Sequential Intercept Model Mapping Report for Montgomery County, Maryland

Final Report
May 2024

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

Acknowledgments

This report was prepared by the Centers of Excellence within the Governor's Office of Crime Prevention and Policy. The Centers of Excellence wishes to thank all local stakeholders who have participated in the discussion while acknowledging James A. Bonifant, Administration Judge for Montgomery County's Circuit Court, Marina Sabett, Associate Judge for Montgomery County's District Court, Sara Rose, Director of Montgomery County's Local Behavioral Health Authority, and Amanda Williams, Supervisor of Criminal and Civil Case Management in the Montgomery County Circuit Court, for leading this effort.

Recommended Citation

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Contents

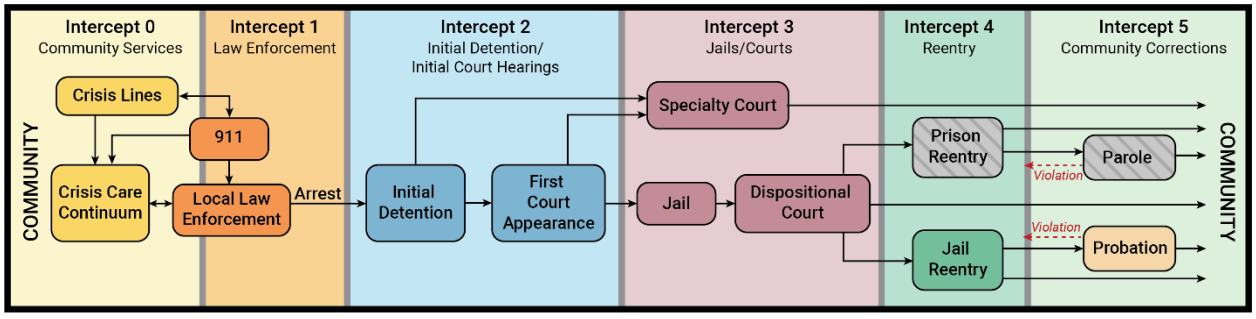
Background

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

The SIM illustrates how people with behavioral health needs come into contact with and flow through the criminal legal system. Through a SIM mapping workshop, facilitators and participants identify opportunities for linkage to services and prevention of further penetration into the criminal legal system. Additionally, SIM workshops guide communities in connecting individuals with services as they exit the criminal legal system.

The sequential intercept mapping workshop has three primary objectives:

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



[1] This image is included for illustrative purposes only and may not be an exact representation of the local system. Munetz, M., & Griffin, P. (2006). A systemic approach to the decriminalization of people with serious mental illness: The sequential intercept model. *Psychiatric Services, 57*, 544-549.

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

INTRODUCTION

Section 3-522 of the Public Safety Article of the Maryland Code established the Crisis Intervention Team Center of Excellence to develop and implement a crisis intervention model program. Section 13-4202 of the Health Article of the Maryland Code established the Maryland Behavioral Health and Public Safety Center of Excellence as a statewide information repository for behavioral health treatment and diversion programs related to the criminal legal system and more. Collectively known as the Centers of Excellence, this unit within the Governor's Office of Crime Prevention and Policy provides technical support to local governments, law enforcement, public safety agencies, behavioral health agencies, and crisis service providers to evaluate and improve the intersections of behavioral health, public safety, and criminal justice. Additionally, the Centers facilitates statewide, local, and regional planning workshops using the sequential intercept model (SIM). By May 2024, the Centers of Excellence had hosted three facilitator trainings certifying 55 individuals across the state to assist with conducting mapping workshops.

In May 2024, the Centers of Excellence, joined by two trained SIM facilitators, met with a group of behavioral health and criminal legal system stakeholders from Montgomery County, Maryland, at the Montgomery County Executive Office Building. The Centers of Excellence staff provided a brief presentation on the SIM and facilitated discussions focused on identifying:

- Existing resources for responding to the needs of adults with mental 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 61.

AGENDAS

Maryland
GOVERNOR'S OFFICE OF CRIME PREVENTION AND POLICY

Sequential Intercept Model Mapping Workshop
Montgomery County, Maryland

May 29, 2023
8:30 a.m. - 4:00 p.m. Eastern Time

AGENDA DAY ONE

8:30 a.m. - 8:45 a.m.	Welcoming/Opening Remarks
8:45 a.m. - 9:00 a.m.	Overview of Sequential Intercept Model
9:00 a.m. - 10:45 a.m.	Intercept 0/1 Resources and Gaps
10:45 a.m. - 11:00 a.m.	Break
11:00 a.m. - 11:40 a.m.	Intercept 0/1 Resources and Gaps
11:40 a.m. - 12:15 p.m.	Intercept 2/3 Resources and Gaps
12:15 p.m. - 1:15 p.m.	Lunch
1:15 p.m. - 2:10 p.m.	Intercept 2/3 Resources and Gaps
2:10 p.m. - 3:40 p.m.	Intercept 4/5 Resources and Gaps
3:40 p.m. - 3:50 p.m.	Break
3:50 p.m. - 4:00 p.m.	Next Steps/Expectations for Day Two

Maryland
GOVERNOR'S OFFICE OF CRIME PREVENTION AND POLICY

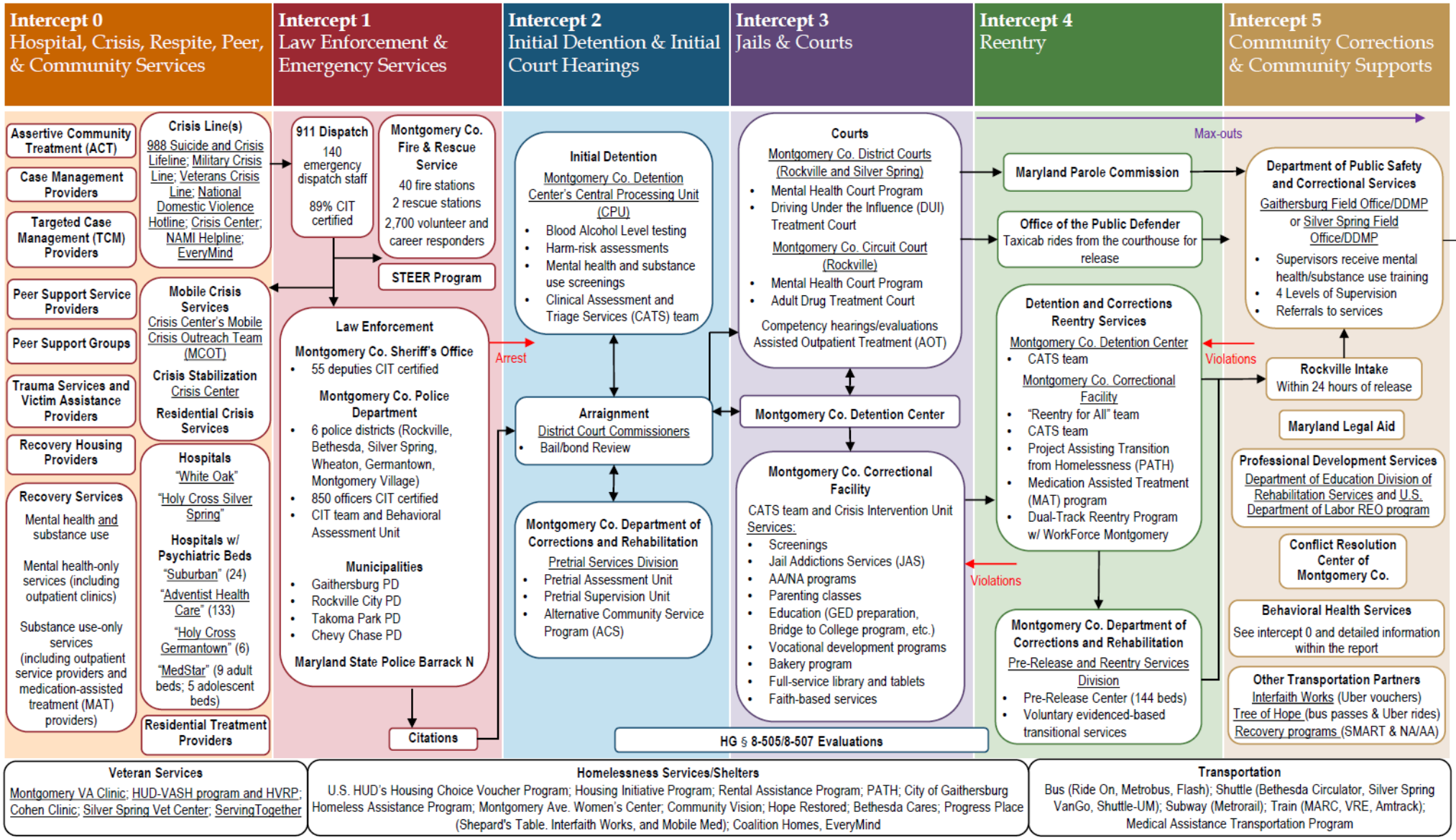
Sequential Intercept Model Mapping Workshop
Montgomery County, Maryland

May 30, 2023
8:30 a.m. - 12:30 p.m. Eastern Time

AGENDA DAY TWO

8:30 a.m. - 10:15 a.m.	Review Day One Conversation
10:15 a.m. - 10:30 a.m.	Break
10:30 a.m. - 11:00 a.m.	Identifying Low-Hanging Fruit and the Parking Lot
11:00 a.m. - 11:20 a.m.	Small Group Discussions - Brainstorming Priorities
11:20 a.m. - 12:20 p.m.	Identifying Priorities for Change
12:20 p.m. - 12:30 p.m.	Voting on Priorities for Change and Clarifying Next Steps
12:30 p.m.	Adjournment

Sequential Intercept Model Map for Montgomery County, Maryland

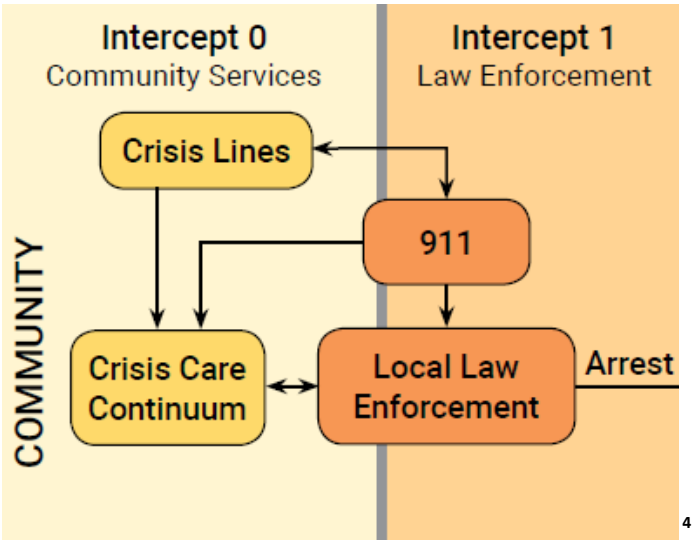


[3]

Resources and Gaps at Each Intercept

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

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



[4]

Intercept 0 and Intercept 1

Intercept 0/1 Resources

Community Services

Montgomery County is Maryland's most populous jurisdiction with over one million residents. While the county as a whole is a suburb of the nation's capital, Washington, D.C., the southern portion is more urban. The county contains the incorporated cities of Rockville, Gaithersburg, and Takoma Park and incorporated municipalities, including Barnesville, Brookeville, Chevy Chase, Friendship Heights, Garrett Park, Glen Echo, Kensington, Laytonsville, Poolesville, Somerset, and Washington Grove. With 497 square miles of land area, it is the fifth-largest county by land area in the state. Montgomery County is adjacent to Washington, D.C., Arlington County, Virginia, Fairfax County, Virginia, Loudoun County, Virginia, Frederick County, Maryland, Howard County, Maryland, and Prince George's County, Maryland. Montgomery County is the most affluent and diverse[5] jurisdiction in the state; based on the 2022 American Community Survey data, 34.1% of the county's residents are immigrants, and 43.2% of residents aged 5 years and over speak a language other than English at home, with 17.2% speaking Spanish. Although the overall poverty rate (7.0%) and the poverty rate for minors (6.3%) are below the state averages,[6] the demand for services has increased, particularly for the county's most vulnerable individuals.

[4] This image (Munetz and Griffin, 2006) is included for illustrative purposes only and may not be an exact representation of the local system.
[5] The 2023 American Community Survey 1-year estimates provide the following snapshot of racial and ethnic makeup: 41.8% white, 18.9% Black or African-American, 15.0% Asian, 0.7% American Indian and Alaska Native, 11.6% other race, 11.9% two or more races, 21.1% Hispanic or Latino of any race, and 39.4% White non-Hispanic.
[6] See 2023 American Community Survey 1-year estimates for additional details.

Coordination: In Montgomery County, the Local Behavioral Health Authority (LBHA) is located within the Department of Health and Human Services' (HHS) service area of Behavioral Health and Crisis Services (BHCS). Numerous programs within BHCS provide a range of behavioral health services for children, adolescents, adults, and older adults, including treatment services, crisis intervention, behavioral health support, assessments and referrals, case management, transitional psychiatry, and forensic-based services, among others. Approximately 230 employees work within BHCS, one of five service areas within HHS. The other four service areas include 1) Public Health; 2) Services to End and Prevent Homelessness; 3) Children, Youth, and Family Services; and 4) Aging and Disabilities Services. HHS employs over 1,600 staff across more than 120 distinct programs, serving over 100,000 Montgomery County residents annually. HHS was formed in July 1995 with the merger of four Montgomery County departments including the Department of Addiction, Victims, and Mental Health Services (DAVMHS), the Department of Family Resources (DFR), the Department of Social Services (DSS), and the Health Department.

Advisory boards and commissions guide the County Executive and County Council to identify specific needs in Montgomery County and review the County's efforts to address those needs. The County has 16 boards, committees, and commissions related to the work of HHS; these groups often include representatives from various community organizations and individuals with lived experience. The LBHA works closely with 2 commissions concerning behavioral health, the Alcohol and Other Drug Abuse Advisory Council (AODAAC) and the Mental Health Advisory Committee (MHAC). The Interagency Commission on Homelessness (ICH) advises the County Executive and County Council on matters influencing provisions of services, County government policies and procedures, development and implementation of State and Federal laws, and other issues affecting the lives, rights, and welfare of people experiencing homelessness in Montgomery County; the IHC also maintains a homeless services guide for public use.

The LBHA ensures access to, and delivery of quality publicly funded behavioral health services for individuals who live with mental health concerns and/or substance use disorders. The LBHA's target population includes individuals with behavioral health concerns who have active Medical Assistance, are eligible for Medical Assistance, or are uninsured and meet income limits. Additionally, the broader target population includes individuals of all ages who access publicly funded behavioral health services and reside in Montgomery County, Maryland.

As mandated by Section 10-10-1203 of the Health General Article of the Maryland Code and at the direction of the Secretary of the Maryland Department of Health (MDH), the LBHA reports directly to the Behavioral Health Administration (BHA), which is housed within MDH and oversees the delivery of all specialty (not offered through primary care) behavioral health

services to Medicaid recipients. HHS services are accessible in each region of the county: Down-County (four sites in Silver Spring), Mid-County (eight sites in Rockville), and Upcounty (one site in Germantown). The LBHA maintains a continuously updated public LBHA Resource Directory to promote resources to stakeholders and the community.

Housing and Homelessness Services: Residents may access programs and services designed to prevent or end homelessness. The U.S. Department of Housing and Urban Development (HUD) funds the Housing Choice Voucher Program (HCV or "Section 8") to provide rental assistance to income-eligible applicants, helping them access suitable housing or paying a portion of the monthly rent where the family currently lives; the current wait time is approximately 6.5 years for county residents. The local Housing Initiative Program (HIP) is designed to reduce the incidence of homelessness in Montgomery County by providing permanent supportive housing for those individuals and families that live in emergency or transitional shelters, are exiting an institution, or are sleeping unhoused. Montgomery County Coalition for the Homeless advocates for and provides emergency shelter, permanent supportive housing through a combination of rental subsidy and supportive services, and access to Coalition Homes (an affiliate organization that develops and manages properties throughout the county specifically for people who are exiting homelessness).

Montgomery County residents experiencing homelessness can access multiple shelters across the county and in nearby Washington, D.C. Within the county, HHS assesses homeless families for service eligibility in one of the three Regional Service Centers, while homeless single adults can access shelter through day services and outreach services offered by the following organizations: City of Gaithersburg Homeless Assistance Program (Gaithersburg), Montgomery Avenue Women's Center (Rockville), Community Vision (Silver Spring), Hope Restored Inc. (Silver Spring), and Bethesda Cares (Bethesda).[7] Montgomery County owns Progress Place, a facility that offers services to the homeless population in the Silver Spring area through three programs: Shepherd's Table, Interfaith Works, and Mobile Med.

To support individuals with disabilities including but not limited to diagnosed behavioral health conditions, the federal Continuum of Care (CoC) Program (24 CFR part 578) promotes a community-wide commitment to ending homelessness. Households experiencing homelessness with at least one disabled family member are eligible to access programs within the Montgomery County CoC through HHS; 387 qualifying Montgomery County households receive services through this grant. Within the Montgomery County CoC, Housing Stabilization Services (HSS) provides needs assessments, emergency financial assistance, and case management to help households maintain or obtain housing, prevent or restore utility disconnection, and move

[7] 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.

or store belongings. The following Montgomery County CoC programs provide financial assistance to eligible low-income residents: the Rental Assistance Program (RAP) for referred low-income individuals with disabilities or individuals aged 55 and older who are homeless (street/car/shelter) or at imminent risk of homelessness; the Senior Assisted Living Subsidy (SALS) Program for residents residing in local assisted living facilities; and the Utility Assistance Program for individuals requiring assistance with heating costs, electric bills, and water/wastewater bills. The Shelter Services Program provides outreach, emergency shelter, transitional housing, and permanent supportive housing. The program also offers case management to link clients to services, including housing referrals, treatment, employment, and entitlements. The current wait time for rapid and permanent rehousing programs is approximately 459 days.

Montgomery County LBHA maintains the SSI/SSDI Outreach, Access, and Recovery (SOAR) program to improve Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) application outcomes for adults experiencing homelessness and living with behavioral health conditions. The Social Security Administration and the Department of Disability Services have an agreement with HHS to expedite the review of SOAR applicants who are homeless or at risk of homelessness. This expedited review process boasts an 86% cumulative approval rate in Maryland. Currently, a dedicated state-funded SOAR case manager is housed at EveryMind, a mental health provider currently contracted to offer several services in Montgomery County. HHS is reportedly increasing SOAR-trained staff to better meet the time-intensive demand of this valuable program; training is available to the public including behavioral health providers (notably community psychiatric rehabilitation programs and targeted case management), problem-solving court staff, and community volunteers.

Transportation: Public transit is available within and beyond the county via bus (Ride On and Metrobus), shuttle (Bethesda Circulator, Silver Spring VanGo, and Shuttle-UM University of Maryland), subway (Metrorail), and train (MARC, VRE, and Amtrak); access to these services varies by location. Another transportation option is Flash, a planned bus rapid transit network with limited-stop bus service along nine routes; Flash currently operates on US Route 29 with expansion plans underway. Free and reduced fare programs also exist for qualifying individuals. Eligibility varies by transit modality, but specific programs exist for older adults, students, children, individuals with disabilities, and low-income individuals. The county operates an escorted transportation program for adults who qualify based on income and disability and other eligibility-based programs that cover taxicab fare. Additionally, residents can apply to the Medical Assistance Transportation grant program, which coordinates “last-resort” non-emergency medical transportation services for selected Medicaid recipients who reside within the county and need transportation to access medically necessary services. Community-based transportation services include the Senior Connection program, which

connects residents over age 60 with volunteer drivers, and transportation is also available on a limited basis through the following partners: Interfaith Works (Uber vouchers); Tree of Hope Association (bus passes and Uber rides); Office of the Public Defender (taxicab rides from the courthouse for release); recovery programs such as Alcoholics Anonymous and Narcotics Anonymous; and participating treatment centers.[8]

Veterans Services: The Montgomery County Commission on Veterans Affairs advises the County Executive and County Council on the status of programs and services related to the needs of Veterans; this commission maintains an electronic Veterans directory that includes services offered by the federal, state, and local government and non-profit agencies. EveryMind (mentioned on the previous page) also offers ServingTogether, which uses technology and its partner network to guide Veterans, service members, and their families to the most appropriate services and resources available in the Greater National Capital Region.

