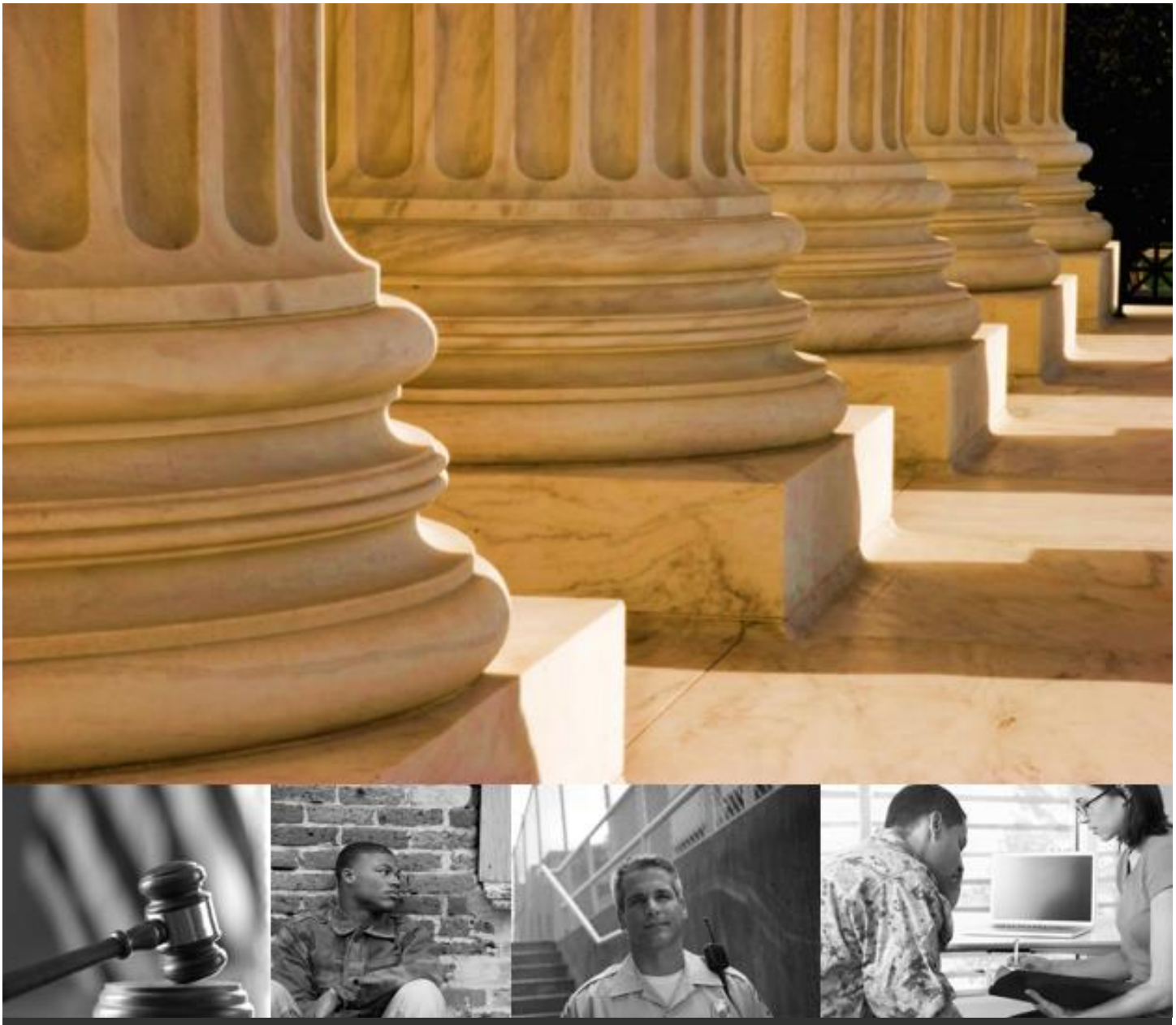

Sequential Intercept Model Mapping Workshop Report

Prince George's County, Maryland

April 2021

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Prepared by SAMHSA's GAINS Center

Policy Research Associates, Inc.

ACKNOWLEDGEMENTS

This report was prepared by Kathleen Kemp, Arnold Remington, and Maureen McLeod of Policy Research Associates, Inc., which operates the Substance Abuse and Mental Health Services Administration's (SAMHSA) GAINS Center for Behavioral Health and Justice Transformation. SAMHSA's GAINS Center wishes to thank Prince George's County, MD stakeholders for organizing and participating in this effort.

RECOMMENDED CITATION

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation. (2021). *Sequential intercept model mapping report for Prince George's County, MD.* Delmar, NY: Policy Research Associates.

