and Mental Health Services Administration. (2014). *TIP 57: Trauma-informed care in behavioral health services.* https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816
- Substance Abuse and Mental Health Services Administration's National Center on Trauma-Informed Care and GAINS Center. (2011). *Essential components of trauma informed judicial practice.* https://www.nasmhpd.org/sites/default/files/DRAFT_Essential_Components_of_Trauma_Informed_Judicial_Practice.pdf
- Substance Abuse and Mental Health Services Administration's GAINS Center. (2011). *Trauma-specific interventions for justice-involved individuals.* https://www.usf.edu/cbcs/mhlp/tac/documents/cj-jj/cj/trauma-specific-interventions.pdf

Veterans

- Justice for Vets. (2017). *Ten key components of Veterans treatment courts.* https://justiceforvets.org/resource/ten-key-components-of-veterans-treatment-courts/
- Substance Abuse and Mental Health Services Administration's GAINS Center. (2008). *Responding to the needs of justice-involved combat Veterans with service-related trauma and mental health conditions.* https://www.prainc.com/wp-content/uploads/2012/01/CVT_IssueBrief.pdf
- U.S. Department of Veteran Affairs (n.d.). Welcome to VA.gov. https://www.va.gov/
- U.S. Department of Veterans Affairs. (n.d.). Supportive Services for Veteran Families. https://www.va.gov/homeless/ssvf/index.html

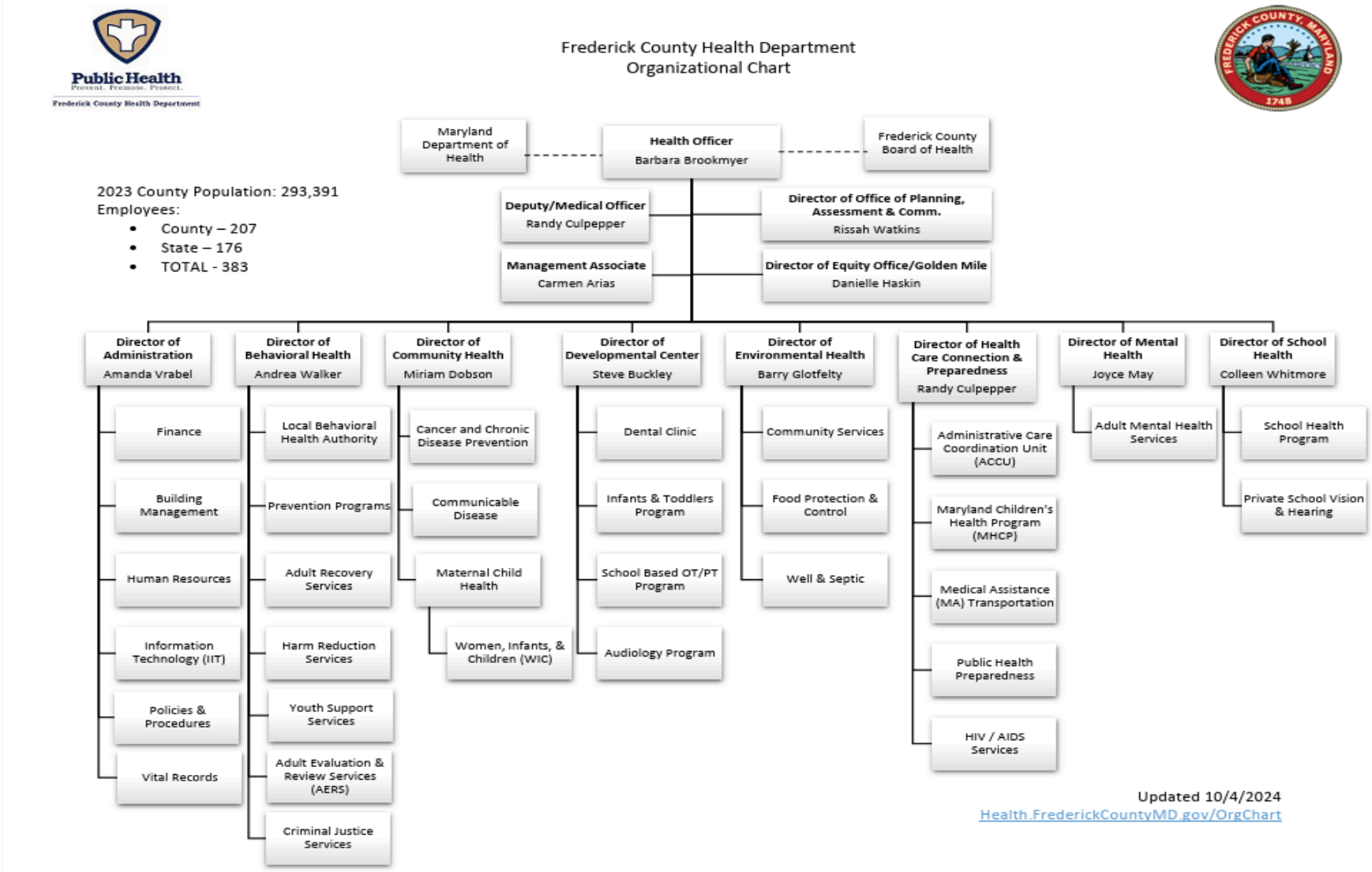
APPENDIX A

Workshop Agenda

Time	Item	Lead
8:15 a.m. - 8:30 a.m.	Registration	Planning Group
8:30 a.m. - 8:45 a.m.	Welcoming and Opening Remarks	Planning Group
8:45 a.m. - 9:00 a.m.	Overview of Sequential Intercept Model (SIM)	COE
9:00 a.m. - 10:30 a.m.	Intercepts 0/1 Resources and Gaps	Facilitators
10:30 a.m. - 10:45 a.m.	Break	All
10:45 a.m. - 12:25 p.m.	Intercepts 2/3 Resources and Gaps	Facilitators
12:25 p.m. - 1:25 p.m.	Lunch	All
1:25 p.m. - 2:30 p.m.	Intercepts 4/5 Resources and Gaps	Facilitators
2:30 p.m. - 2:45 p.m.	Review Gaps, Low-hanging Fruit, and Parking Lot	Facilitators
2:45 p.m. - 3:00 p.m.	Identify Priorities	COE
3:00 p.m. - 3:15 p.m.	Voting on Priorities for Change / Review	Facilitators
3:15 p.m. - 3:30 p.m.	Next Steps/Adjournment	COE

APPENDIX B

Frederick County Health Department Organizational Chart



APPENDIX C

Frederick County Health Department Safe Storage Flyer

Safe Storage Saves Lives

Being a gun owner includes the responsibility of securing it safely. While supplies last, the Frederick County Health Department provides no-cost safe storage devices to help keep our community safe.

To get a safe storage device at no cost, use **Entrance C** to access the Frederick County Health Department at 350 Montevue Lane, Frederick MD, 21702 any **Monday** from **3-5pm** or **Wednesday** from **3-7pm**.

If you have any questions, feel free to send them to:
suicidepreventioncoalition@frederickcountymd.gov

Appendix D

Montgomery County, MD: Common Triage and Dispatch Protocol for Behavioral Health Crisis