The U.S. Department of Veterans Affairs (VA) has a main regional location at the Washington VA Medical Center in Washington, D.C., and several local clinics across the state. Veterans residing in Montgomery County can access primary and specialty healthcare, including mental health services, at the Montgomery County VA Clinic in Gaithersburg, a local community-based outpatient clinic (CBOC). The Silver Spring Vet Center offers confidential help for service members, Veterans, and their families at no cost in a non-medical setting. Vet Center services include individual and group counseling and linkage to the VA and the community. The Center does not share records with other VA offices, the U.S. Department of Defense (DoD), military units, or other providers except by permission or to avert a life-threatening situation. Nationally, all VA healthcare facilities offer same-day assistance for individuals with behavioral health needs. The Steven A. Cohen Military Family Clinic ("Cohen Clinic") at Easterseals provides high-quality and accessible behavioral healthcare focused on post-9/11 Veterans, service members (including National Guard and Reserves), and their families. The Cohen Clinic's services are available regardless of discharge status to individuals, couples, families, and children aged 4 years and older.

Montgomery County utilizes U.S. Department of Housing and Urban Development VA Supportive Housing (HUD-VASH) program vouchers. The HUD-VASH program pairs HUD's housing choice voucher (HCV) rental assistance with VA case management and supportive services designed to help homeless Veterans and their families obtain permanent housing and access the health care, mental health treatment, and other supports necessary to help them improve their quality of life and maintain housing over time. Eligible Veteran families can also participate in the VA Supportive Services for Veterans and their Families (SSVF) Program, which provides individuals with case management and assistance in obtaining VA and other benefits

[8] Tree of Hope Association is further described in the "Peer Services" section on page 21.

and time-limited payments to third parties that facilitate eviction prevention (EP) or rapid rehousing (RRH). Veterans experiencing or at risk of homelessness who are enrolled in HUD-VASH or SSVH-RRH can access the Easterseals Homeless Veterans Reintegration Program (HVRP), which assists with reintegration into the labor force.

Language Services: As previously mentioned, Montgomery County's population is culturally and linguistically diverse. To address diverse language preferences, all government agencies can access interpretation and translation services through the current contractor, LanguageLine Solutions Inc. (866-874-3972). To provide more readily accessible and culturally sensitive interpretation services, many local agencies maintain multilingual staff and/or specialty translators. Additionally, the LBHA has deaf and hard of hearing grant funds for interpretation services available to PBHS outpatient mental health clinic (OMHC), residential rehabilitation program (RRP), and psychiatric rehabilitation program (PRP) providers.

Outreach and Education: Several phone lines are available to help residents access resources in the community. 211 Maryland (211) is a resource line that operates 24/7 connecting individuals across the State with referral specialists. MC311 Customer Service Center (311; 240-777-0311 outside the county; 711 for MD Relay) is the county's source for non-emergency government resources with availability Monday through Friday from 7 a.m. through 7 p.m. Public spaces like shelters, schools, and libraries are ideal locations for outreach efforts given that individuals often first seek assistance within the community. Successful initiatives targeting food insecurity and harm reduction are reportedly underway across the county. See Figure 1 on page 16 for a visual representation of person-centered care in Montgomery County.

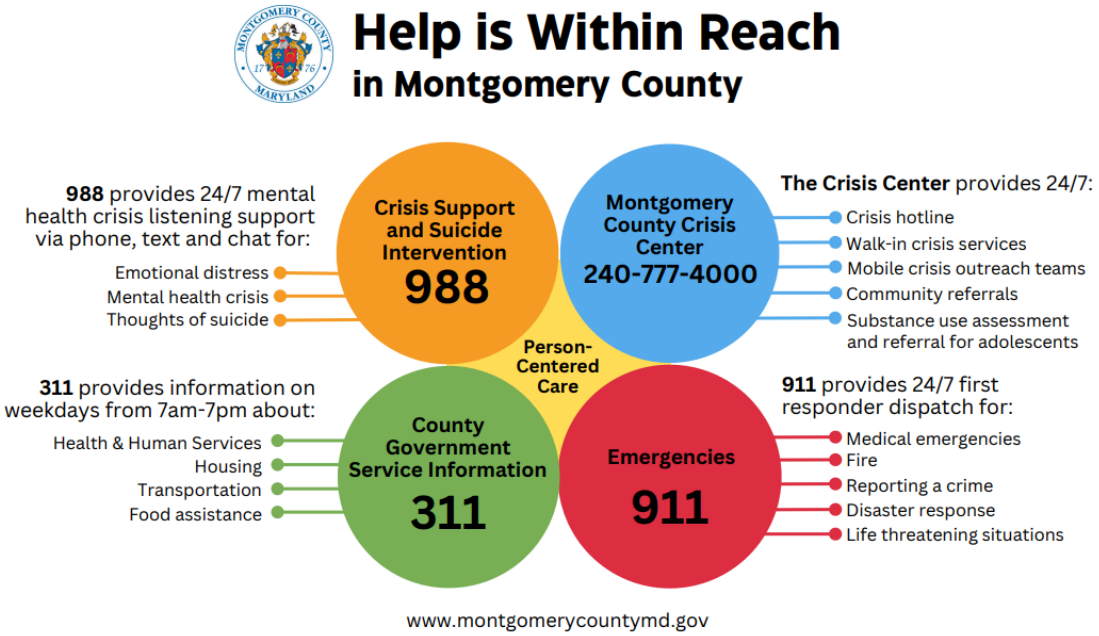
Many residents in need of behavioral healthcare present to primary care providers, specialty care providers, or federally qualified health centers (FQHCs). The Primary Care Coalition (PCC) is a 501(c)(3) that aims to provide a continuum of care for people who are uninsured or underinsured, have limited financial resources, and experience health inequities or barriers to achieving healthy lives. The PCC manages the Nexus Montgomery Regional Partnership ("Nexus Montgomery") portfolio as well as programs including Montgomery Cares. Nexus Montgomery is a hospital-led collaborative focused on reducing hospital use by connecting people to community-based care and support services. Montgomery Cares is a public-private partnership comprising 11 independent safety-net primary care clinics, six hospitals, HHS, the PCC, volunteer health practitioners, and other community-based organizations. Approximately 2,600 individuals are served annually through Montgomery Cares' mission to provide high-quality, efficient, accessible, equitable, and outcome-focused health services including crisis care and medications for opioid use disorder (MOUD) to low-income, uninsured adults in Montgomery County. Participating providers also offer co-located behavioral health services (including telehealth) within primary care.

Service agencies are uniquely well-suited to coordinate efforts that support vulnerable populations. The Community Action Agency (CAA) housed within HHS coordinates a spectrum of social and economic mobility services. For example, the CAA operates the Takoma East Silver Spring (TESS) Community Action Center, a walk-in site providing information and referrals, social service assistance, interpretation and translation, education, Volunteer Income Tax Assistance (VITA), and legal services in partnership with nonprofits, public agencies, and community groups.

Community education regarding the signs and symptoms of mental illness and how to access help can assist with early detection, stigma reduction, and linkage to services. For example, the Mental Health Association of Maryland offers a monthly Mental Health First Aid (MHFA) class that teaches the skills to respond to the signs of mental illness; this evidence-based class is free for Maryland residents

Figure 1

Person-Centered Care in Montgomery County



Note. *The graphic illustrates how person-centered care is coordinated between community services and public safety in Montgomery County.*

Primary, Long-Term, and Recovery Services

The Montgomery County Department of Health and Human Services (HHS) coordinates mental health and substance use programs for county residents who are Medicare and Maryland Medicaid recipients. Access to Behavioral Health Services ("Access"), a program within HHS,

offers telephone and walk-in screening and referral services including assessment, linkages, brief counseling, and case management for low-income adults living in the county without commercial insurance. For uninsured individuals requiring a bridge to behavioral healthcare, all local providers can submit exception requests to the LBHA for most substance use and/or mental health services, except intensive outpatient (IOP) services; notably, this option is not available for outpatient mental health clinics (OMHCs) that operate in spaces regulated by the Health Services Cost Review Commission (HSCRC). Uninsured and uninsurable individuals can seek services through Montgomery Cares partners. Residents without home computer access reportedly utilize providers, community partners, and local libraries to participate in virtual behavioral health appointments.

Two care models have been empirically shown to improve early identification and treatment outcomes for mental health conditions. 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. Coordinated specialty care for early psychosis is a model that utilizes a multidisciplinary team to provide comprehensive care following a first episode of psychosis, including mental healthcare, vocational and educational support, family education and support, care management, and peer support.

Mental Health Services: Many agencies in Montgomery County are operating outpatient mental health clinics (OMHCs) that serve adults.[9] When necessary, residential rehabilitation program (RRP) services that support the transition to independent housing are available in the county through Cornerstone Montgomery, Sheppard Pratt, and the Rock Creek Foundation. Any mental health or substance use treatment professional, with or without licensure, may make referrals to Montgomery County LBHA, which manages the waitlist. The wait time varies considerably depending on the level of care requested, specialty needs, and the referral source. Integrated behavioral health programs that provide outpatient services that address both mental health and substance use issues are available through various providers including Vesta (Germantown and Silver Spring locations) and Torch Treatment Center/Elevate Recovery Centers (Silver Spring location).

Psychiatric medication assistance programs are available to county residents through Bethesda Cares, Medbank, and the LBHA. Bethesda Cares assists people experiencing homelessness, while Medbank connects low-income county residents who are uninsured or underinsured with free medications from pharmaceutical organizations through the patient assistance program.

[9] Although the number of service providers fluctuates, records at the time of the workshop indicate 29 agencies in Montgomery County operating outpatient mental health clinics (OMHCs) that serve adults including one that specifically serves adults aged 65 and older.

Several housing programs specifically target individuals living with mental illness. Projects for Assistance in Transition from Homelessness (PATH) is a grant-funded outreach program provided through the Access program for county residents with mental health diagnoses (and possibly co-occurring substance use concerns) who are homeless or at risk of becoming homeless; this program accepts all referral sources including self-referral, providing outreach and case management, advocacy efforts, and assistance with applying for housing and Supplemental Security Income (SSI). Housing Unlimited Inc. ("Housing Unlimited") is a local 501(c)(3) that promotes community integration and independence for individuals in mental health recovery by providing permanent independent scattered-site supportive housing for over 150 extremely low-income adult residents. Sheppard Pratt offers affordable permanent shared housing for adults with serious mental illness with a minimum monthly income of $400 and a demonstrated ability to independently manage finances and successfully manage a medication regimen. Furthermore, Consumer Support, a grant from the Behavioral Health Authority, is a safety net service available to individuals actively engaged in the Public Behavioral Health System; eligible applicants with mental health disorders with or without substance use disorders can request up to $1,000 per fiscal year to assist with rent, mortgage, and/or utility arrearages when all other resources have been denied.

Vocational services for young adults/transitional age youth (TAY) living with mental illness are available through Cornerstone Montgomery's TAY program and Sheppard Pratt's job training and employment programs. Adults seeking supported employment services can access programs through Cornerstone Montgomery, the Rock Creek Foundation via the Santé Group, and Vocational Support Systems (VSSI).

Substance Use Treatment Services: For people who use drugs, Montgomery County HHS operates a harm reduction program in Rockville that offers syringe services, naloxone, fentanyl test strips, wound care supplies, sexual health supplies and education, HIV testing, and referrals. Harm reduction services are provided anonymously to the public every Tuesday, Thursday, and Friday from 10 a.m. through 4 p.m. and on Wednesdays from 1 p.m. through 7 p.m.

Residents in need of early intervention services have access to DUI education as well as assessment and education for people at risk of developing a substance use disorder. At the time of the workshop, four resources offer DUI classes, six offer at-risk assessment and education services, and 18 offer a combination of both.

There are currently three medication-assisted treatment (MAT) providers with a total of four locations across all three regions of the county.[10] There are 25 distinct providers of ASAM Level

[10] MAT is the use of medications in conjunction with counseling and behavioral therapies for the treatment of substance use disorders. The U.S. Food and Drug Administration has approved three medications for MAT of opioid use disorder: methadone, buprenorphine, and extended-release naltrexone. Sublocade is an injection of

1 (outpatient/OP) services in Montgomery County; two OP providers also offer integrated behavioral health programs as described above. Of the 25 Level 1 providers, 16 also provide Level 2.1 (intensive outpatient/IOP) services along with five additional providers for a total of 21 providers. Of the 21 Level 2.1 providers, three provide Level 2.5 (partial hospitalization/PHP) care along with one additional provider for a total of four Level 2.5 providers. See Table 1 on page 20.

For individuals requiring residential treatment services, Maryland Treatment Centers (MTC) operates four programs. MTC Avery House provides Levels 3.1 (clinically managed low-intensity residential) and 3.3 (clinically managed population-specific residential) treatment for women aged 18 and older including pregnant/postpartum women and women accompanied by up to two children aged 12 and under. For adults aged 18 and older, MTC Lawrence Court Halfway House offers Level 3.1 care, while MTC Avery Road Combined Care offers Level 3.3 and 3.5 (clinically managed high-intensity residential) care. The Valley provides Level 3.5 care at three locations, two of which also provide Level 3.1 care. MTC Avery Road Treatment Center ("Avery Road"), which serves adults aged 18 and older, is the only Level 3.7 (medically monitored residential) care provider that accepts Medicaid. See Table 1 on the following page.

State Care Coordination services are designed to help individuals remain engaged in their recovery and to promote independence and self-sufficiency. Maryland State Care Coordinators are based in each jurisdiction at the county health departments. State Care Coordinators receive referrals from residential programs while patients are in treatment and assist with the transition into the recovery community by providing linkages to community/faith-based services and other human services organizations. Maryland Treatment Centers is contracted to provide Maryland State Care Coordination to eligible county residents, i.e. clients receiving Levels 3.3, 3.5, and 3.7 residential treatment supported by BHA funding. For individuals receiving Maryland State Care Coordination, Maryland Recovery Net (MDRN) is an $8,000 grant from the Behavioral Health Administration that provides up to $1,000 per client per fiscal year to individuals actively engaged in fee-for-service substance use disorder treatment through the Public Behavioral Health System and enrolled in Maryland State Care Coordination. MDRN client support funds are intended to assist in achieving treatment goals and can be applied to an array of services including pharmacy, transportation, employment services, vital records, medical/dental services, and other unmet needs. Funding is retroactive (i.e., for reimbursement) only and requires a completed request for client support form and receipt or invoice; MDRN housing funds are available to MDRN-qualified residents of certified recovery housing.

buprenorphine; Suboxone is an oral buprenorphine/naloxone combination medication. Vivitrol is an injection of naltrexone.

Recovery housing for Montgomery County residents is available but limited. Many Montgomery County residents utilize alternative (non-certified or self-run) sober living arrangements. Non-certified housing options include Oxford House, Stepping Stones Recovery House, and the Clubhouse of Damascus. Maryland Wellness and Recovery clients enrolled in PHP or IOP are eligible to participate in a fee-for-service community housing program composed of six houses with eight beds each; participants can stay for up to six months during their treatment, receiving peer support and case management. Currently, there are only four certified recovery residences within the county. While Mike's Place and Sandstone Care only accept men, Great Compassion Ministries Inc. and Potomac Pathways accept men and women. Of the four recovery residences, three serve young adults; Great Compassion Ministries Inc. is the only option for the rest of the adult population. See Table 1 below.

Table 1

American Society of Addiction Medicine (ASAM) Criteria Continuum of Care in Montgomery County

ASAM Criteria Level of Care	Providers (#)
Recovery Residence[11]	4
Level 1 (Outpatient)	24
Level 2.1 (Intensive Outpatient, IOP)	25
Level 2.5 (High-Intensity Outpatient, HIOP)	9
Level 3.1 (Clinically Managed Low-Intensity Residential)	2
Level 3.3 (Clinically Managed Population-Specific Residential)	1
Level 3.5 (Clinically Managed High-Intensity Residential)	2
Level 3.7 (Medically Managed Residential)	2

Note. *This table illustrates the number of distinct providers in Montgomery County providing adult addiction treatment at the time of publication. Released in October 2023, the fourth edition of the ASAM criteria includes updates to the continuum of care but still retains four whole number treatment levels (1-4) with decimals to express further gradations of intensity and types of care provided. Although ASAM criteria have been updated, the Code of Maryland Regulations (COMAR) reflecting the new distinctions in levels of care have not been finalized as of the date of this report. As such, the county's resource directory does not yet identify providers of Level 2.7 (Medically Managed Intensive Outpatient) services or subdivide Level 1 care. (For reference, Level 1.5 refers to outpatient therapy, Level 1.7 refers to medically managed outpatient, and the newly-added Level 1.0 refers to long-term remission monitoring.)*

Case Management and Assertive Community Treatment: The Social Security Act defines case management as services that assist eligible individuals in accessing medical, social, educational,

[11] Only certified recovery residences are noted here.

and other services. Case management is available through four agencies and/or programs: the Neighborhood Safety Net program at Sheppard Pratt, the Jewish Social Service Agency, Pathways to Housing, and HHS Mental Health Services Projects Assisting Transition from Homelessness (PATH). Targeted case management (TCM) is a type of case management for certain groups of people, like those with chronic illnesses or developmental disabilities. TCM can involve more frequent contact, longer-term support that can last for years, and coordination across multiple areas of life; individuals can self-refer or be referred by non-professionals such as family members. Targeted case management (TCM) is provided by three agencies: Volunteers of America Chesapeake, Vesta, and CRi.

Assertive community treatment (ACT) is a client-centered, community-based mental health service model that has received substantial empirical support for facilitating community living, psychosocial rehabilitation, and recovery for persons who have the most severe and persistent mental illnesses and have not benefited from traditional outpatient programs. Community providers refer clients to ACT teams that work with clients in their homes, neighborhoods, and community locations, providing on-call phone support 24 hours a day, 7 days a week. There are currently five ACT teams in the county for high-risk, high-needs individuals; People Encouraging People (PEP) and Cornerstone Montgomery operate two each, and Pathways to Housing operates one. Caseload capacity and enrollment by team (illustrated as a fraction within parentheses) are as follows: PEP North team (81/100), PEP South/FACT team (87/100), Cornerstone Montgomery Upcounty team (78/100), Cornerstone Montgomery Down-county team (74/100), and Pathways to Housing (65/80).

Peer Services: Several dedicated organizations provide peer support in Montgomery County. NAMI Maryland provides education, support, and advocacy for persons with mental illnesses, their families, and the wider community; the local chapter, NAMI Montgomery County, offers free, peer-led support groups such as Connection Recovery Support Group for adults with mental health conditions and Family Support Group for adult family members, significant others, and friends. The following peer support groups operate in the community: Washington Area Intergroup Association of Alcoholics Anonymous, Narcotics Anonymous, Al-Anon Family Groups, and Nar-Anon Family Groups, Depression and Bipolar Support Alliance.

Through funding from the Maryland Behavioral Health Administration, a network of peer-led wellness and recovery centers (WRCs) are operated across the state as part of the Maryland Public Behavioral Health System (PBHS) continuum of care. WRCs offer resources, socialization, and activities within the context of a community of peer support. The Santé Group's Silver Spring Wellness and Recovery Center is a WRC serving adult residents with a history of mental health conditions; the county is currently soliciting the grant for the second county WRC that was previously contracted through Common Ground by Sheppard Pratt.

Tree of Hope Association ("Tree of Hope") is a local 501(c)(3) volunteer-run organization that provides group and one-on-one peer mentoring, peer training, and social integration programming for people new to recovery. Tree of Hope relies in part on private foundation funding to assist with transportation and housing. Tree of Hope receives referrals from treatment centers, shelter systems, and local government agencies, as well as the Stop, Triage, Engage, Educate, and Rehabilitate (STEER) program. Peer recovery specialists are also embedded in the 24/7 mobile crisis outreach teams (MCOTs) discussed in more detail below.

Urgent and Acute Services

Hotlines/Warmlines: Montgomery County residents can access various national hotlines and warmlines. The 988 Suicide and Crisis Lifeline (988), operated by EveryMind in Montgomery County, is available 24/7 by call, text, or web-based chat with a goal of live response within 25 seconds; an option for video chat is available for individuals who communicate through sign language. The Veterans Crisis Line and Military Crisis Line are available 24/7 regardless of VA enrollment to military-connected individuals and their loved ones; services are available by call (988 option 1), text (838255), or web-based chat. The Crisis Text Line can be accessed 24/7 by texting "home" (or "ayuda" for services in Spanish) to 741741 or via WhatsApp. The National Domestic Violence Hotline (800-799-7233) is also available 24/7 by call, text, or chat. The NAMI HelpLine (800-950-NAMI), is a free, nationwide peer-support warmline accessed by call, text, or chat between 10 a.m. and 10 p.m.

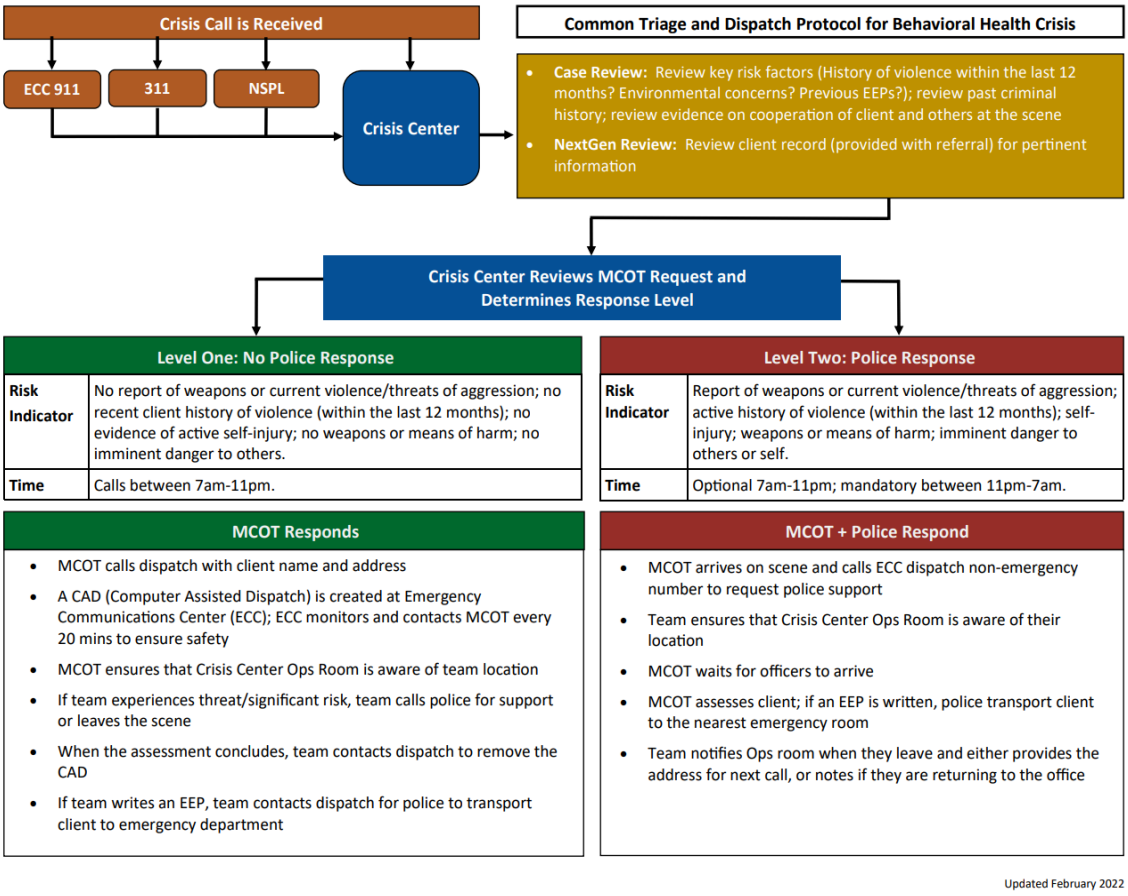
Montgomery County residents also have access to local hotlines and warmlines. The Montgomery County Crisis Center ("Crisis Center") within HHS provides free crisis services 24/7/365 by telephone (240-777-4000) or in person at the walk-in facility in Rockville. EveryMind (301-738-2255), which operates 988 in Montgomery County, also provides free and confidential supportive listening, resource referrals, and crisis intervention (including suicide assessment) 7 days a week via telephone (24-hour coverage), text (8 a.m. - 12 a.m.), and chat (8 a.m. - 12 a.m.). Beginning in fiscal year 2025, EveryMind will have two dedicated positions for follow-up and outreach to connect appropriate consumers with substance use disorder treatment.

Mobile Crisis Services: Mobile crisis services provide no-cost, immediate, on-site behavioral crisis intervention and debriefing services (supportive, crisis-focused discussion of a traumatic event) for community members experiencing severe situational, emotional, or behavioral crises. The local mobile crisis provider for the county is the Crisis Center, which operates a 24/7 mobile crisis outreach team (MCOT). Responding MCOTs provide full crisis assessments and treatment referrals; however, MCOTs do not have transport capacity. While on-scene co-response with law enforcement has been the model in the county for decades, the current MCOT protocol involves

a fully civilian response by a clinician and a peer for calls with a low risk of violence (see Figure 2 below).

Figure 2

Common Triage and Dispatch Protocol for Behavioral Health Crisis



Note. *This graphic illustrates how protocol determines the criteria for two levels of crisis response: (1) civilian response, and (2) co-response with police.*

Given that approximately 5% of county calls that initially receive a civilian response escalate to require a law enforcement response, the county is integrating its Montgomery County Police Department CIT Team (discussed below) and MCOT into a cohesive mobile response strategy. Calls will be triaged and handled via one of three options: (1) MCOT response, 2) separate responses from MCOT and MCPD patrol officers, or (3) a co-response by a CIT Team officer and a clinician in the same vehicle. Implementation of this tiered response strategy is pending.

Crisis Receiving and Stabilization Facilities: Announced on March 8, 2024, by Governor Wes Moore, the Maryland Department of Health has awarded $13.5 million in grants to 19

jurisdictions across the state to help promote health equity and improve access to behavioral health crisis services for Marylanders; among other projects, this funding is designated to establish a behavioral health crisis stabilization center in Montgomery County.[12] The county's current plan for this project involves using state-braided funds to develop a facility capable of serving 45 individuals with behavioral health needs who require either a discharge or hospital diversion plan. This population includes individuals transported by first responders, diverted by hospitals, released from detention, released from courts, or released from incarceration; triage by law enforcement or the Crisis Center may be required, but that has not yet been established. This center is projected to open in 2027. The project may seek philanthropic support, hospital contributions, and county funding to promote sustainability.

In addition to operating a local hotline and the MCOT discussed above, the Crisis Center provides crisis services at its walk-in facility located in Rockville. Between the MCOT and the walk-in facility, approximately 5,000 consumers are served annually. Services are available 24/7 to all ages and include full crisis assessments and referrals to options including ACT and residential treatment as needed. The Crisis Center Stabilization Room composed of four recliners is available for brief stays of up to 23 hours; the Stabilization Room is an allowable behavioral health transport destination for fire/EMS and voluntary law enforcement transport.[13] Since the workshop, MDH has provided funding for the Crisis Center's Stabilization Room to stay in operation and expand to eight recliners to serve the lifespan to meet recently finalized COMAR regulations.

Residential crisis services (RCS) are short-term mental health treatment and support services in a structured environment for uninsured or PBHS-insured individuals who require 24-hour support due to a psychiatric crisis. RCS programs are intended to prevent psychiatric inpatient admission, shorten the length of inpatient stay, effectively utilize hospital emergency departments, and provide an alternative to psychiatric inpatient admission. The Crisis Center maintains four on-site co-located residential crisis beds; RCS admissions typically start at 10 days but can be extended to 30 days as clinically warranted. Additional RCS programs are available through Cornerstone Montgomery (capacity of 16), Safe Journey House (capacity of eight), and Sheppard Pratt WayStation residential crisis program (capacity of 16).

The Nexus Montgomery Regional Partnership ("Nexus Montgomery") provides emergency department and/or inpatient psychiatric care at Adventist Health Care ("Adventist Health Care," locally known as "Shady Grove"), Adventist White Oak Medical Center ("White Oak"), Holy Cross

[12] Crisis stabilization programs offer short-term "sub-acute" care for individuals who need support and observation, but not hospital-based acute care in the emergency department or inpatient care.
[13] The Crisis Center Stabilization Room is not an allowable destination for involuntary transport for emergency evaluation petitions (EEPs) at this time; EEPs are discussed in more detail within the "First Responders" section on the following page.

Hospital ("Holy Cross Silver Spring"), Holy Cross Germantown Hospital ("Holy Cross Germantown"), Johns Hopkins Suburban Hospital ("Suburban"), and MedStar Montgomery Medical Center ("MedStar"). Psychiatric licensed inpatient capacity is as follows: White Oak (0), Holy Cross Silver Spring (0), Holy Cross Germantown (voluntary only; 6 adult beds; 0 pediatric beds), MedStar (voluntary only; 9 adult beds; 5 adolescent beds), Suburban (24 adult beds with admission for 16- and 17-year old patients on a case-by-case basis), and Adventist Health Care (133 licensed beds with staffed capacity of 91; 103 adult beds with staffed capacity of 73; 30 adolescent beds with staffed capacity of 18). If a given inpatient psychiatric unit is full, referrals can be provided to other inpatient units; if all units are full, patients can be referred out of county.

Trauma services and victim assistance are provided via the HHS Abuse Intervention Program and the Victim Assistance and Sexual Assault Program (VASAP); both programs provide linkages, advocacy, counseling, support, and compensation services to Montgomery County crime victims and their families/significant others.[14]

First Responders

Organization: Montgomery County emergency communications (911) for police, fire, and EMS are handled through one public safety answering point (PSAP) which links calls to appropriate dispatchers for the various first responder agencies. All 911 calls are vetted via a comprehensive protocol system for emergency call-taking that includes a structured, standardized script and procedures; approximately 70% of calls screened for behavioral health concerns result in the dispatch of first responders due to the potential for harm to self or others.

The Montgomery County Police Department (MCPD) serves as the lead law enforcement agency for the county. The Patrol Services Bureau oversees most of MCPD's uniformed officers on patrol; the Patrol Services Bureau is divided into six police districts: Rockville (1st District), Bethesda (2nd District), Silver Spring (3rd District), Wheaton (4th District), Germantown (5th District), and Montgomery Village (6th District). The Montgomery County Sheriff's Office provides law enforcement services for the judicial system. Municipal agencies include the Gaithersburg Police Department, Rockville City Police Department, Takoma Park Police Department, and Chevy Chase Police Department. Maryland State Police maintains Barrack N in Rockville.

The Montgomery County Fire Rescue Service (MCFRS) is a combination system of nearly 2,700 volunteer and career responders that handles over 120,000 emergency calls for service

[14] In the context of substance use concerns, the term "abuse" only appears in this document when quoting an existing proper name; this document uses the terms "use" or "misuse" as recommended by the National Institute on Drug Abuse.

annually. MCFRS has maintained the prestigious status as an accredited agency by the Commission on Fire Accreditation International since 2007. MCFRS provides oversight to two rescue stations and 40 fire stations county-wide.

Training: Efforts are underway to provide behavioral health and crisis intervention team (CIT) training to first responders in Montgomery County. Of the 140 emergency dispatch staff, 124 (89%) have completed the eight-hour CIT course. All officers receive entry-level instruction on responding to behavioral health calls through the academy curriculum as well as continued education mandated through the Maryland Police and Correctional Training Commission. All county law enforcement agencies are striving for 100% of officers to be CIT-trained. The Montgomery County Sheriff's Department, which is authorized 155 deputies, currently employs 134 fully sworn deputies; 55 deputies have attended the full 40-hour CIT training, and 100% have received an introduction to CIT. MCPD's revamped CIT program includes a 40-hour training provided through the Crisis Center; with approximately 850 officers trained, the department is more than halfway to the county's target of 100%.

Response: Effective Law Enforcement for All Inc. (ELEFA) partnered with local officials, the MCPD, the Reimagining Public Safety (RPS) Task Force, and residents to audit county public safety programs and provide recommendations; of note, a section about mental health response is included in the final report.

At any given time, 600 MCPD patrol officers are serving over one million county residents; the approximately 7,000 mental health calls cleared last year underscore the demand behavioral health needs place on law enforcement. To address this obligation, MCPD has reimagined its CIT program by dividing it into two complementary programs that have been successfully operating for over a year and a half: the CIT team and the Behavioral Assessment and Administration Unit. To respond to in-progress situations, MCPD staffs the CIT team with five full-time CIT officers who respond to 911 calls for service across all six districts in "soft" uniforms with a less tactical aesthetic. The CIT team is responsible for calls involving suicidal intent, physical violence, SWAT call-outs, barricades, or calls for special assistance by a patrol officer; these officers also oversee victim reunification centers. For responses that do not involve active situations, the Behavioral Assessment and Administrative Unit provides follow-up and community threat assessment. Two sworn officers dedicated to serving individuals on the autism spectrum and a third sworn officer dedicated to serving individuals with behavioral health needs comprise this unit that identifies and serves the top 1% of high-need consumers including those with chronic mental health needs and those who are considered a danger to public safety. This unit meets consumers in the field in civilian uniforms to identify needs and provide linkages to care, working closely with HHS and first responder counterparts in MCFRS.

A petition for emergency evaluation (often referred to as a petition, an emergency petition/EP, or an emergency evaluation petition/EEP) initiates an emergency psychiatric evaluation due to the belief that an individual is a danger to themselves or others. In 2023, 1,641 of these petitions (locally referred to as EEPs) were executed. Anecdotally, trends indicate that these numbers are increasing; the current total for 2024 at the time of the workshop is 393. Extreme risk protective orders (ERPOs) are often issued in conjunction with EEPs; ERPOs, often referred to as "red flag laws," are court orders that temporarily require a person to surrender any firearms or ammunition to law enforcement and not purchase or possess firearms or ammunition. Approximately 30 EPROs are executed annually in the county. The ERPO process varies; the Special Victims Investigations Division handles all domestic-related incidents while all others are handled by the Criminal Investigations Division. The department intends for the Behavioral Assessment and Administrative Unit to oversee all ERPOs once fully staffed.

Efforts to meet the needs of residents with behavioral health needs extend beyond law enforcement agencies. The Montgomery County Fire Rescue Service (MCFRS) established the Montgomery County Non-Emergency Intervention and Community Care Coordination initiative to connect high utilizers to existing medical/social programs within their communities. Housed within the Division of Operations and overseen by the Emergency Medical and Integrated Healthcare Services (EMIHS) section, this initiative has been renamed to highlight its key strategy: mobile integrated health (MIH), a national care-delivery model using patient-centered, mobile resources in the out-of-hospital environment. MIH strives to avert unnecessary ambulance transports, emergency department visits, and hospital admissions/readmissions, while ultimately improving patient outcomes for highly vulnerable residents with chronic needs. The MIH team is composed of two full-time paramedics, a registered nurse (RN), and a currently open position for a certified social worker - clinical (LCSW-C); the RN and LCSW-C positions reside within HHS adult protective services program but are detailed full-time to MIH. Leveraging existing interagency partnerships with HHS, local hospitals, and a variety of public and private care providers, MIH links high-need consumers to programs most appropriate to treat their conditions while preserving emergency response capacity. As a result, call volumes for EMS services among the highest users of EMS services have reduced significantly. Clients are identified to participate in this free program by fire/EMS data surveillance or referred by hospital partners; the MIH program has served over 70 vulnerable residents to date, the majority of whom have chronic behavioral health needs.

The Stop, Triage, Engage, Educate, and Rehabilitate ("STEER") program is a drug treatment linkage program that aims to provide rapid identification, deflection, and access to treatment for people who use drugs.[15] Originally intended as a diversion program embedded within MCPD to provide an alternative to conventional arrest, the STEER program has evolved and now

[15] The term "deflection" is used to indicate community-based pre-arrest diversion.

operates more as an overdose response program in which peers offer support and linkage to treatment after a call for service. While there has been a decrease in the number of MCPD referrals to STEER, the program anticipates providing training and education to MCPD, MCFRS, and emergency department (ED) personnel on STEER practices and procedures with at least eight training workshops to be provided to local police departments in fiscal year 2025. Data from the fiscal year 2024 reports a total of 2,463 STEER-coordinated responses.[16]

Data Collection and Sharing

Given that most services in the county are grant-funded, much of the relevant data is collected and maintained by grant management. Most data sharing occurs within the local health department, although the LBHA engages in outreach events with outside stakeholders.

Data platforms facilitate data sharing across agencies. Community ServicePoint (CSP) is a web-based data collection tool by WellSky adopted by Montgomery County to meet Congress' mandate of maintaining a homeless management information system (HMIS); HHS is the HMIS implementing organization. In 2005, HUD chose 80 communities nationwide including Montgomery County to participate in an HMIS pilot, intending to produce the first Annual Homeless Assessment Report (AHAR); this initiative has resulted in AHAR reports annually through 2023. Additionally, Chesapeake Regional Information System for our Patients Inc. (CRISP), a database that facilitates the sharing of health information among doctors, hospitals, labs, and other healthcare organizations, provides safer, more efficient patient-centered care for individuals who do not opt out and whose providers participate; CRISP also prevents duplication and diversion of medication. MIH program information is reflected in CRISP, facilitating information sharing with emergency departments regarding MIH's high-frequency, high-need participants.

Per the Montgomery County Open Data Act (Montgomery County Code §§ 2-152 – 159), the dataMontgomery website operates as a platform dedicated to making county public data freely available in an open and consumable format to promote transparency, accessibility, and efficiency. Through the end of the fiscal year 2022, Montgomery County has published over 371 datasets on the dataMontgomery website; these datasets include police 911 computer-aided

[16] Other notable data points include: 595 unduplicated individuals served, 473 new individuals enrollments, 433 individuals screened/assessed, 419 individuals determined eligible, 390 total participants who received STEER model educational training and supports, and 440 overdose referrals.

dispatch (CAD) calls for service, allowing for analysis of behavioral health calls for service including initial type, close type, and disposition.[17]

Intercept 0/1 Gaps

Community Services

Coordination: Concerns raised during the workshop can be organized into the following three coordination objectives: (1) improving transparency, (2) streamlining existing efforts, and (3) expanding partnerships. Transparency relies on standard definitions and consistent, accessible language, which are increasingly challenging as the definition of crisis and the crisis continuum are evolving. Streamlining involves consolidating and connecting existing councils/boards/committees to eliminate information silos, improve efficiency, and prevent duplicative efforts. Partnership expansion calls for the community to leverage existing connections to widen resource promotion within and across intercepts, ensuring that the resources and the criteria for access are readily available when and where assistance is requested; for example, clients of the Office of the Public Defender may request assistance with transportation, housing, and funds, demonstrating the importance of integration between community services and legal services. Reportedly, reliance on partners like Tree of Hope to serve as intermediaries slows the process of connecting individuals to needed services and support. Coordinating councils and multidisciplinary groups such as the Primary Care Coalition (PCC) have demonstrated effectiveness and could be expanded or replicated as appropriate to meet the three objectives. The PCC in particular is acknowledged as an underutilized resource that can facilitate collaboration.

Evaluation, a central component of systems management, is one area the community would like to improve to inform all three coordination objectives. Participants report a disconnect between intent and implementation in various programs; evaluation is necessary to determine impact and inform strategic planning. Without proper evaluation, community members question if there is a lack of resources or instead a misappropriation of existing resources compounded by barriers to access. For example, eligibility requirements based on factors such as age and history fail to address privilege and social determinants of health; vulnerable populations may be disproportionately affected by these requirements, but without evaluation, the impacts are speculative.

[17] To review the "Police Dispatched Incidents" dataset, please see: https://data.montgomerycountymd.gov/widgets/98cc-bc7d?mobile_redirect=true. Behavioral health calls are typically coded as "Check Welfare" in the "Initial Type" and "Close Type" columns or as "Mental Transport" in the "Disposition Desc." column.

The community shares a commitment to address the needs of vulnerable residents, but a shared optimism is necessary to address barriers to communication and collaboration. Participants emphasize their desire to focus on possibilities when exploring solutions. Further, the deeply ingrained communication pathways that exist within and between agencies and organizations fuel reluctance to identify barriers candidly; workshop participants express a history of being chastised for attempting to highlight areas for improvement or to advocate for legislative change. The community must encourage honest communication and create a safe and inclusive environment where stakeholders and community members feel comfortable sharing their ideas and concerns; trust and rapport are essential for effective collaboration.

Housing and Homelessness Services: Housing is a significant concern for Montgomery County stakeholders. Gaps in housing services are discussed in detail within the "Parking Lot" section.

Transportation: Transportation is an obstacle for many residents, particularly those who reside outside of the urban southern portion of the county. The existing transportation is inaccessible geographically and/or financially for many consumers. Given the shortage of services in the Upcounty region, the lack of public transportation from that region to the services elsewhere only serves to compound the barriers to community services. While the county has innovatively addressed gaps by utilizing the support of local partners such as Tree of Hope when possible, the funds for these organizations are limited.

Language Services: Strategies that address the language access needs of diverse and non-English language preference (NELP) consumers would improve person-centered care in various settings. Written material such as websites, printed resources, and vital documents must be available in multiple languages; effective and inclusive interpretation and staff training to effectively engage and assist individuals with diverse language preferences are essential. It is particularly important to note that while there is reported heavy reliance on Google Translate, court orders cannot be translated using Google Translate due to formatting incompatibility.

Outreach and Education: Education is a valuable tool for improving the wellness of residents. Partnerships can be leveraged to expand resource promotion and harm reduction strategies to existing community resources such as libraries and faith organizations to maximize accessibility and ensure that all populations are being reached. Stakeholders express a desire to target implicit bias and stigma in the workforce and the community through programs like Just Five, an online, self-paced program that intends to raise awareness, reduce stigma, and provide education about addiction prevention and treatment. The community also seeks to promote understanding of the difference between availability and eligibility; for example, stakeholders note that the requirements for inpatient mental healthcare are a regular source of confusion, and the resulting frustration erodes trust between professionals and the community. Advocacy also plays a powerful role in community development. Barriers to accessing and fully utilizing

insurance can be addressed by consumer health advocacy while legislative efforts are underway to address county, state, and federal obstacles such as voucher requirements, medication access challenges, mental health coverage policies, and stigma. The creation of an Office of Consumer Affairs within the county could elevate and prioritize consumer voices. Connections with national, state, and local advocacy groups such as NAMI, On Our Own of Maryland Inc., and Shatterproof can involve individuals in advocacy on a broader scale. Stakeholders are encouraged to engage with government representatives given the expressed commitment of representatives in attendance to addressing the issues facing the community; at the same time, legislators can elicit open and honest feedback by acknowledging and actively dismantling the rigid communication pathways mentioned above that impede professional and community trust and engagement.

Primary, Long-Term, and Recovery Services

It is important to note that not all people who use drugs need or are ready to enter treatment; for that population, awareness of harm reduction services is invaluable. While the community reports successful harm reduction efforts, workshop participants express a need for increased promotion of efforts. For those who are ready for treatment, obtaining behavioral health services is challenging in terms of professional availability and physical access to providers. Many services have been curtailed due to the Covid-19 pandemic, and the resulting lengthy waitlists for services are a source of frustration for individuals and families. Medicaid-eligible and low-income population health professional shortage area designations have been given to portions of Montgomery County for primary care and mental health disciplines. These shortages decrease the likelihood of early screenings; stakeholders specifically note the lack of assessment and care for fetal alcohol syndrome and neuro-informed behavioral health treatment. As previously mentioned, some participants express the belief that the county is not facing a provider workforce shortage but rather a need to address barriers to access and reallocate resources; this process is particularly pressing given that barriers such as existing eligibility requirements may exacerbate health disparities. However, the workforce is facing acknowledged challenges; specifically, providers report financial strain due to inflation and Medicaid reimbursement policies. Adequate housing is lacking for individuals with behavioral health conditions, and the requirements associated with voucher programs compound the shortage; the relationship between stable housing and behavioral health then becomes a feedback loop of instability as each reinforces the other.

Further complicating the issue, insurance is an obstacle for many residents needing care. Gaps are particularly prominent when transitioning from one type of service to another and when seeking coverage for longer-term mental health or substance use treatment services such as those following detoxification or residential treatment; stakeholders recognize a need and

opportunity for advocacy through organizations such as the Community Behavioral Health Association (CBH) of Maryland. Since the time of the workshop, the Maryland Insurance Administration has developed the Health Coverage Assistance Team, a resource that assists individuals in navigating health insurance obstacles. Although eligible for service coordination through the MDH Developmental Disabilities Administration, individuals with intellectual and developmental disability (IDD) diagnoses who require behavioral healthcare face the added barriers of waitlists and waiver eligibility limitations associated with day and residential programs for this population.

Mental Health Services: Gaps exist across the spectrum of mental health services, creating long wait times for consumers. While there are reportedly openings for community psychiatric rehabilitation programs (PRPs) and case management, there are wait times for therapy. There is no drop-in psychiatric day program in the county. Demand for residential rehabilitation program (RRP) beds (referenced on page 17) exceeds capacity, particularly for intensive-level RRP beds. While Housing Unlimited provides permanent independent scattered-site housing options to over 150 vulnerable individuals, there is currently a waitlist of over 200 consumers in need; Cornerstone Montgomery reports vacancies for group supportive housing but insufficient single-occupancy capacity at the county level to meet demand. Workshop participants expressed concerns that individuals with serious and persistent mental illness and those with psychotic features may be overlooked in terms of community care.

Substance Use Treatment Services: Specific gaps also exist along the spectrum of substance use treatment services pertaining to housing. Maryland Wellness and Recovery is reportedly seeking licensure for Level 3.1 to assist in addressing the critical need for residential services. Additionally, certified recovery housing is lacking; only three certified recovery housing options are available within the county, and the rigid requirements for state certification can be a financial barrier to providers who ultimately decide to offer alternative (non-certified) sober living arrangements. The stigma surrounding housing for people who use addiction medications compounds the shortage. Stakeholders report that existing recovery housing is uninhabitable, requiring significant improvement for ethical referral.

Peer Services**:** While positions are being created and funded to provide peer support, there are challenges associated with hiring appropriate staff. By law, hiring cannot be limited to individuals with lived experience; however, authentic lived experience is an essential component of the peer role. Stakeholders expressed concern that while all professionals must be mindful of the need for self-care to avoid burnout, non-peers in peer roles are particularly vulnerable to compassion fatigue and apathy. A strategy to consider could be hiring certified peer professionals credentialed through an entity that utilizes SAMHSA's recommended

self-attestation requirement to promote authenticity and lived experience across the peer workforce.

Urgent and Acute Services

Participants expressed a desire to better include family when addressing individuals requiring urgent and acute care services. Coordination of care for high-acuity, high-complexity consumers is a challenge; one solution is an operational cross-agency workgroup similar to those used by problem-solving courts.

Hotlines/Warmlines: The county seeks to further develop 988 at the local level to follow the air traffic control (ATC) model for crisis services. The ATC model is characterized by the following targets according to SAMHSA: status disposition for intensive referrals, 24/7 crisis outpatient scheduling, crisis bed registry, GPS-enabled mobile crisis dispatch, and real-time performance outcomes dashboards.

Mobile Response Services: There is a broad misconception that the mobile crisis outreach team (MCOT) and the Crisis Center are separate entities; in reality, the Crisis Center collectively operates an on-site (facility) and mobile service option. MCOT teams cannot transport consumers or respond reliably to calls for service as they are simultaneously providing service at the Crisis Center facility, limiting reliance on MCOT. At the time of publication, new county and state funding has been allocated to expand MCOT from three teams to five teams by October 1 and to seven teams by early 2025. Staffing shortages could be addressed through hiring incentives and reallocation of HHS staff based on program volume to increase overall efficiency, a strategy that requires an investment of time more than funding. A co-responder officer/clinical team with radio-to-radio contact is an additional strategy the Montgomery County Police Department is actively striving to implement.

Crisis Receiving and Stabilization Facilities: The county is experiencing a gap in services for individuals in need of immediate behavioral health treatment due to the combination of a lack of capacity and eligibility barriers. Certified community behavioral health clinics (CCBHCs) are designed to ensure access to the full spectrum of behavioral healthcare for the entire population (including children and youth) with an emphasis on coordination of care; HHS is a certified CCBHC, and several entities are under federal CCBHC-Expansion (CCBHC-E) grants in Maryland including Cornerstone Montgomery. The expansion of CCBHCs could address many of the county gaps noted in crisis receiving and stabilization as well as primary, long-term, and recovery behavioral healthcare.

Involuntary admission in community hospitals presents another set of challenges. White Oak and Holy Cross Silver Spring hospitals have no psychiatric beds; however, state law dictates that patients must be transported to the nearest hospital, leaving these hospitals to handle

psychiatric patients without adequate services. This particular obstacle can only be addressed legislatively. Hospitals with psychiatric beds for high-acuity and psychotic patients are routinely at capacity as hospitals report an increase in both volume and acuity. At the same time, all hospitals are facing staffing shortages; these workforce issues are exacerbated by violence endured by staff. A contributing factor to these bidirectional issues is the increasing reliance on hospitals as a last resort for law enforcement, fire/EMS, and the Crisis Center. Additional training to ensure the safety of hospital staff may address some workforce shortages.

Consumers who do not consent to treatment but do have the mental capacity to consent are reportedly frequent utilizers of MCFRS services who remain undetected until there is contact with law enforcement. There is currently no funding for prevention services through MCFRS. A potential strategy is pooling funds across MCFRS, HHS, and other stakeholders similar to the cross-hospital strategy employed by Nexus Montgomery.

First Responders

Organization: Limited resources require constant prioritization, and staffing shortages present a complication. While overtime opportunities abound, there are concerns about burnout and sleep deprivation for the committed public servants willing to work additional hours.

Training: Stakeholders recognize the need for standardized CIT training; agencies report historical variances in training, although refresher courses are now provided every two years for the sake of uniformity. Efforts are underway by the Centers of Excellence within the Governor's Office of Crime Prevention and Policy in partnership with the Maryland Police and Correctional Training Commission to standardize CIT initial and refresher training statewide for quality assurance and data evaluation purposes; agencies should collaborate with the Centers of Excellence to benefit from these efforts. Trauma-informed care and implicit bias training are also recommended to ensure public safety.

Response: Notably, the Reimagining Public Safety audit performed by ELEFA opens the section on mental health response with the astute observation that, "Safe and effective responses to mental and behavioral health crisis calls require a coordinated, inter-agency response. Focusing exclusively on MCPD's policies and practices will not achieve necessary improvements."

While a protocol ensures consistency, the script for dispatchers also prohibits deviation due to liability concerns. Calls to 988 that go unanswered are routed to 911, resulting in the dispatch of a patrol officer rather than the support 988 is intended to provide. Given that there is no penalty for misuse of 911 in Maryland, it is difficult to intervene to support frequent callers; participants indicate that while punishment is not the desired outcome, an option for legal involvement due to 911 misuse would allow for intervention with consumers who are not

immediately suicidal but are in what participants describe as a "grey area of self-harm." Advocacy and legislation is required to address this concern.

The community reports a deep desire for a "no wrong door" policy for individuals in crisis; however, the community lacks a widely available system of diversion.[18] Currently, law enforcement personnel report having to choose between three undesirable responses to a person in crisis who is unwilling or unable to seek care voluntarily: transport to a hospital that may not have a behavioral health unit, arrest, or leave the scene. Attempts have been made to address the need for diversion options identified in a prior county gap analysis; however, deflection gaps still exist as MCOT and STEER responses are reportedly either unavailable or unreliable for providing expeditious warm hand-offs. Data collection is needed to document strategy effectiveness given that partner agencies such as Tree of Hope express willingness to assist with coordination.

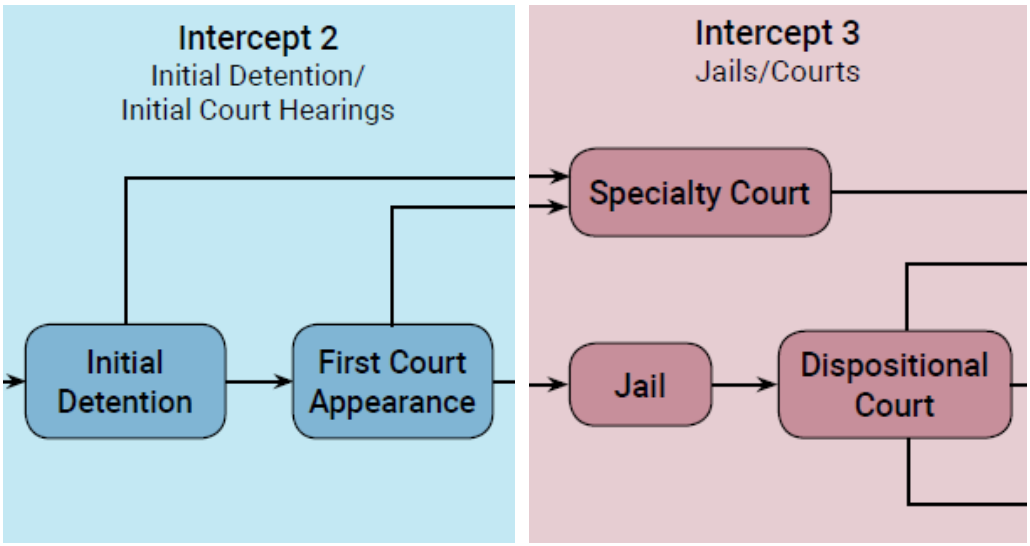
For individuals with chronic needs, efforts are underway to extricate first responders from case management through partnerships between HHS and units such as the MCPD Behavioral Assessment and Administration Unit and the MCFRS MIH team. Ordinances present a major obstacle. For example, a local statute prohibits MIH from asking consumers about insurance; this law prevents MIH from connecting individuals to existing entitlements and promoting consumer choice. County law also prohibits MIH from billing for services other than transport, thus on-site services ("service in place") are not billable. Medicaid would reimburse $150 per home visit, which only requires paramedic care; representatives report the capacity and eagerness to continue providing this service. Legislative correction to allow for treatment in place, transport to alternative destinations, and MIH would ensure the sustainability of these efforts and reduce demand on the already-strained workforce; however, corrected language for the EMS transport billing law has been approved for over two years by the executive branch and awaiting a legislative vote as MCFRS leadership has experienced several administrative transitions.

Education for the community and providers regarding law enforcement protocol can aid in establishing a partnership based on trust and mutual understanding. Some behavioral health agencies are being trained to request CIT officers for calls for service, which reflects a misunderstanding of the county's law enforcement strategy of providing CIT training for all patrol officers while reserving the dedicated CIT Team for specific calls. Education about EEPs and ERPOs can prevent the frustration of feeling ignored and the unintended consequences of derailed law enforcement deflection efforts.

[18] The term "diversion" is used in this document to indicate a criminal legal strategy to address the needs of people who could benefit from treatment and intervention; diversion includes pre-arrest ("deflection") and post-arrest strategies. The term is also used in a more broad sense in other contexts such as hospital diversion.

Data Collection and Sharing

Stakeholders acknowledge a need to unify and streamline practices. Participants express interest in county-level guidance on HIPAA/FERPA to facilitate information sharing; a memorandum of understanding (MOU) exists according to HHS, but it may not be clear or expansive enough to meet the needs of the county. In the meantime, the Primary Care Coalition has created hospital-specific HIPAA infographics by collaborating with hospital internal legal departments; two illustrative examples (not intended for outside use) can be found in this report's Appendices. Maryland Active Assailant Interdisciplinary Work Group (AAIWG) has developed a collection of resources designed for public and private sector entities, communities, and individuals; templates for a Release of Medical Authorization form (specifically for first responders to use with individuals who may need coordination of care) and a broader Release for Coordination of Care form (for coordination across multiple entities) are available in this report's Appendices.



INTERCEPT 2 AND INTERCEPT 3

INTERCEPT 2/3 RESOURCES

Intake (Processing)

Once taken into custody, detained persons ("detainees") are transported to the Central Processing Unit (CPU) located within the Montgomery County Detention Center (MCDC) in Rockville, Maryland. Staff physically search detainees and conduct a suicide screening which assesses any safety concerns including a history of suicidal ideation, self-harm, mental health issues, substance use concerns, head injury, and psychotropic medication prescriptions. During this time, the arresting officer completes the statement of charges. If detainees require medical clearance from the hospital, the arresting officer may take them to the hospital and return them to the detention center. Detainees exhibiting signs requiring immediate assessment for lethality risk are promptly transferred to the Crisis Center; this determination can also be made by medical staff during assessment upon entry to the correctional facility.

Upon intake by correctional officers, medical staff from the Montgomery County Department of Correction and Rehabilitation (DOCR) conduct screenings to assess physical and mental health; detainees are asked the same questions detailed above with a few additional questions. Those who demonstrate mental health concerns are referred to the Montgomery County Department of Health and Human Services (HHS) Clinical Assessment and Triage Services (CATS) team housed within the detention center. The team's working hours are from 7:30 a.m. to 11:00 p.m. Monday through Friday and from 7:30 a.m. to 4:00 p.m. on Saturdays and Sundays. Depending on individual circumstances, CATS may refer to programs such as Avery Road, the drug court, mental health court services, or pretrial services. Reportedly, referrals to Avery Road have varying success rates with placement, treatment compliance, and treatment outcomes. If a

detainee is deemed unsafe for general population housing, CATS informs the staff at MCDC accordingly to ensure appropriate management and care. Once booked and processed, detainees are held at MCDC pending an initial court appearance.

Initial Appearance

While wait times vary by situation, an initial appearance before the District Court Commissioner to determine bond conditions must occur within 24 hours of arrest. Detainees attend initial appearances virtually due to transport difficulties. Commissioners may hold an individual without bond or release an individual on personal recognizance or bond; those who cannot meet bond conditions or would like a review of their bond conditions see a judge the following business day at 1:00 p.m. An estimated 10-60 bond review hearings occur per day, and the number of people held without bond has increased due to the Bail Reform Act of 1984. Occasionally, detainees are transported in person for bond reviews in the circuit court. If not released on bond, detainees are transferred to Montgomery County Correctional Facility (MCCF). Detainees may be held for up to 72 hours in MCDC before transferring to the Montgomery County Correctional Facility (MCCF); however, workshop participants reported that individuals may wait 1-2 weeks for transfers due to high holding counts at MCCF.

The Office of the Public Defender (OPD) is responsible for speaking to every detainee before the initial appearance; a public defender is the first person expressly on a detainee's team. The agency's policy mandates that public defenders prepare to represent clients even if the commissioner suggests they hire private counsel. Clients must explicitly decline public defender services during bond hearings for OPD to withdraw from representation. Typically one public defender covers bond hearings at both MDC and MCCF due to reduced staffing; interviews are done by call down to MCDC and in person at MCCF. Public defenders have daily access to clients at both facilities in person or via Polycom video. Public defenders report that they cannot enter MCDC and speak to clients in person. Consequently, public defenders may not interact with their clients until the day of a virtual hearing, ultimately delaying the determination of bond hearings and presenting several barriers to representing the client's best interest. Notably, correctional staff report that public defenders are permitted to enter MCDC and speak to clients in person, but have not done so since the restrictions imposed during the Covid-19 pandemic.

Court-Ordered Services

Pretrial Services: The Pre-trial Services Division within DOCR oversees four programs: the Pre-trial Assessment Unit, the Pre-trial Supervision Unit, the Alternative Community Service Program (ACS), and the Intervention Program for Substance Abusers (IPSA). The Pre-trial Assessment Unit is housed within MCDC and is responsible for interviewing all new detainees. The unit comprises a program manager and four correctional specialists who work with the

CATS team and Crisis Intervention Unit (CIU) to determine eligibility for pretrial release. Eligibility is determined based on criminal history and the likelihood of appearing in court. The OPD also assesses detainees to present recommendations to the court. The Pre-trial Supervision Unit, on the other hand, comprises a program manager, case management supervisor, nine correctional specialists, an electronic monitoring specialist, a program aide, and security personnel. This unit monitors defendants released to pretrial supervision; there are approximately 500 people on pretrial supervision on any given day. Supervision in the community varies from telephone interactions to frequent face-to-face contact depending on the risk of individual clients. When warranted, visits to the defendant's home, drug testing, and GPS and electronic monitoring may also occur. Violations of release conditions are reported to the court immediately upon discovery; the judge will then decide whether to issue a summons or a warrant.

ACS is a diversion program that reopened in February 2023 for adult detainees arrested for offenses or infractions against individuals or the community; as a condition of a stet agreement, detainees in this program perform community services as a sanction.[19] The ACS staff comprises a pretrial diversion manager, office service coordinator, and three correctional specialists; the program is working to reestablish work crew supervisors, but in the meantime, individuals can perform service at various community locations. The program is not used to address individuals with behavioral health needs but will accept individuals who have drug possession cases, excluding felony distribution charges or possession of fentanyl. The referral form for this program can be found in the "Resources" section.

The IPSA program is a substance use and intervention diversion strategy for first-time detainees charged with misdemeanor drug crimes; the program includes drug testing, education, treatment, and community service. Urinalysis hours of operation are on Mondays (11:30 a.m. - 3:00 p.m. and 3:30 p.m. - 6:30 p.m.) and Thursdays (1:00 p.m. - 5:00 p.m.). Some participants are required to complete four 1.5-hour drug education courses; there is also an exclusive course that is offered once a month focusing on marijuana use. The program is inactive at this time; however, staff has historically comprised a pretrial diversion manager, an office service coordinator, correctional specialists (2), and laboratory technicians (2).

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. Competency dockets are held in Montgomery County's district and circuit courts; these dockets operate differently, but each process has been streamlined. The district court

[19] A stet is defined as a conditional stay of all further proceedings in a case; the court may indefinitely postpone trial of a charge by marking the charge "stet" on the docket.

team comprises a judge, HHS staff/clinicians, the mental health court coordinator, and a mental health court clerk; this docket is held every Tuesday. The circuit court team comprises a judge, the supervising criminal and civil case manager, and the administrative judge's judicial assistant and law clerk; this docket is held at the first available date of the court and relevant parties. Referrals for competency evaluations are made by the Pre-trial Services Unit, prosecutors, defense attorneys, or judges; evaluations must occur within 7 days of submission. Individuals detained without bond are held in the detention center for competency evaluation. The Maryland Department of Health conducts evaluations in person and virtually (depending on the defendant's bond status). If, after a hearing, the court finds that the defendant is incompetent to stand trial but is not dangerous to the defendant or others, the court may set bond conditions for the defendant or authorize the release of the defendant on recognizance. If, however, the court finds that the defendant is incompetent to stand trial and is a danger to the defendant or the public, the court orders the defendant committed to a facility designated by the Maryland Department of Health until the court determines that the defendant no longer is incompetent to stand trial; the defendant no longer meets the standard of dangerousness; or there is not a substantial likelihood that the defendant will become competent to stand trial in the foreseeable future. Those hospitalized under competency statutes are transported to one of the five state inpatient psychiatric hospitals; hospitalization at Clifton T. Perkins Hospital Center may occur if the person has charges of a violent nature. Due to insufficient state hospital capacity, there are reportedly over 30 people in the detention center awaiting hospital placement to receive court-ordered competency restoration services; service delays are linked to decompensation and increased symptom acuity. There is also no formalized process for connecting individuals who are found competent but need mental health treatment or intervention to services. OPD represents clients declared incompetent by the commissioner, as these individuals cannot communicate with commissioners and require competency determination before making decisions about legal counsel.

Petition for Emergency Evaluation: Emergency petitions can be another entry point to the judicial system.[20] An emergency petition is a legal process to allow a person to be taken into custody and examined by a medical professional; this statute is used for individuals who present a mental illness and are a danger to themselves or others. Mental health professionals (e.g. physicians, psychologists, clinical social workers), law enforcement, and anyone interested in an individual's mental well-being may file an emergency petition to a circuit court. If a judge grants a petition for emergency evaluation, law enforcement will take the individual 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

[20] A petition for emergency evaluation may also be referred to as a petition, an emergency petition/EP, or an emergency evaluation petition/EEP). In Montgomery County, the common term is "EEP."

certificates for involuntary admission.[21] Involuntary admission may only be deemed when an individual has a mental disorder, is a danger to themselves or others, unable or unwilling to be admitted voluntarily, and there is no less restrictive form of care or treatment to meet the individual's needs.

Assisted Outpatient Treatment: Sections 10-6A-01 through 10-6A-12 of the Health General Article authorize (not require) counties to establish assisted outpatient treatment (AOT) programs. 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-compliance with 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 the programs' impact on reducing hospitalizations and incarcerations while improving adherence to treatment plans.

Health General Commitment Evaluation: Sections 8-505 and 8-507 of the Health General Article allow for court-ordered evaluations for drug or alcohol use.[22] 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.

Court Structure

The county's court system includes two Montgomery County District Courts (Rockville and Silver Spring), the Montgomery County Circuit Court (Rockville), the Mental Health Court programs embedded in both the district and circuit courts, the Adult Drug Court in the circuit court, and the Driving Under the Influence (DUI) Treatment Court in the district court.

Problem-Solving Courts*:* Montgomery County established Mental Health Court programs in the circuit (December 2016) and district (January 2017) courts to divert eligible defendants who have committed crimes due to a mental illness away from jail and provide wrap-around services. The program within the district court is offered as a diversion option while all participants enrolled in the circuit court program enter as a condition of probation. The teams

[21] §10–624(b) of the Health-General Article: https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ghg&section=10-624&enactments=False&archived=False

[22] Certification Manual: HG § 8-507 Court Ordered Treatment: https://health.maryland.gov/bha/Documents/12.18.2017%20MDH%208-507%20Providers%20Manual%20(5).pdf

in both courts comprise a judge, defense attorneys, prosecutors, mental health court coordinators, clinical staff, case managers, parole and probation officers, and behavioral health technicians; however, the individuals who fill these roles in each court differ. While there are no restrictions on who may refer an individual to the program, judges, prosecutors, defense attorneys, law enforcement, the Department of Correction and Rehabilitation, Parole and Probation, state hospitals, private mental health providers, and family members typically make referrals. The State's Attorney's Office receives all referrals and recommends probation or diversion based on the information provided. The Mental Health Court Coordinator simultaneously screens referred defendants using questions from a clinical manager; from here, the screened referrals are passed to the clinical team with records to conduct a thorough evaluation to determine further eligibility for the program. Eligible participants are aged 18 or older, residents of Montgomery County, deemed competent, impaired by a mental illness, and charged with an offense connected to or caused by their mental illness. Program participation lasts about 18 months; as of May 2024, the district court serves 50 participants (capacity of 75) while the circuit court serves 15 participants (capacity of 25). Graduation from the program requires participants to achieve the goals of their individualized treatment plan, which may include taking all prescribed medication, abstaining from substance misuse, participating in therapy, and other directives.

In 2004, Montgomery County established the Adult Drug Court through the Circuit Court of Maryland to provide intensive substance use disorder services and supervision, ultimately reducing recidivism. The team comprises a judge, a public defender, a state's attorney, a drug court coordinator, an attorney liaison, a case manager, and a probation officer who communicate weekly; the team works with treatment providers, community organizations, law enforcement agencies, educational institutions, and correctional facilities. There are no restrictions on who may refer an individual to Adult Drug Court, however, referrals are typically made by judges, prosecutors, and defense attorneys. Eligible detainees must be county residents, have nonviolent charges and a substance use disorder diagnosis, and express willing capacity to consent to the program requirements. Detainees may also participate in the program if sanctioned and approved by the Office of the State's Attorney as a part of a binding plea agreement. The voluntary, four-phase program lasts a minimum of 20 months and serves a maximum of 100-125 detainees at a time (depending on DUI Treatment Court enrollment). As of May 2024, there are approximately 60 program participants. Graduation from the program requires completing all program and probation requirements, including restitution and costs, 180 continuous days of clean urinalysis, community service, and other assignments. Eligible graduates must also participate in an exit interview and attend a Graduation Review Board where the drug court team provides a positive recommendation and the judge approves graduation. Graduates may qualify for an expunged record and avoid jail time.

Montgomery County District Court has also established a DUI Treatment Court, which has been operational since October 2023. The team comprises a judge, prosecutors, a DUI Court Coordinator, two case managers, probation officers, and HHS treatment providers. There are no restrictions on who may refer an individual to the DUI Treatment Court; referrals are made to the State's Attorney's Office which assesses eligibility for participation. Eligible participants are at least 18 years old, have a substance use disorder, and have a pending non-violent offense. As of May 2024, the docket serves 26 participants. An additional DUI Court Coordinator has been hired to help expand the program; the court anticipates an increased capacity limit of 50 participants before the end of the fiscal year 2025. An alternative track has been developed to address defendants referred to DUI Treatment Court due to older impaired driving charges. These individuals have been assessed to be in remission from alcohol use with a substantial history of impaired driving indicating that they could benefit from greater supervision rather than standard probation. Alternative track participants wear a Secure Continuous Remote Alcohol Monitoring (SCRAM) device for the first 30 days of program enrollment to ensure abstinence from alcohol, appear in court and meet with a case manager monthly for one year, meet with a case manager approximately once a month, and submit random urinalysis throughout their time in the program; any compliance issue is a violation of probation. If a participant receives four violations, the participant may receive backup time (time remaining on an individual's sentence) or be diverted to the traditional DUI Treatment Court program track. The alternative track serves five participants at this time.

Detention and Corrections

Structure: The Montgomery County Detention Center (MCDC) is located on Seven Locks Road in Rockville, Maryland; in conversation, it is often referred to as "Seven Locks." MCDC was originally built in 1961. Today, the detention center has a maximum capacity of 200 detainees with an average of 150 detainees at a time; however, about 13,000 detainees are booked into the Central Processing Unit (CPU) at MCDC annually. MCDC operates as the intake unit providing psychological screening, medical screening, and risk assessment to determine the appropriate classification level of detainees and to provide for initial care, custody, and security of detainees for up to 72 hours before their transfer to the Montgomery County Correctional Facility (MCCF). Staff in the detention center comprises a Deputy Warden, correctional supervisors and officers, case management staff, food services professionals, and medical staff. All new professional and support employees receive a minimum of 16-32 hours of orientation and complete the State's Correctional Entry Level Training Program within their first year of employment; mandated staff receive a minimum of 18 hours of in-service training annually. MCDC also houses a small number of detainees (pretrial and sentenced) who serve as facility workers to perform kitchen, housing, and general custodial duties; these individuals receive diminution program credits and expanded institutional privileges.

MCCF is located in Boyds, MD, and was originally built in 2003. Today, the correctional facility has a maximum of 1,028 detained or incarcerated individuals. As of May 2024, the correctional facility holds an average of 800 individuals. MCCF is organized into three major functional areas managed by a Deputy Warden: "Custody & Security," "Inmate Services & Programs," and "Facility Operations."[23] Staffing for the correctional facility is responsible for the custody and care of male and female detained or incarcerated individuals in a pre-trial status or serving sentences of up to 18 months; professional and support employees receive the same training as those in MCDC (described above).

Services: Given that MCDC is primarily an intake and processing center functioning as a 72-hour holding facility, there are limited services. When detainees arrive at MCDC, correctional officers perform an initial intake and classification including housing assignment and any medical or mental health concerns within 24 hours. A case management intake, including a needs assessment and other screenings indicated in the "Intake (Processing)" section above, typically occurs after the bond hearing, within the first week, and usually before transfer to MCCF. Medical intake manages medications for detainees who require medication while held at MCDC by coordinating with local pharmacies through the release of information (ROI) requests for documented prescriptions. Orders placed by noon ensure detainees receive their medication(s) by 6 pm; certain medications are kept in stock for immediate use. Detainees showing signs of withdrawal are transferred to MCCF to consult with medical staff and initiate medication administration as necessary. MCCF handles prescription continuations and inductions, while medical personnel at the detention center refer to Maryland's Prescription Drug Monitoring Program (MPDP) protocols to verify previous withdrawal management medications or medication-assisted treatment (MAT) services.

As part of the booking and intake process, a detainee or incarcerated individual is assigned an identification number, photographed, showered, searched, and put through a full body x-ray scanner to detect any potential hidden contraband before being placed in an intake housing area at MCCF. Each detainee or incarcerated individual is assigned a case manager tasked with providing frontline assistance to address needs and questions. A classification and case management system determines risk and custody levels and assesses each detainee or incarcerated individual's needs. The correctional facility uses medical staff from DOCR and contracted staff from HHS who conduct mental health, substance use, and suicide risk assessments for every detainee; staff also screens for intellectual or developmental disability and traumatic brain injury (TBI). There is no formal timeframe for the duration of this assessment; however, staff aims to complete assessments within an hour while recognizing that some may exceed this timing due to the nature of care required. Two contracted psychiatric

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

nurse practitioners provide services for 40 hours a week at MCCF and as needed for 8 hours a week at MCDC and the Pre-Release Center (PRC). The medical department uses two employees certified as multilingual by the county to address language barriers; language interpreter line services are also available.

The Mental Health Services (MHS) staff works with the following teams within HHS: Clinical Assessment and Triage Services (CATS), Jail Addictions Services (JAS), and Project Assisting Transition from Homelessness (PATH). These teams assist in providing assessment and treatment services to incarcerated individuals with behavioral health needs. All incarcerated individuals who appear at risk of self-harming behaviors or are referred by staff, family, or other providers are assessed by the CATS team for service needs. The team comprises one clinical supervisor, five licensed therapists in MCDC, and three in MCCF who conduct bio-psychological assessments of referred individuals, provide reentry services, and track the competency docket. The CATS team recommends clinically appropriate diversion options and "Custody and Security staff handling plans" for incarcerated individuals with significant mental health or adjustment issues. Mental health services include crisis intervention, mental health evaluations, recommendations for handling plans, housing, and referrals for psychiatric evaluation and follow-up; eligibility is based on the individual's level of functioning. Approximately 50% of the overall population is prescribed psychotropic medication.

The correctional facility maintains a Crisis Intervention Unit (CIU) to ensure a safe environment for incarcerated individuals with acute or chronic symptoms. The CIU team comprises a Supervisory Therapist and six other licensed therapists who provide basic mental health services for the entire incarcerated population and manage the admission, discharge, and treatment of individuals housed in the facility's male and female CIUs and the Step-Down Unit. The CIU staff and assigned officers receive extensive mental health training to reduce impulsive and high-risk behaviors and promote rehabilitation. Notably, the CIU is the location of the first jail-based dialectical behavioral therapy (DBT) program for individuals with mental illness in the nation, established to provide individual and group therapy sessions aimed at enhancing problem-solving skills and improving maladaptive behaviors. Although it has been discontinued and restarted multiple times over the years due to staffing and other challenges, this program has most recently run from 2014 to 2017 and is no longer offered. Staff trained in DBT continue to use these interventions with the population. The male CIU has 32 cells with a maximum capacity of 40 individuals; however, some of the units' cells are shared and cannot always be filled due to the acuity levels of individuals in the unit. The average census for fiscal year 2024 is 31 individuals in the male CIU. The female CIU has eight cells with a maximum capacity of 14 individuals; the average census for fiscal year 2024 is 14 individuals with the highest monthly average at 20 (above capacity). The Step Down Unit has 32 cells with a maximum capacity of 62 individuals; the average census for fiscal year 2024 was 33 individuals with the highest monthly

average at 42 (above capacity). Approximately 10% of the overall population is housed in mental health housing; many of these individuals are not willing to take psychotropic medications to treat their disorders, resulting in symptoms and behaviors deemed unsafe for general population housing.

Substance use treatment services include two voluntary programs with access to peer support specialists on-site. The Jail Addiction Services (JAS) program provides Level 2.1 (intensive outpatient, IOP)treatment to eligible incarcerated individuals.[24] JAS staff are trained to support a Therapeutic Community Model of addiction treatment.[25] Participants are housed in therapeutic units where they undergo treatment that includes two phases: a ten-week education phase and an ongoing aftercare phase. Program activities include community meetings, task groups, education, and therapy groups, peer counseling, self-help meetings, and cognitive behavior skill building. All JAS participants receive Narcan training from the care coordinator; 1-2 trainings are offered per month. In compliance with sections 9-603 and 9-603.1 of the Correctional Services Article, the correctional facility's medication-assisted treatment (MAT) program has expanded addiction treatment for incarcerated individuals since January 2020. This program includes a Level 2.1 (Intensive Outpatient, IOP) with opioid use disorder screening, evaluation, and treatment (specifically medications to treat opioid use disorder in conjunction with counseling services and reentry planning). The program has no official capacity limit; however, the therapist-to-client ratio should not exceed 50:1. Approximately 50 individuals are enrolled as of May 2024. HHS provides the correctional facility with methadone, buprenorphine, and/or naltrexone while DOCR's medical staff administers medications to each participant based on their clinical needs.

In addition, the correctional facility also offers a variety of programs aimed at rehabilitation and skill development for detained and incarcerated individuals. Programs include Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), parenting classes, and general educational development (GED) test preparation. A Bridge to College program provides referrals to Montgomery County Community College. An employment development program teaches positive work habits and skills to enhance employability post-release, supported by the American Job Center for skills assessment and job search assistance. The Model Learning Center operates full-time educational and special education programs. The facility also includes a full-service library that is considered an official branch of the Montgomery County Public Libraries system complete with multi-purpose and recreation program areas. A bakery program, run by food services, teaches hard and soft skills, including producing bread, cookies, and treats,

[24] See Table 1 on page 20 for details regarding the ASAM criteria continuum of care.
[25] De Leon, G., & Unterrainer, H. F. (2020). The Therapeutic Community: A Unique Social Psychological Approach to the Treatment of Addictions and Related Disorders. *Frontiers in psychiatry*, *11*, 786. https://doi.org/10.3389/fpsyt.2020.00786

and providing catering services; participants can earn certification upon completion. "Choice for Change" is a unit that offers treatment for participants aged 21 and under; a similar program exists to support adult men and women. Tablets are becoming available in June of 2024, increasing access to educational resources, library books, and communication with family and friends. Religious services are also offered. Despite the numerous services, individuals have varying lengths of stays at the correctional facility which can impact service access. Additionally, programs that require specific eligibility criteria restrict some individuals from using them.

Data Collection and Sharing

The circuit court constantly communicates with the CATS team regarding the current status of pending cases involving competency and pleas of "not criminally responsible" (NCR).[26] Reports including reentry plans are provided to the district court for cases where an individual may be released if already restored to competency. For continuity, the judges who oversee mental health court program cases share a binder of information for each client; this information is updated and reviewed by the presiding judge before each meeting.

Intercept 2/3 Gaps

Intake (Processing)

While staff can access 24/7 Language Line services for translation assistance, participants report that language barriers during the intake process can lead to misunderstandings and miscommunications. These barriers significantly impact detainees by hindering their ability to understand their rights, the charges against them, and the procedures they must follow.

Initial Appearance

Public defenders report that they cannot enter MCDC and speak to clients in person and consequently may not interact with their clients until the day of a virtual hearing, ultimately delaying the determination of bond hearings and presenting several barriers to representing the client's best interest. Notably, correctional staff reports that public defenders are permitted to enter MCDC and speak to clients in person but have not done so since the restrictions imposed during the Covid-19 pandemic. The disconnect between policies must be clarified to ensure a seamless process, as any misalignment can lead to unnecessary delays in scheduling.

Notably, family members should be encouraged to be involved in judicial processes if it is safe for them and they choose to do so. Some detainees and their family members are unfamiliar

[26] Defendants found guilty but not criminally responsible (NCR) are mandated into the custody of a state hospital and committed for an indefinite term until they no longer require hospitalization as determined through future legal proceedings.

with mental health needs, compounding their lack of understanding of court appearances and the criminal legal system. Language barriers may prevent detainees from being able to read and comprehend court orders, leading to confusion and potential non-compliance with legal requirements. Virtual initial appearances can also create a gap between counsel representation and defendants who may have trouble hearing and understanding, leaving some individuals feeling disconnected from the process, unable to speak for themselves, or dehumanized. Ensuring all parties involved are well-informed and sufficiently supported throughout court appearances is crucial.

Court-Ordered Services

Pretrial Services: The Pre-trial Assessment Unit may not recommend pretrial supervision, but a judge may overrule this and decide that an individual must be placed under pretrial supervision. When judges override these recommendations, pretrial supervision resources may be strained, potentially leading to inadequate monitoring and support for those who genuinely need it. Additionally, this can undermine the trust and efficacy of pretrial services, creating a disconnect between judicial decisions and the intended use of pretrial resources. On the other hand, if a judge cannot determine eligibility for pretrial services or diversion despite recommendations by OPD representatives or the Pre-Trial Services Division, then they must release individuals to the community to await legal proceedings. Ultimately, judges must adhere to many legal principles.

Competency Evaluation: Unlike mental capacity, which is determined by a clinical evaluation based on criteria established by state law, competency determinations are made by a judge according to a Constitutional standard. The state psychiatric hospitals only accept competency placements, creating a gap for legally competent individuals with a need for inpatient mental health treatment. In addition, the state-level lack of beds results in long wait times and increased acuity levels among individuals waiting for competency restoration in jail. Montgomery County reportedly has the longest competency restoration waitlist in the State of Maryland.[27]

There are no comparable services to inpatient substance use disorder treatment for those with serious mental illness; however, sections 10-6A-01 through 10-6A-12 intend to address this concern by mandating AOT programs in each county across the state. AOT has garnered various critiques that policymakers should consider; critiques address ethical, legal, and practical concerns such as infringement of rights, the effectiveness of programs, resource allocation, and implementation challenges.

[27] As of August 19, 2024, 46 Montgomery County residents are awaiting state psychiatric care.

Health General Commitment Evaluation: Reportedly, HG § 8-505 and 8-507 orders are underutilized; there is a dedicated workgroup in development to improve the management and utilization of these services.

Court Structure

Judges' options for diversion are limited, and judges have reported an interest in greater communication between the judiciary and community service providers to enhance court orders and recommendations. Public defenders must uphold client autonomy; as such, representation is aligned with clients' expressed interests, not necessarily their best interests. If a client is not ready or interested in change, recommended interventions may not be ideal. In such cases, public defenders must still encourage compliance with court requirements, balancing the client's wishes with the need to avoid negative legal consequences. At times, detainees have open cases in other jurisdictions that interfere with timely placement in treatment programs in Montgomery County. The need to coordinate between multiple jurisdictions can cause delays, complicating the process and potentially prolonging the period before the individual receives the necessary treatment.

Problem-Solving Courts: Problem-solving courts are voluntary programs with specific eligibility standards designed to address the underlying issues contributing to criminal behavior, such as substance use or mental health disorders. Participation in these courts is not mandatory, even if individuals meet the qualifications and could benefit from the interventions offered; individuals must choose to enter the program. This voluntary nature respects participants' autonomy but can result in suitable candidates declining to receive the services and support provided by problem-solving courts.

Additionally, individuals who do not meet the criteria for problem-solving courts, such as those with intellectual developmental disabilities, cognitive impairments, or autism spectrum disorders, are often excluded from these intervention opportunities. Despite demonstrating a clear need for support and tailored interventions, these individuals fall through the cracks, as there is a lack of alternative programs and resources available to address their needs. This exclusion highlights a significant deficiency in the support system for vulnerable populations who require specialized assistance, yet are not eligible for problem-solving court programs. Furthermore, even if judges are receptive to considering mitigation for these cases, OPD is inadequately staffed to handle these specialized cases. There is reportedly an opportunity to utilize targeted case management for support and linkages to services through CRi, a resource further described in the "Intercepts 0/1 Resources" section.

The clinical staff's primary role in the Mental Health Courts is to support the case managers and the broader team by referring participants to service providers. In cases where there is a lapse

in connecting participants to services, however, clinical staff may provide therapeutic interventions. When clinical staff provide necessary services outside their intended scope, it can create a notable gap that leads to increased workloads and larger caseloads, contributing to overwork and potential burnout. On the other hand, drug court participants have access to therapists from HHS to support their recovery and rehabilitation. However, there is a significant shortage of therapists, which can result in delayed or inadequate treatment for participants, undermining the goal of drug courts to provide comprehensive and timely interventions for those struggling with substance use concerns. In general, the problem-solving courts would benefit from hiring additional therapist positions embedded within the judiciary system to support participants; there are reportedly six or seven total as of May 2024.

Detention and Corrections

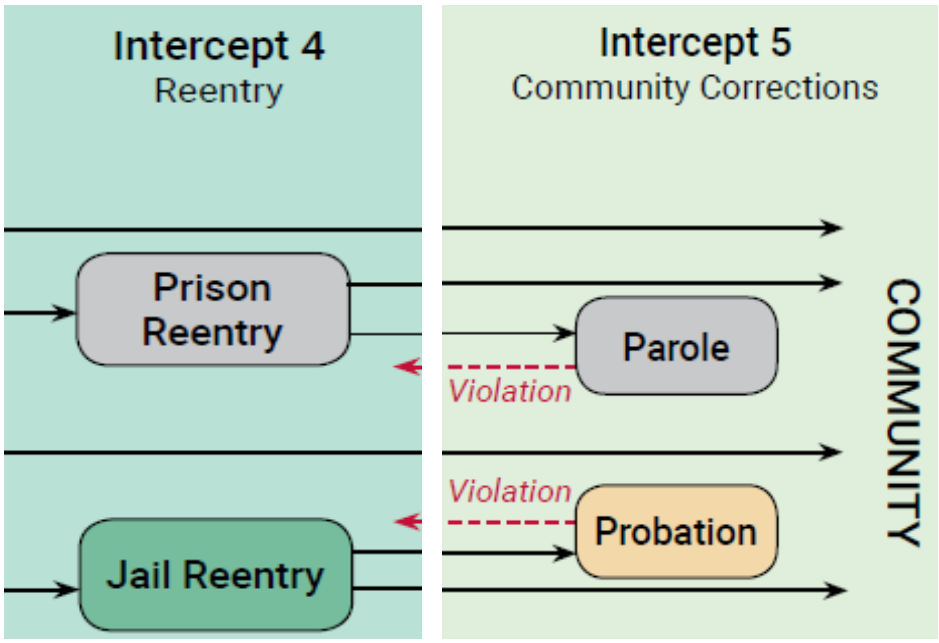
Services: Staffing challenges in the correctional facility significantly affect the availability of services. Most programs do not regularly rely on waitlists; however, participation in JAS, a successful, intensive, and specialized program, is limited based on staffing ratio and physical space; most individuals in the facility cannot or do not access these services, and only 5-8% of the population reportedly participates. With insufficient staff, it becomes difficult to provide consistent and adequate mental health care, rehabilitative programs, and other necessary support to detainees. To ensure that services are client-centered and respect autonomy, workshop participants indicate that there should be incentives for engagement.

Lapses in insurance coverage during incarceration also present barriers to services and medication; there is an opportunity to advocate for Medicaid express sign-up at intake, during incarceration, and at reentry to address these gaps. Utilizing targeted case management could further provide essential support and linkages to services. Additionally, correctional facilities across the state have faced implementation challenges due to costly MAT medications and staffing shortages; all facilities may seek technical assistance from the Justice Reinvestment team at the Governor's Office of Crime Prevention and Policy.

The absence of mental health peer support in jails and the general lack of peer support during criminal proceedings remain a critical deficiency. This concern could be remedied by seeking additional funding streams; for example, the Performance Incentive Grant Fund, administered by the Governor's Office of Crime Prevention and Policy, supports reentry programming and services, behavioral health treatment, resources, and services, enhancement for victims and restitution, training and education, alternatives to incarceration, and pretrial services and programming for and systems-involved individuals; this fund can be used to assist with providing peer support services.

Data Collection and Sharing

The judiciary has expressed a need for quick access to information on mental health treatment services. There is also a need for increased communication between all parties involved in court hearings to effectively make recommendations and determinations for individuals with behavioral health needs.



Intercept 4 and Intercept 5

Intercept 4/5 Resources

Corrections Reentry Services

Services and Referrals:

One of two teams may provide reentry services to the approximately 800-1,000 individuals in custody at a given time. DOCR reentry and CATS reentry teams work together but serve different subpopulations within the facility based on behavioral health acuity criteria. The DOCR "Reentry for All" team of one full-time and one part-time case manager plus a social worker initiates tracking of individuals one year before release; cases are typically assigned based on staffing bandwidth between three and six months ahead of release with a 100-person caseload on average. Individuals prescribed psychotropic medication, including 10% who are housed in specialized mental health or substance use units, meet the criteria to receive reentry services through the CATS team. This team includes two licensed clinicians, a behavioral health technician coordinating with MTC Avery Road, and a forensic liaison coordinating with the courts. The CATS team initiates services for pretrial cases upon identification and for sentenced individuals six months before release; individuals with detainers (i.e., warrants in other locations) or significant charges are ineligible.

Reentry services through DOCR and CATS teams include individualized and targeted reentry plans, community reentry photo identification cards (county government-approved temporary identification), linkages to benefits, and referrals to shelters and treatment services. HHS also

collaborates with the Mental Health Services section at MCCF to provide Project Assisting Transition from Homelessness (PATH) services by referral to support effective community integration for individuals reentering the community after incarceration. Both teams develop a reentry service plan for participants which can be provided to parole or probation; reentry sheets are also available for non-county residents to assist with connection to services. Although the Office of the Public Defender does not formally create reentry service plans for the courts, they reportedly frequently provide these plans to be included in conditions of release. Before release, individuals with somatic or psychiatric prescriptions are dosed if present when medications are dispensed (i.e., "med passes") and discharged with 14-day prescriptions and treatment referrals; individuals discharged to substance use treatment facilities receive 30-day prescriptions. Individuals identified as high risk (including but not limited to MAT program participants) are supplied with Narcan rescue kits in their property bags at release.

Bridging Intercepts 4 and 5, the Pre-Release and Reentry Services (PRRS) Division of DOCR oversees the 144-bed Montgomery County Pre-Release Center (PRC), providing voluntary evidenced-based transitional services to soon-to-be-released incarcerated adults. An additional home confinement component increases capacity by an additional 5-20 participants on average; calculations at the time of the workshop indicate overall ample capacity. By law, all participants must have one year or less time remaining on their sentences; PRRS is authorized to determine eligibility based on the full social background of all sentenced detainees 120 days before release but requires judicial consent for actual placement at the PRC. JAS participants receive aftercare follow-up; each participant works with a case manager and work release coordinator to develop an individualized reentry plan including employment, housing, treatment, family, and medical services. Family participation in reentry planning is encouraged when possible to facilitate success. Notably, CATS clients are eligible to participate, and there is a therapist position at PRC to ensure that they are equipped to serve this population. The PRC reports that a majority of participants re-engage in community-based treatment and boast a 75% employment rate at release.

Supervision: The community supervision portion of the Department of Public Safety and Correctional Services (DPSCS) operations ensures that reentering individuals uphold individual requirements set forth by courts and the Parole Commission. Supervision is provided at one of four levels ranging from low (for individuals with no prior history and no present disorders) to high; home monitoring via GPS is typically reserved for mandatory releases and parolees.

All Montgomery County supervision intakes are to be completed in person within 24 hours of release at Rockville Intake, where individuals are fingerprinted and photographed; various documents are signed and individuals are assigned an agent. The agent reviews all 10

state-standard conditions and any special conditions imposed by the court with the individual.[28] Supervision is determined by residency rather than the location of a criminal charge and assigned to one of the two county DPSCS facilities: Gaithersburg Field Office/DDMP or Silver Spring Field Office/DDM. Montgomery County has two agents who are assigned Problem-Solving Court caseloads; an agent in Gaithersburg supervises Drug Court (Circuit), Mental Health Court (Circuit), and DUI Court (District), while an agent in Silver Spring supervises Mental Health Court (District). The DPSPS Division of Parole and Probation maintains specialized caseloads based on offenses (sexual, domestic violence, interstate, drug-related, pretrial services investigation, and individuals assigned to the violence prevention initiative via screening for individuals under the age of 30). General caseloads are 150+ active cases per supervisor; DDMP caseloads exceed 300. Home visits are completed monthly; as a result of the pandemic, supervision has become more flexible to allow for virtual check-ins via state-issued cell phones in some instances.

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.

Community Reentry Services

Supportive Funding: As mentioned in the "Intercepts 0/1 Resources" section, Consumer Support and Maryland Recovery Net (MDRN) grant funds are available to eligible applicants with behavioral health needs. Consumer Support is a safety net service to assist with rent, mortgage, and/or utility arrearages when all other resources have been denied. MDRNis a safety net service that develops partnerships with services statewide and funds access to clinical and recovery support services treatment and recovery support needs for individuals with substance use/co-occurring disorders; all Maryland RecoveryNet service recipients receive care coordination through which they can access funding for recovery housing as well as other services related to transportation, employment, vital records, peer/recovery coaching, medical/dental services, and other unmet needs.

Behavioral Health Services: Several agencies provide behavioral healthcare services for systems-involved individuals with substance use and mental health disorders; these services are discussed in the "Intercepts 0/1 Resources" section. Case management and ACT complete intakes before release when possible. While many programs were halted during the Covid-19

[28] The DPSPS Division of Parole and Probation administers two distinct monitoring entities: criminal supervision and the Drinking Driver Monitor Program (DDMP). DDMP is designed to gain compliance with court-ordered treatment or education and monitor compliance with terms of probation.

pandemic, Tree of Hope reports maintaining a listserve of 428 providers and peers across Maryland, Virginia, Delaware, and Washington, D.C. to facilitate linkage to support.

Professional Development: The Maryland State Department of Education Division of Rehabilitation Services (DORS) and the Maryland State Department of Labor assist with training, job coaching, resume building, workforce opportunities, and education, including preparation for the GED tests. The U.S. Department of Labor Reentry Employment Opportunities (REO) program provides funding, authorized as Research and Evaluation under Section 169 of the Workforce Innovation and Opportunity Act (WIOA) of 2014, for systems-involved youth and young adults and adults who were formerly incarcerated for the development of strategies and partnerships that facilitate the implementation of successful programs at the state and local levels to improve the workforce outcomes for this population. WorkSource Montgomery is the county's fiscal agent responsible for local administration of the WIOA and coordination of the local workforce development system in Montgomery County. In partnership with MCCF, WorkSource Montgomery operates its Dual-Track Reentry (DTR) program for justice-impacted individuals comprising a nationally recognized re-entry initiative within the correctional facility (Track 1) and a comprehensive suite of services for individuals housed in the community (Track 2). DTR has expanded its continuum of care to include a community-based program specialist providing career coaching and wraparound case management and a dedicated Talent Placement Consultant to connect individuals to open positions. Services offered at the career center within MCCF include one-on-one career coaching, mock interviewing, group workshops, and career-based programming. Community-based services include one-on-one career coaching, industry-focused training, and soft skills workshops; the Empowerment Center in Wheaton provides a dedicated space for career services for justice-involved individuals. This justice-impacted transitional program assists individuals with securing permanent, long-term employment through job placement partnerships with local businesses, and financial support through training funds up to $5,000 and paid stipends to obtain work experience for up to 12 weeks. The public and internal (for staff and authorized partners) electronic referral forms are included in this report's "Resources" section. The WorkSource Montgomery Community Impact Team and Mobile Job Center are available to attend community events; representatives express an eagerness to arrange for mobile presentations by the Community Impact Team at reentry-affiliated locations with the Mobile Job Center present to connect justice-impacted individuals immediately following presentations, removing any transportation barriers.

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

expungements to remove barriers to obtaining child custody, housing, and employment. The MLA Montgomery Office is located in Rockville.

Housing: The homeless management information system (HMIS) administered by HHS is a local information technology system used to collect client-level data and data on the provision of housing and services to individuals and families at risk of and experiencing homelessness. HMIS is designed to collect data on housing and services for individuals and families who are at risk of or experiencing homelessness. Information about HMIS, housing vouchers, and housing stability coordination is detailed in the "Intercepts 0/1 Resources" section.

Transportation: As discussed in the "Intercepts 0/1 Resources" section, public transit is available within and beyond the county via bus, shuttle, subway, and train; access to these services varies by location. Additional transportation is available on a limited basis through Interfaith Works, Tree of Hope, Office of the Public Defender, participating treatment centers, and recovery programs such as SMART, NA, and AA.

Community and Family Support: As detailed in the "Intercepts 0/1 Resources" section, family and community members can access peer support through organizations such as the National Alliance on Mental Illness (NAMI), which offers support groups and classes for families who have a loved one who is mentally ill to provide education, support, and advocacy. The Conflict Resolution Center of Montgomery County offers free or low-cost mediation and restorative conflict resolution services. When possible, pre-parole investigation can engage with family members, explain conditions of supervision, and incorporate family members in the reentry process, thereby helping the reentering citizen remain stable and avoid violations.

Data Collection and Sharing

The DOCR internal jail management system supports booking, intake, and housing records along with the calculation diminution of confinement release date records.

Intercept 4/5 Gaps

Corrections Reentry Services

Services and Referrals: Overall, the county requires improved coordination between corrections reentry services and community reentry services to enhance reintegration. Improved collaboration can ensure a seamless transition, providing continuous support and access to essential resources while reducing the risk of recidivism. This gap has been highlighted in the "Priorities for Change" section below.

Reentry case management is time-consuming, as connecting individuals to support and services can involve lengthy applications. With the removal of the full-time on-site benefits specialist position, Medicaid and benefits enrollment has become disjointed, often failing to reach individuals in custody. While HHS works to reestablish the benefits specialist position, case managers are completing 17-page SNAP[29] benefits applications to the best of their abilities. Even as SOAR remains reportedly underutilized nationally in criminal-legal settings, local demand exceeds capacity. The county has been approved through three SOAR grant phases, and SOAR IV is approved to begin October 1, 2024; however, the state-funded SOAR case manager maintains an 8-10-person waitlist. Programs like SNAP, SOAR, and PATH all report a need for additional trained staff. Given limited resources, reentry teams are forced to prioritize some cases over others; as a result, those individuals who are receiving pretrial services are less likely to receive reentry services than in-facility individuals, particularly those pretrial individuals not being followed by the CATS team. Unfortunately, this gap is exacerbated by changes in the reentry landscape as a result of the Covid-19 pandemic; current estimates indicate that 80% of individuals are receiving pretrial supervision compared to 60% before the pandemic. This increase reflects a growing number of individuals who may not be receiving reentry services.

Unplanned releases are a widely acknowledged statewide challenge, reducing the time available to coordinate necessary supports including transportation from incarceration. This lack of preparation can complicate the reentry process, hindering effective reintegration into the community, increasing the risk of recidivism, and making it difficult to ensure that individuals receive the assistance they need. Stakeholders report that unplanned releases are especially problematic in regard to providing proper identification, without which housing, employment, and social services are difficult to access. For the 80% of the in-custody population receiving pretrial supervision, these challenges are amplified by uncertainty surrounding benefits activation. Participants report an opportunity to utilize targeted case management (TCM) to address some of the challenges presented by unplanned releases, especially given the broad eligibility for TCM; as previously mentioned in the "Intercepts 0/1 Resources" section, individuals can self-refer or be referred by non-professionals such as family members, and services can follow participants for several years.

Facilitating continuity of care before release is best practice but difficult to implement. Ideally, treatment appointments are scheduled in advance; however, Access (mentioned in the "Intercepts 0/1 Resources" section) faces a Medicaid billing barrier and is not able to enter the correctional facility; individuals are provided the information to navigate the challenging process of self-activating healthcare benefits within 60 days of release, but completion is not assured. All PRC residents are connected to HHS and apply for healthcare or services within 30

[29] The Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp Program, is a federal government program that provides food-purchasing assistance for low- and no-income individuals and households.

days of release; however, this is challenging for reentry staff given the previously described obstacles to benefits enrollment. Further, some PRC residents could obtain healthcare benefits or Medicaid through employment or family coverage (if under age 26). Individuals are not provided psychiatric or addiction medication upon release; instead, individuals leave with a two-week prescription and must have health insurance to find a pharmacy to fill it. With only a two-week supply of medication and many obstacles, scheduling follow-up appointments can be particularly challenging.

There are gaps in peer services as well. Individuals participating in substance use treatment programs within the correctional facility have access to peer recovery specialists on-site; however, those who do not meet eligibility for programs or are exclusively living with mental health conditions do not have similar access. Notably, connection to peers in the community before release is absent, although Tree of Hope has volunteered to support this initiative.

Supervision: Geographical barriers exist for supervised individuals. As mentioned previously, all Montgomery County supervision intakes must be completed in person within 24 hours of release at Rockville Intake. While virtual intakes are not possible, a change in protocol to allow supervision intakes at the three county locations and even outside of the county would reduce the burden of reporting individuals not located near Rockville.

Peer support is an identified need. Peers can aid in addressing the grave gap created by the fact that counsel from the Office of the Public Defender is not permitted to accompany clients to supervision intake appointments to ensure an understanding of supervision conditions. Peers can also assist with developing one-on-one meaningful interactions, freeing supervisors to provide intensive supervision given existing caseloads. When gaps in service exist and clients require assistance, peers (unlike supervisors) are uniquely positioned to assist with providing linkages to services.

Community Reentry Services

Within Montgomery County, barriers to resources vary by population. There is a desert of services for the broader systems-involved population as opposed to the acute mental health population; the undocumented population is even more challenging to serve. Generally, transportation, housing, and state hospital inpatient capacity are major gaps in the current system that require strategic planning within the county and with state-level stakeholders. The "Parking Lot" section addresses these critical issues, exploring potential solutions and strategies for improvement.

Self-determination is a growing force in public health, not just for persons with psychiatric disabilities. The county reports a significant number of reentering individuals not interested in reentry services, including but not limited to CATS participants. Reportedly, there is a need for

increased awareness between Intercepts 0 and 5 regarding the harm reduction services for people who use drugs who are disinterested or unwilling to enter into treatment; existing services are detailed in the "Intercepts 0/1 Resources" section. The county identifies an opportunity to promote voluntary participation by community-based organizations (both workforce-related and not) on the WorkSource Montgomery web-based community asset map to offer consumers the opportunity to connect with services at their discretion.

Behavioral Health Services: Targeted case management and psychiatric rehabilitation programming are reportedly underutilized. For other services, capacity shortages in the county result in the public receiving referrals to providers that cannot accommodate them. Although residential facilities are expanding capacity, these beds are reserved for psychiatric hospital discharges; participants note the overlap between Intercepts 0 and 5 consumers. Forensic assertive care teams (FACTs) are oversubscribed but are the least restrictive and best option for many clients. Newly legislated assisted outpatient treatment (AOT) is in the early stages of statewide development, and ACT teams are expecting to be included in implementation, likely increasing demand on staff.

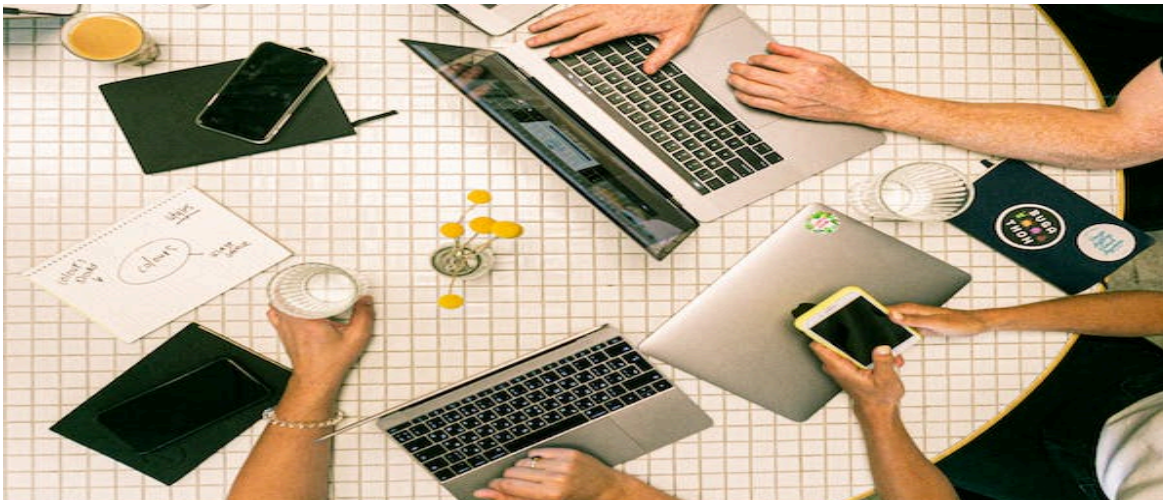
Insurance acts as a major obstacle to reentry. Inactive insurance upon release from incarceration significantly hinders reintegration efforts; without active insurance, individuals struggle to access necessary healthcare services, complicating the transition back into the community. For individuals with substance use disorders, insurance gaps hamper efforts to continue recovery services received during incarceration.

Housing: Housing is an identified gap across intercepts that presents unique challenges based on need. Broadly, affordable housing presents an issue to all county residents, impacting access to safe and suitable living arrangements and community resources including but not limited to reentry-related services. For families, this issue is particularly challenging. Transitional housing is absent at the state level for individuals who are not diagnosed with mental health or substance use conditions (or do not admit to these conditions). Judges report that warm handoffs to transitional housing are needed to prevent unnecessary incarceration and to ensure a smooth and supportive transition, promoting successful reintegration into the community. Unfortunately, the current system in Montgomery County requires that systems-involved individuals who are unhoused must access the Crisis Center to seek shelter; there is no direct pipeline to beds which is a noticeable gap in service.

Community and Family Support: A notable gap across all intercepts is the need to improve family involvement; family support can be crucial to the reentry and reintegration process.

Data Collection and Sharing

Official recidivism data is not tracked but would be notably beneficial to evaluate reentry programming. Workshop participants indicated a need for quick access to information on eligibility for and availability of services. There is also a need for increased communication between all parties involved in reentry to support reintegration into the community effectively. Reportedly, DOCR does not have a digital case management system and staff does not utilize the DPSCS Offender Case Management System which allows DPSCS to compile, store, and share information about reentering individuals under its jurisdiction with multiple moduli which include but are not limited to case planning, booking, community supervision, corrections, and pretrial services.



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 in order to rank the priorities. The top three priorities are highlighted in bold text.

1. **Enhance the reentry process. (27 votes)** A robust and clear reentry process is vital for individuals transitioning from incarceration back into society, as it significantly impacts their ability to reintegrate successfully. A well-defined process helps ensure individuals returning to society may access essential services such as housing, employment, education, and healthcare. It also provides a structured framework that reduces the risk of recidivism by addressing the root causes of criminal behavior and supporting positive change. Clear guidelines and support mechanisms can empower individuals to rebuild their lives, improve public safety, and reduce the social and economic costs associated with high rates of reoffending. Efforts to enhance reentry may include developing a collaboration council or reentry workgroup to provide oversight, foster collaboration among stakeholders, and guide strategic planning efforts for reentry. Key objectives for this group may include establishing centralized case management to streamline services and ensure continuity of care, which can help address individual needs effectively. This group may also be uniquely suited for addressing reentry insurance barriers to ensure that individuals may access necessary healthcare services. Finally, this group may be able to cooperatively seek funding through sources such as the Performance Incentive Grant Fund administered by the Governor's Office of Crime Prevention and Policy referenced in the "Intercept 2/3 Gaps" section of this report.

2. **Establish stabilization services. (25 votes)** An inability to access community-based behavioral healthcare on demand results in heavy reliance on the emergency department, law enforcement, and already overextended crisis response services. The county's plan for a behavioral health crisis stabilization center is an opportunity to offer the community no-wrong-door access to mental health and substance use care, filling an essential role in a continuum of care that is fully integrated with the local community behavioral health and hospital systems. By following national guidelines for behavioral crisis care and implementing best practices, this center can establish complete and authentic hospital and criminal-legal diversion. To address stabilization and deflection needs before this center is available to residents, county executives have developed a proposal in coordination with MDH to expand the Crisis Center's Stabilization Room; at the time of publication, MDH has provided funding for the Crisis Center's Stabilization Room to stay in operation and expand to eight recliners to serve the lifespan to meet recently finalized COMAR regulations. Additionally, certified community behavioral health clinics (CCBHCs) are a promising practice offering a comprehensive range of mental health and substance use disorder services to vulnerable individuals; per federal criteria, they must directly provide or contract with partner organizations to provide nine types of services, with an emphasis on the provision of 24-hour crisis care, evidence-based practices, care coordination with local primary care and hospital partners, and integration with physical health care. In addition to expanding crisis stabilization services, the CCBHC model addresses other identified priorities such as the need for behavioral health services across the continuum of care (Priority 4) and diversion options for law enforcement (Priority 6). HHS is a certified CCBHC, and federal grant money is available to aid in adopting the CCBHC model; there are currently several CCBHC-E grantees in Maryland including Cornerstone Montgomery.

3. **Create a multidisciplinary team or teams to coordinate and inform across intercepts. (21 votes)** There is a desire to create a multidisciplinary team (or multiple teams) to foster inter-organizational cooperation across all intercepts. Identified objectives include planning for assistant outpatient treatment (AOT) legislation implementation, addressing insurance barriers across intercepts, eliminating information silos, and addressing the needs of the most challenging consumers. A notable obstacle is the hesitation to provide candid feedback that exists due to deeply ingrained historical procedures, chains of command, and perceived penalties. For this team or teams to synchronize strategies, mission partners must identify common goals, develop trust, and establish processes to coordinate across a diverse group of organizations with differing cultures, policies, priorities, authorities, capabilities, and procedures. Transparency, inclusive access, and shared operating procedures foster unity of effort.

4. Increase behavioral health services across the continuum of care. **(18 votes)** Residential services (Level 3) lie between inpatient and outpatient services and are essential for preventing or providing an alternative to inpatient admission. Service capacity is the key to ensuring that people with behavioral health conditions who need more intensive and longer-term services over a longer term can live supported in the community; residential crisis services also make it possible for people to be discharged successfully from stays in local hospitals or state psychiatric care institutions. As noted in the "Intercept 0/1 Gaps" section, there is a critical need for residential services and recovery housing. The county must actively advocate to restore capacity while seeking additional funding to preserve and expand existing local resources to improve care for residents.

5. Improve data sharing among agencies. **(16 votes)** Effective data sharing among agencies at the intersection of behavioral health and the criminal legal system is essential for enhancing the coordination of care and appropriately addressing the needs of individuals. Currently, siloed information systems hinder the ability to track individuals' progress and identify gaps in services, leading to fragmented care and missed opportunities for intervention. By establishing robust data-sharing protocols, agencies can collaborate more effectively, ensuring that all relevant parties have access to comprehensive information about an individual's history and needs. This increased transparency can help identify patterns, reveal areas requiring additional resources or interventions, and facilitate the development of targeted programs and services. Jurisdictions across the state express the need for additional HIPAA/FERPA guidance as noted in the "Intercept 0/1 Gaps" section of this report; the Governor's Office of Crime Prevention and Policy is researching the legal requirements and parameters of this issue in the hopes of providing guidance that can be applied at the state level. One possibility to explore is the development of a database that expands the current resource directory. By providing a search option with filters for insurance, eligibility, location, and current openings, the county can provide a more accessible and user-friendly resource while also tracking trends in usage and availability to inform strategic planning.

6. Enhance diversion options for law enforcement other than mobile crisis. **(12 votes)** There is a pressing need to enhance response options for law enforcement. Hospitalization and arrest are often costly and ineffective for individuals experiencing a crisis, and the mobile crisis outreach team (MCOT) capacity is insufficient to meet the deflection demand. These limited options can lead to repeated interactions with public safety agencies and contribute to the entanglement of individuals in the criminal legal system. Expansion of diversion options could include establishing community-based crisis centers, providing access to mental health professionals who can work alongside law enforcement, and implementing specialized training programs that equip officers with skills to de-escalate situations and connect individuals to appropriate services. These alternatives can reduce the burden on

emergency and legal systems while promoting more compassionate and effective responses to those in crisis. Notably, Bill 43-23 pending before the Montgomery County Council, sponsored by Councilmember Dawn Luedtke, would create an Advisory Committee on Crisis Intervention and Application of the SIM to formalize the ongoing interagency, collaborative work that must be done to strengthen and continually evolve Montgomery County's crisis response models and enhance diversion and support services.

7. Streamline daily communications across agencies and intercepts; this priority is specifically targeting the coordination of "boots on the ground" communications rather than policy or data as listed in the priorities above. **(11 votes)** Essential cross-agency collaboration is realized through personal relationships, memorandums of understanding (MOUs), and shared protocols; one highly effective strategy to align efforts advanced technology such as real-time bed registries and shared GPS-enabled communication to support dispatch and coordination of care. The ultimate goal, best described by summarizing the Department of Homeland Security, is the ability to communicate as needed, on demand, and as authorized at all levels and across all disciplines.

8. Expand training opportunities (e.g. trauma-informed care, implicit bias/anti-stigma, crisis intervention team training, and integrated behavioral health in primary care). **(8 votes)** The state has a legitimate interest in providing care to those who are unable to care for themselves; the state also has authority under its police power to protect the community.[30] To ensure the safety of individuals with behavioral health needs, those who provide services to them, and the general public, there is a need for continuous education and training. Professionals and the lay community can benefit from an expanded and shared knowledge base. There are widely available training opportunities through local, state, and national organizations. Trauma-informed care training and education is offered to clinicians, educators, service providers, medical providers, and the community through SAMHSA, the Mental Health Association of Maryland, the Collaborative within the University of Maryland School of Social Work, and the University of Maryland Medical Center. Implicit bias and anti-stigma education are available to the general public through Shatterproof and Just Five (described in the "Intercept 0/1 Gaps" section) and to Maryland healthcare professionals through the Maryland Department of Health Office of Minority Health and Health Disparities. To ensure equity, education should be provided by organizations with experience supporting diverse populations, and when possible, by instructors who reflect the community's demographics.

9. Address language barriers between providers and community members. **(3 votes)** Montgomery County is one of the most diverse regions in the United States, characterized

[30] Under *parens patriae*, a state or court has a protective role over its citizens or others under its jurisdiction.

by a rich tapestry of cultures, languages, and ethnicities. This diversity is reflected in the wide range of languages spoken within the community, which can present challenges in behavioral health and criminal legal settings. Stakeholders have expressed concerns about language barriers between providers and clients/patients, noting that these obstacles hinder the quality of care and outcomes. Addressing these barriers is essential to ensure equitable access to services and support for all individuals, regardless of their linguistic background. Providing culturally competent care and language support, such as interpreters or multilingual staff, are crucial to meeting the needs of the community in these settings. Notably, there is an open solicitation for mental health providers to access translation services through the Local Behavioral Health Authority, aiming to improve service delivery and outcomes. This resource is underutilized and should be promoted widely to community providers.

Quick Fixes/Low-Hanging Fruit

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

1. A discussion was held about enhancing information sharing among agencies; participants emphasized the importance of improved communication and collaboration to better serve individuals in crisis. This initiative aims to streamline the referral process and ensure that those in need receive timely and appropriate support.

    a. In an effort to address this concern, the workshop's planning group provided participants with a QR code linking to a resource directory developed by the Local Behavioral Health Authority. This live-maintained directory includes a list of employers who hire individuals recently released from incarceration. However, due to its extensive nature, it may not be the most practical solution for professionals who do not provide case management such as patrol officers and public defenders.

    b. Law enforcement participants expressed a need for business-like cards with reliable and attainable resources to provide to individuals in crisis; representatives from the Office of the Public Defender expressed a similar desire. They noted that while the community has many resources and services available, few meet the eligibility criteria for those in immediate need. The Primary Care Coalition offered to begin this project, aiming to create a more effective and accessible support system.

c. The Active Assailant Interdisciplinary Work Group (AAIWG) website (https://aaiwg.maryland.gov/) was noted as a useful tool that provides valuable resources, including forms for the release of medication information and coordination of care.

2. Judges reportedly feel limited in their options for diversion due to a lack of awareness of and linkages to appropriate resources. Judges also expressed a need for more information about community resources and their eligibility criteria to offer alternatives to incarceration. This report will serve to educate this intercept on gaps and available resources, potentially providing judges with more informed options for diversion programs.

3. Participants repeatedly discussed the importance of training to properly serve systems-involved individuals with behavioral health needs, emphasizing the necessity for specialized knowledge and skills. Notably, Shatterproof and SAMHSA's anti-stigma education were highlighted as valuable training programs for judges and other stakeholders. Additionally, SSI/SSDI Outreach, Access, and Recovery (SOAR) training was mentioned as a valuable resource for anyone in the community. The training is designed to help case managers and other service providers assist individuals who are experiencing or at risk of homelessness in applying for Social Security disability benefits (SSI/SSDI). SOAR aims to improve access to critical benefits for vulnerable populations, enhancing their financial stability and access to necessary services. It was noted that individuals involved in the mental health court, psychiatric rehabilitation programs, and targeted case management have already been SOAR-trained. Representatives from the Tree of Hope expressed interest in receiving this training.

4. As discussed in the "Intercept 4/5 Resources" section, representatives from WorkSource Montgomery have expressed an eagerness to coordinate with DPSCS and other reentry partners to arrange mobile presentations from the WorkSource Montgomery Community Impact Team at reentry-affiliated locations with the WorkSource Montgomery Mobile Job Center on-site to allow individuals to be connected with services immediately, removing any transportation barriers.

5. As mentioned in the "Intercept 0/1 Gaps" section, updated language for the EMS transport billing law has been awaiting a legislative vote for over two years. Councilmember Luedtke and her staff have expressed a willingness to engage with MCFRS Chief Smedley and Montgomery County Chief Administrative Officer (CAO) Madaleno to prompt a vote to ensure sustainable funding for EMS diversion strategies; workshop participants widely express a willingness to support this legislation.

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 housing options for individuals with behavioral health needs. Safe and affordable housing is a basic necessity; its absence is one of the most significant barriers to recovery. Without stable housing, individuals may struggle to achieve goals while cycling in and out of homelessness, shelters, hospitals, and jails. The county has identified gaps across the housing spectrum detailed in the "Intercept 0/1 Gaps" and "Intercept 4/5 Gaps" sections. In summary, affordable housing is difficult to obtain for the general population and more so for special populations. Requirements associated with voucher programs, shortages of supportive housing, rigid certification requirements for recovery housing, and indirect connections to transitional housing from hospitalization or incarceration all impede the county's housing goals; stigma surrounding housing for these populations creates challenges as well. Lowering or eliminating barriers can serve as a simple step to capitalize on existing effective strategies; by expanding existing programs, the county can work to address the need for community-based transitional housing from the hospital, housing for "grey-zone" individuals who are not an immediate safety threat but are non-compliant with care, peer-run forensic housing, and adequate recovery housing. The LBHA is reportedly exploring replicating the successful model used by Miracle House and Harmony House for use by individuals with mental illness who are not involved in problem-solving courts.

2. Expand in-patient capacity at the state level. There are five state inpatient psychiatric hospitals in Maryland with a total of 1,056 beds: Clifton T. Perkins Hospital Center, Springfield Hospital Center, Spring Grove Hospital Center, Thomas B. Finan Center, and Eastern Shore Hospital Center. Among them, Perkins is the sole designated

maximum-security forensic facility; however, all five hospitals treat court-ordered patients. Courts have ruled repeatedly that delays in court-ordered mental health assessments and care violate the law.[31] Maryland law requires that a defendant under court-ordered commitment be transferred to a health facility within 10 days of the order; however, individuals are waiting up to 180 days or more.[32] Maryland Department of Health has testified that while 500 court orders per year were typical five years ago, the latest data shared by the state reports 1,126 admission orders in 2023, a sharp increase even from the 865 total from the year before. Montgomery County reportedly has the longest waitlist in the State; as described in the "Intercept 2/3 Gaps" section. Efforts are underway to expand capacity by creating 44 additional beds at Thomas B. Finan Center by the end of 2025; there are also long-term plans to expand capacity at Perkins Hospital Center. In June 2023, Section 13-4801 through 13-4807, 13-4901 through 13-4907, 15-141.2 of the Health General Article of the Maryland Code established the Commission on Behavioral Health Care Treatment and Access, under which the Criminal Justice-Involved Behavioral Health Workgroup and the legislative task force are mandated to oversee this issue over the next four years. Additional efforts in Montgomery County include the development of a multidisciplinary group comprising representatives from the Maryland Department of Health, the Department of Correction and Rehabilitation, the Montgomery County Police Department, the Department of Health and Human Services, court personnel, and the State Attorney's Office. This group convened twice a month from December 2023 to June 2024 to address the county's critical concerns with hospital waitlists; meetings facilitated comprehensive discussions on current inmate populations, projected trends, and potential solutions to manage overcrowding; representatives also worked through individual cases to optimize bed usage and promote rehabilitation of those on the waitlist. While service gaps in diversion efforts were identified, minimal progress was made in identifying long-lasting solutions.

3. Enhance transportation options for individuals with behavioral health needs across intercepts. Enhancing transportation options for individuals with behavioral health needs before, during, and after involvement with the criminal legal system is essential for promoting equitable access to services and support. Montgomery County offers a range of public transportation options, including buses, shuttles, subways, and trains; additional transportation options are listed in the "Community Services" section above. However, many services require payment and their accessibility varies depending on the location. Transportation barriers pose significant challenges to systems-involved individuals with behavioral health conditions, especially those reentering the community following incarceration. These barriers can be described as the 5 A's: affordability, accessibility,

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

applicability, availability, and awareness. Reliable transportation enables individuals to easily access community prevention services, attend court hearings, and make it to crucial appointments post-release, such as probation meetings, counseling, and job interviews. Federal funding for transportation initiatives is available; programs can also seek support from the community and private foundations. In the resource Getting There: Helping People With Mental Illnesses Access Transportation, the U.S. Department of Health and Human Services provides more detailed evidence-based recommendations to address transportation barriers.

4. Expand services for individuals with developmental disabilities and neurocognitive disabilities. Systems-involved individuals with behavioral health needs and co-occurring developmental disabilities and/or neurocognitive conditions, often face significant challenges in accessing appropriate community services. These individuals are frequently underserved in essential areas such as housing. Community services often lack the necessary resources and specialized programs to address the unique needs of this population, leading to inadequate support and care. Additionally, the judicial process lacks the appropriate resources to serve this population. Communities often establish specialized courts or dockets to address specific issues such as mental health, substance use, and Veterans' needs. However, specialized courts or dockets for individuals with IDD and NC conditions are far less prevalent. Montgomery County faces significant barriers in providing adequate services for this population within the judiciary system. The absence of specialized courts in the county leaves individuals with IDD and NC conditions without tailored judicial support. Additionally, the Office of the Public Defender (OPD) cannot reportedly manage this specialized caseload effectively with only two social workers on staff, exacerbating the challenges these individuals face in navigating the justice system. These gaps in services result in heightened vulnerability and a cycle of repeated involvement with the criminal justice system, further complicating their ability to achieve stability and rehabilitation.

5. Host a SIM mapping workshop for systems-involved youth with behavioral health needs to expand and enhance youth services. The SIM is primarily designed for the adult population, leading to a lack of in-depth discussions about youth under the age of 18. Recognizing the critical need for youth services, Montgomery County emphasizes the importance of prevention and intervention at a young age. Early intervention is essential to address behavioral health issues before they escalate, reducing the risk of future justice involvement and promoting long-term well-being. In response to this national need, SAMHSA is working to establish a youth-specific SIM model. This initiative aims to adapt the existing framework to better address the unique needs of young people, integrating prevention and intervention strategies that are developmentally appropriate and effective for this age group.

Resources

Local Resources

Community Services

- Alcohol and Other Drug Addiction Advisory Council (AODAAC): https://www.montgomerycountymd.gov/HHS-Program/BHCS/AODAAC/NewAODAAC/Index.html
- Behavioral Health Resource Directory: https://drive.google.com/drive/folders/13xG7qO3OcXo22IsIdWlS5dgcDrMzblAl
- Bethesda Cares: http://bethesdacares.org/our-services/
- Coalition for the Homeless: https://mcch.net/
- Coalition Homes: https://mcch.net/affordable-housing/
- Commission on Veteran Affairs: https://www.montgomerycountymd.gov/HHS-Program/ADS/CVA/CVAIndex.html
- Department of Health and Human Services (HHS): https://www.montgomerycountymd.gov/HHS-Program/BHCS/BHCSLBHA.html
- Department of Transportation Public Transit: https://www.montgomerycountymd.gov/DOT-DIR/commuter/pubtrans/index.html
- Easterseals Homeless Veterans Reintegration Program (HVRP): https://www.easterseals.com/DCMDVA/programs-and-services/military-veteran-services/veterans-employment.html
- Flash Bus Rapid Transit Network: https://www.montgomerycountymd.gov/brt/
- Homeless Services Guide: https://www.montgomerycountymd.gov/HHS/Resources/Files/pdfs/Homeless%20Resource%20Guide-July%202015.pdf
- Housing Initiative Program (HIP): https://www3.montgomerycountymd.gov/311/Solutions.aspx?SolutionId=1-6IWBMT
- Interagency Commission on Homelessness (ICH): https://www.montgomerycountymd.gov/homelessness/
- Interfaith Works: https://www.iworksmc.org/
- Just Five: https://justfive.org/
- Maryland Treatment Centers (MTC): https://health.maryland.gov/newsroom/Pages/Program-for-youth-struggling-with-substance-and-opioid-use-disorders.aspx
- Medical Assistance Transportation: https://www.montgomerycountymd.gov/dot-transit/special-transportation/medical-assistance-transportation-program.html

- Mental Health Advisory Committee (MHAC): https://www.montgomerycountymd.gov/HHS-Program/BHCS/MHAC/Index.html
- Mobile Med: https://mobilemedicalcare.org/home/about-mobile-med/
- Montgomery Cares: https://www.primarycarecoalition.org/what-is-montgomery-cares.html
- Network of Care for Behavioral Health: https://mentalhealth.networkofcare.org/Montgomery-md
- Nexus Montgomery: https://www.nexusmontgomery.org/
- Primary Care Coalition (PCC): https://www.primarycarecoalition.org/about-pcc.html
- Progress Place: https://silverspringdowntown.com/go/progress-place
- Rental Assistance Program (RAP): https://www.montgomerycountymd.gov/HHS-Program/SNHS/SNHSRental-p743.html
- Senior Assisted Living Subsidy (SALS) Program: https://aging.maryland.gov/Pages/Senior-Assisted-Living-Subsidy-Program.aspx
- Serving Together: https://servingtogetherproject.org/
- Silver Spring Vet Center: https://www.va.gov/silver-spring-vet-center/
- Steven A. Cohen Military Family Clinic ("Cohen Clinic"): https://www.easterseals.com/DCMDVA/programs-and-services/cvn-home.html
- Takoma East Silver Spring (TESS) Community Action Center: https://www.montgomerycountymd.gov/HHS-Program/OCA/OCATESS-p351.html
- The Valley: https://www.thevalleydmv.com/index
- U.S. Census Bureau American Community Survey, Montgomery County: https://data.census.gov/all?q=american%20community%20survey%20montgomery%20county%20md
- Utility Assistance Program: https://www.montgomerycountymd.gov/HHS-Program/SNHS/SNHSUtilityA-p746.html
- VA Clinic: https://www.va.gov/washington-dc-health-care/locations/montgomery-county-va-clinic/
- Veterans Directory: https://www.montgomerycountymd.gov/vnd

Community Reentry Services

- Worksource Montgomery InternalElectronic Referral Form: https://worksourcemontgomery.jotform.com/211883831363054
- Worksource Montgomery External Electronic Referral Form: https://worksourcemontgomery.com/home/contact/
- Division of Rehabilitation Services (DORS): https://dors.maryland.gov/consumers/Pages/about.aspx
- Reentry Employment Opportunities (REO): https://www.dol.gov/agencies/eta/reentry

- Workforce Innovation and Opportunity Act (WIOA) of 2014: https://www.dol.gov/agencies/eta/wioa
- Maryland Legal Aid (MLA): https://www.mdlab.org/
- Conflict Resolution Center of Montgomery County: https://www.courts.state.md.us/macro/adr/montgomery

Court-Ordered Services

- Emergency Evaluations, Maryland Courts: https://www.mdcourts.gov/district/emergencyevaluations
- Pre-trial Services, Department of Correction and Rehabilitation: https://www.montgomerycountymd.gov/COR/PTS/index.html
- ACS Program Referral Form: https://www.montgomerycountymd.gov/COR/Resources/Files/DOCR-ACS-Probation-Referral-Form_NEW_2023.docx

Court Structure

- Adult Drug Court, Montgomery County: https://www.montgomerycountymd.gov/cct/drug-court.html
- Adult Drug Court Treatment Program, Montgomery County: https://www.montgomerycountymd.gov/HHS-Program/BHCS/BHCSAdultDrugCourt-p487.html
- Mental Health Court Montgomery County, State's Attorney's Office: https://www.montgomerycountymd.gov/SAO/other/mentalhealthcourts.html

Data Collection and Sharing

- dataMontgomery: https://data.montgomerycountymd.gov/
- Maryland Active Assailant Interdisciplinary Work Group (AAIWG): https://aaiwg.maryland.gov/

Detention and Corrections

- Montgomery County Detention Center: https://www.montgomerycountymd.gov/COR/MCDC/index.html
- Montgomery County Correctional Facility: https://www.montgomerycountymd.gov/COR/MCCF/index.html
- Medical Services: https://www.montgomerycountymd.gov/COR/MCCF/MedicalServices.html

- Mental Health Services: https://www.montgomerycountymd.gov/COR/MCCF/MentalHealth.html
- Mental Health Services Addictions Treatment: https://www.montgomerycountymd.gov/COR/MCCF/AddictionsTreatment.html
- Mental Health Services Crisis Intervention Unit (CIU): https://www.montgomerycountymd.gov/COR/MCCF/CIU.html
- Mental Health Services Dialectical Behavior Therapy: https://www.montgomerycountymd.gov/COR/MCCF/DBTProgram.html
- Montgomery County Department of Correction and Rehabilitation, Detention Services Division. (n.d.). *Facility programs and services*. https://www.montgomerycountymd.gov/COR/Resources/Files/PDF/MCDOCR-DSD-FacilityProgramServiceSummary.pdf

First Responders

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- Maryland State Police Barrack N: https://mdsp.maryland.gov/Organization/Pages/FieldOperationsBureau/BarrackNRockville.aspx
- Montgomery County Fire Rescue Service (MCFRS): https://www.montgomerycountymd.gov/mcfrs/
- Montgomery County Police Department (MCPD): https://www.montgomerycountymd.gov/pol/
- Montgomery County Sheriff's Office: https://www.montgomerycountymd.gov/Sheriff/

Primary, Long-Term, and Recovery Services

- Access to Behavioral Health Services ("Access"): https://www3.montgomerycountymd.gov/311/Solutions.aspx?SolutionId=1-5WY9AU
- Community Behavioral Health Association (CBH) of Maryland: https://www.mdcbh.org/about-us
- Cornerstone Montgomery: http://www.cornerstonemontgomery.org/
- Depression and Bipolar Support Alliance: https://www.dbsalliance.org/
- Elevate Recovery Centers: https://elevaterecoverycentermd.com/
- Housing Unlimited Inc. ("Housing Unlimited"): https://www.housingunlimited.org/
- Medbank: http://www.needymeds.org/
- Mike's Place: https://mikesplacerockville.com/

- NAMI Maryland: http://namimd.org/
- NAMI Montgomery County: https://namimc.org/
- People Encouraging People (PEP): http://www.peponline.org/
- Projects for Assistance in Transition from Homelessness (PATH): https://www.samhsa.gov/homelessness-programs-resources/path
- Rock Creek Foundation: https://www.rockcreek.org/
- Sandstone Care: https://www.sandstonecare.com/locations/north-bethesda-transitional-living-program/
- Santé Group's Silver Spring Wellness and Recovery Center: https://www.thesantegroup.org/where-we-work/montgomery-county-md/
- Sheppard Pratt: http://www.sheppardpratt.org/
- Tree of Hope Association ("Tree of Hope"): https://www.treeofhopeassn.com/
- Vesta: https://www.vesta.org/
- Vocational Support Systems (VSSI): https://vssi4jobs.com/index.html
- Washington Area Intergroup Association of Alcoholics Anonymous: https://aa-dc.org/

Urgent and Acute Services

- Certified community behavioral health clinics (CCBHCs): https://www.samhsa.gov/certified-community-behavioral-health-clinics
- EveryMind: https://www.everymind.org/
- Montgomery County Crisis Center: https://www.montgomerycountymd.gov/HHS-Program/Program.aspx?id=BHCS/BHCS24hrcrisiscenter-p204.html
- Safe Journey House: http://www.safejourneyhouse1.com/

State Resources

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- NAMI Maryland. (2024). http://namimd.org/
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National Resources

Brain Injury

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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 Justice, Office of Justice Programs, Bureau of Justice Assistance. (n.d.). *Criminal court assessment tool: Veterans-Short Screen (VET-S).* https://bja.ojp.gov/doc/veterans-short-screen.pdf
- US Department of Veteran Affairs (n.d.). *Welcome to VA.gov.* https://www.va.gov/

Appendices

Appendix A

Primary Care Coalition. (2022). *HIPAA cheat sheet: Disclosing PHI to law enforcement.*

Appendix B

Primary Care Coalition. (2022). *HIPAA cheat sheet for behavioral health.*

Appendix C

State of Maryland Active Assailant Interdisciplinary Work Group (AAIWG). (n.d.). *Release of medical information authorization template.*

Appendix D

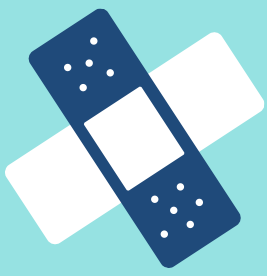
State of Maryland Active Assailant Interdisciplinary Work Group (AAIWG). (n.d.). *Release for coordination of care authorization template.*

HIPAA CHEAT SHEET: DISCLOSING PHI TO LAW ENFORCEMENT

DO I HAVE TO DISCLOSE PHI IF A LAW ENFORCEMENT OFFICIAL REQUESTS IT?

The law does not require you to provide information or take actions simply because law enforcement has asked you to do so. It is your responsibility to comply with HIPAA and patient privacy laws; it is not law enforcement's responsibility.

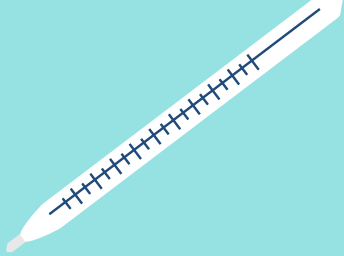
WHEN AM I REQUIRED TO RESPOND TO LAW ENFORCEMENT PHI REQUESTS?



There are very limited instances in which you will need to respond to law enforcement immediately: 1) A valid search warrant (determine if valid), or 2) a crime is in progress.

Even with a valid search warrant, law enforcement may allow time for counsel to be contacted. A valid search warrant should typically: (1) Have the signature of a judge or magistrate; (2) have a date in close proximity to the date it is executed (usually 10 days); (3) have the correct address; and (4) be accurate and specific about what is to be seized.

WHEN AM I ALLOWED TO SHARE PHI WITH LAW ENFORCEMENT?



You may disclose patient information to law enforcement with the individual's signed HIPAA authorization. You also may disclose patient information to anyone, including law enforcement, if you make a professional determination that immediate disclosure is necessary to provide for the patient's emergency health care needs or to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public.

We are permitted to share patient information for select law enforcement purposes, but only certain information and with the potential requirement that we provide prior notice to the patient:

- To identify or locate a fugitive, suspect, material witness, or missing person;
- To respond to a request about a victim of a crime (with the victim's consent);
- To comply with certain administrative requests (such as requests from oversight agencies for medical records);
- To meet any mandated reporting requirements; and
- To respond to a lawful order, subpoena, warrant, etc.

Remember that undocumented patients have rights, including under HIPAA and many other laws.

QUESTIONS?

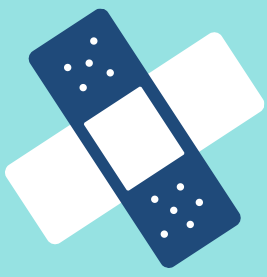
Contact the Organizational Integrity Team at OIP@adventisthealthcare.com.

HIPAA CHEAT SHEET FOR BEHAVIORAL HEALTH

CAN I SHARE PROTECTED HEALTH INFORMATION WITH SOMEONE WHO IS NOT COVERED BY HIPAA?

Yes, under certain circumstances. HIPAA allows health care providers to disclose the minimum necessary protected health information (PHI), including behavioral health PHI, for treatment purposes to any health care or social service provider--including those that are not covered by HIPAA.

HIPAA also permits a covered health care provider to disclose the minimum necessary PHI to a third party, such as a homeless services provider or the Local Behavioral Health Authority, which are involved in the health care coordination or management of an individual.



For example, a primary care provider may send a copy of an individual's medical record to a specialist who needs the information to treat the individual. A hospital may send a patient's health care instructions to a nursing home to which the patient is transferred.

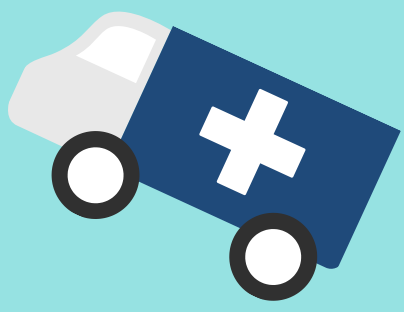
DO I NEED PATIENT PERMISSION TO SHARE PHI?

No, not always. Covered entities--including health care providers, insurance plans, and health care clearinghouses--are allowed to disclose the minimum necessary PHI for treatment purposes without obtaining a patient's authorization. This is sometimes referred to as "the treatment exception." "Treatment" means the provision, coordination, or management of health care and related services among health care or third party providers, consultation between providers regarding a patient, or a referral from one health care provider to another.

Health care providers are also allowed to disclose information directly relevant to an individual's involvement with care to a family member or individual close to the patient if:

- The patient has had the opportunity to object and did not or the provider reasonably infers that the patient does not object; <u>OR</u>
- In the professional opinion of the health care provider, a clear and significant risk of death or imminent serious injury or harm to a patient or recipient exists.

QUESTIONS?



Contact Max Siegel, Holy Cross Health's Integrity and Compliance Officer, at: max.siegel@holycrosshealth.org

Sources:
https://www.hhs.gov/hipaa/for-professionals/faq/3008/does-hipaa-permit-health-care-providers-share-phi-individual-mental-illness-third-party-not-health-care-provider-continuity-care-purposes/index.htmlody text
https://homeless.lacounty.gov/wp-content/uploads/2018/08/HIPAA-and-AB-210-QA_APPENDIX-B.pdf
https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-treatment-payment-health-care-operations/index.html
https://www.hhs.gov/sites/default/files/ocr/privacy/hipaa/understanding/special/emergency/final_hipaa_guide_law_enforcement.pdf

How to Use this Document:

This document is a template and should be modified to fit the specific needs of each jurisdiction, as appropriate. Please place the text of this document on your organization's letter head or another appropriate template. Highlighted text appears in brackets throughout the document [Update text] and should be removed and replaced with the appropriate information for your jurisdiction.

Release of Medical Information Authorization

Name: _____ Date of Birth: _____

I hereby authorize the [Insert organization/agency name] to disclose to and obtain from (NAME OF AGENCY/PERSON):_____ the following information:

Records and/or documentation of mental health, medical, substance use, legal, social history, diagnosis, medications, attendance or participation in treatment, results of psychological and educational testing, information pertaining to and participation in treatment program, prognosis and recommendations based on specific needs.

For the purpose of: facilitating treatment recommendations, referrals and coordination of care.

- I understand that the information authorized for release may contain substance use, psychiatric, HIV testing or results, or AIDS information.
- I understand that the information used, disclosed, or obtained under this Authorization Form may be subject to re-disclosure by the person(s) or facility receiving it and would then no longer be protected by federal privacy regulations.
- I have the right to refuse to sign the Authorization Form. **If signed, I have the right to revoke the authorization, in writing, at any time.** I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocations may not affect those actions.
- I understand that once the information is released, the [Insert organization/agency name], cannot prevent the recipient from further disclosing the information.
- I understand that this consent automatically expires in one year from the date it is signed, with the exception of:
    - Criminal justice referrals which shall be valid until 30 days following the final disposition; or
    - Residents of a nursing home, which shall be valid until revoked, or for any time period specified in the authorization.

PROHIBITION ON REDISCLOSURE:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part2). The Federal rule prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by writing a consent to the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rule restricts any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Updated [Insert Date]

Signature of Consumer _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Witness: _____ Date: _____

How to Use this Document:

This document is a template and should be modified to fit the specific needs of each jurisdiction, as appropriate. Feel free to use the text of this document on your organization's letter head or another appropriate template. Highlighted text appears in brackets throughout the document [Update text] and should be removed and replaced with the appropriate information for your jurisdiction.

Release for Coordination of Care Authorization

This form should be updated annually

Name: _____ Date of Birth: _____

The purpose of this form is to allow me to choose how my services are coordinated. I understand that this is my decision to make and that I can change my mind. If I change my mind, I need to make a written request to cancel this consent. This request will go to the agency or program's Medical Record or Health Information Department for processing. I also understand that I can ask a staff member to assist me with this process. If I have a legal guardian, my guardian may sign or cancel this consent on my behalf.

By checking yes, I am allowing these providers to communicate, and exchange information needed to coordinate and continue care, treatment and services. If I check no, I do not want the information exchanged with that provider.

Yes	No	Provider/Agency Name	Yes	No	Provider/Agency Name
❒	❒	**Crisis Response System Services:** including mobile visits, phone contacts, interventions	❒	❒	**Shelters:** [Insert shelter names]
❒	❒	**[Insert jurisdiction] Core Service Agency**	❒	❒	**Mental Health Provider:** [Insert major mental health providers]
❒	❒	**Police Department:** [Include State and local entities]	❒	❒	**Residential Rehabilitation Program:** [Insert names]
❒	❒	**Fire Department:** [Include county and municipalities as appropriate]	❒	❒	**Case Management/Psychiatric Rehabilitation Program:** [Insert names]
❒	❒	**Hospitals:** [Insert names of regional hospitals]	❒	❒	**Developmental Disabilities Association**
❒	❒	**Emergency Contact:**	❒	❒	**[Insert Jurisdiction] Department of Aging**
❒	❒	**[Insert Jurisdiction] Department of Health**	❒	❒	**[Insert Jurisdiction] Department of Social Services**
❒	❒	**[Insert Jurisdiction] State's Attorney**	❒	❒	**School:**
❒	❒	**Maryland Office of the Public Defender**	❒	❒	**[Insert Jurisdiction] Department of Juvenile Services**
❒	❒	**Crisis Beds:** [Insert names]	❒	❒	**Detention Facilities:** [Insert names]
❒	❒	**SUD Provider**: [Insert names]	❒	❒	**[Insert Jurisdiction] Parole, Probation & Pretrial**
			❒	❒	**Secret Service, Federal Bureau of Investigation, National Security Agency**
❒	❒	**SUD Housing:** [Insert names]	❒	❒	**Other:**

Updated [Insert Date]

INFORMATION REGARDING THE ABOVE-NAMED INDIVIDUAL FOR THE PURPOSE OF:

Coordination of Care and Entitlement Eligibility

INFORMATION RESTRICTED TO: Attendance, services received, adherence with recommendations, diagnosis, medications and side effects (if clinically necessary) with individual treatment plans, testing results, applications, previous providers, treatment plans, discharge summaries, and after care plans.

This permission expires automatically at the end of one year unless otherwise stated but may be revoked by the patient's written request at any prior time except to the extent that action has been taken on it. Parent or legal guardian must sign in the case of a minor child (under age 16 for outpatient mental health services and under 18 for other medical and health services) unless an otherwise minor child is emancipated, or permission is not necessary due to protection under the Minor Right Law.

BEFORE SIGNING - PLEASE READ CAREFULLY AND ASK QUESTIONS IF YOU HAVE ANY:

Patient/Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Agency Completing This Form: _____ Date: _____

Release Valid Through: _____