Contents

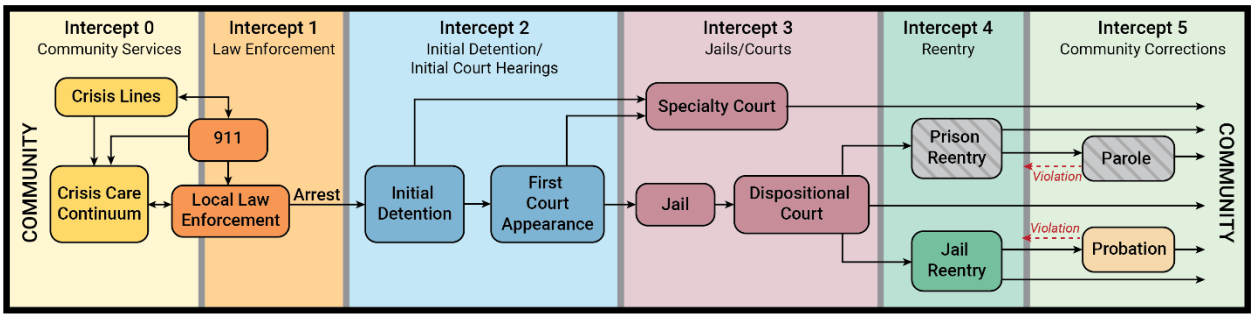
Background

The Sequential Intercept Model (SIM), developed by Mark R. Munetz, M.D. and Patricia A. Griffin, Ph.D.,[1] provides a conceptual framework for jurisdictions interested in exploring the intersection of behavioral health and criminal justice, assessing available resources, identifying gaps in services, and conducting strategic planning. These activities are best accomplished by a diverse cross-system group of stakeholders from the behavioral health and criminal justice systems including mental health and substance use treatment providers, law enforcement and other first responders, courts, jails, community corrections, social service agencies, housing providers, people with lived experience, family members, and many others.

SIM Mapping is a process that results in the development of a map that illustrates how people with mental and substance use disorders enter and move through the criminal justice system. Through the process, facilitators and participants identify opportunities for linkage to treatment and other support services, and for prevention of further penetration into the criminal justice system.

SIM Mapping has three primary objectives:

1. The development of a comprehensive picture of how people with mental and substance use disorders enter and move through the criminal justice system along six distinct intercept points: (0) Community Services, (1) Law Enforcement, (2) Initial Detention and Court Hearings, (3) Jails and Courts, (4) Reentry, and (5) Community Corrections.
2. Identification of resources, gaps in services, and opportunities at each intercept for individuals in the target population.
3. The development of priorities for change and strategic action plans.



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

Introduction

Since 1995, SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, which is operated by Policy Research Associates, has worked to expand access to services for adults with mental and substance use disorders who are involved or at risk for involvement in the criminal justice system. The GAINS Center is supported by SAMHSA to focus on five primary areas:

- Criminal justice and behavioral health services and supports
- Criminal justice and behavioral health systems change
- Courts and judicial leadership
- Peer support and leadership development
- Trauma-informed care and responses

In November 2020, the GAINS Center released a national solicitation for applications from jurisdictions interested in SIM Mapping Workshops. Prince George's County applied for and was awarded a SIM Mapping Workshop.

On April 1, 2021, the GAINS Center met with a group of behavioral health and criminal justice system stakeholders from Prince George's County virtually. GAINS Center staff delivered a presentation on the SIM and facilitated discussions focused on identifying:

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

The discussions focused on all intercepts. The GAINS Center captured information about the resources, gaps in services, and opportunities, and reviewed them with participants at the conclusion of the meeting. Following the initial meeting, the GAINS Center coordinated a voting process to allow community stakeholders to prioritize the list of identified gaps in services.

On April 7, 2021, the GAINS Center met with the same group of stakeholders to review the results of the voting process and to discuss the group's priority areas. GAINS Center staff also facilitated the development of strategic action plans that outlined next steps for beginning to address the top priority areas.

The following report was developed based on information captured during these meetings as well as additional information obtained from stakeholders throughout the process.

Agenda (Part I)

Sequential Intercept Model Mapping Workshop (Part I)

Prince George's County, Maryland

April 1, 2021
9:00 a.m. – 4:00 p.m. Eastern Time

AGENDA

9:00 a.m. – 9:30 a.m.	**Registration and Networking**
9:30 a.m. – 9:40 a.m.	**Welcome and Opening Remarks**
9:40 a.m. – 10:00 a.m.	**Introductions**
10:00 a.m. – 10:30 a.m.	**Sequential Intercept Model Presentation**
10:30 a.m. – 10:45 a.m.	**Break**
10:45 a.m. – 12:30 p.m.	**Concurrent Focus Groups** • Intercepts 0/1 • Intercepts 2/3 • Intercepts 4/5
12:30 p.m. – 1:30 p.m.	**Lunch**
1:30 p.m. – 2:45 p.m.	**Concurrent Focus Groups - Continued**
2:45 p.m. – 3:00 p.m.	**Break**
3:00 p.m. – 3:55 p.m.	**Facilitation Discussion of Priority Areas and Voting**
3:55 p.m. – 4:00 p.m.	**Closing and Next Steps**

Agenda (Part II)

Sequential Intercept Model Mapping Workshop (Part II)

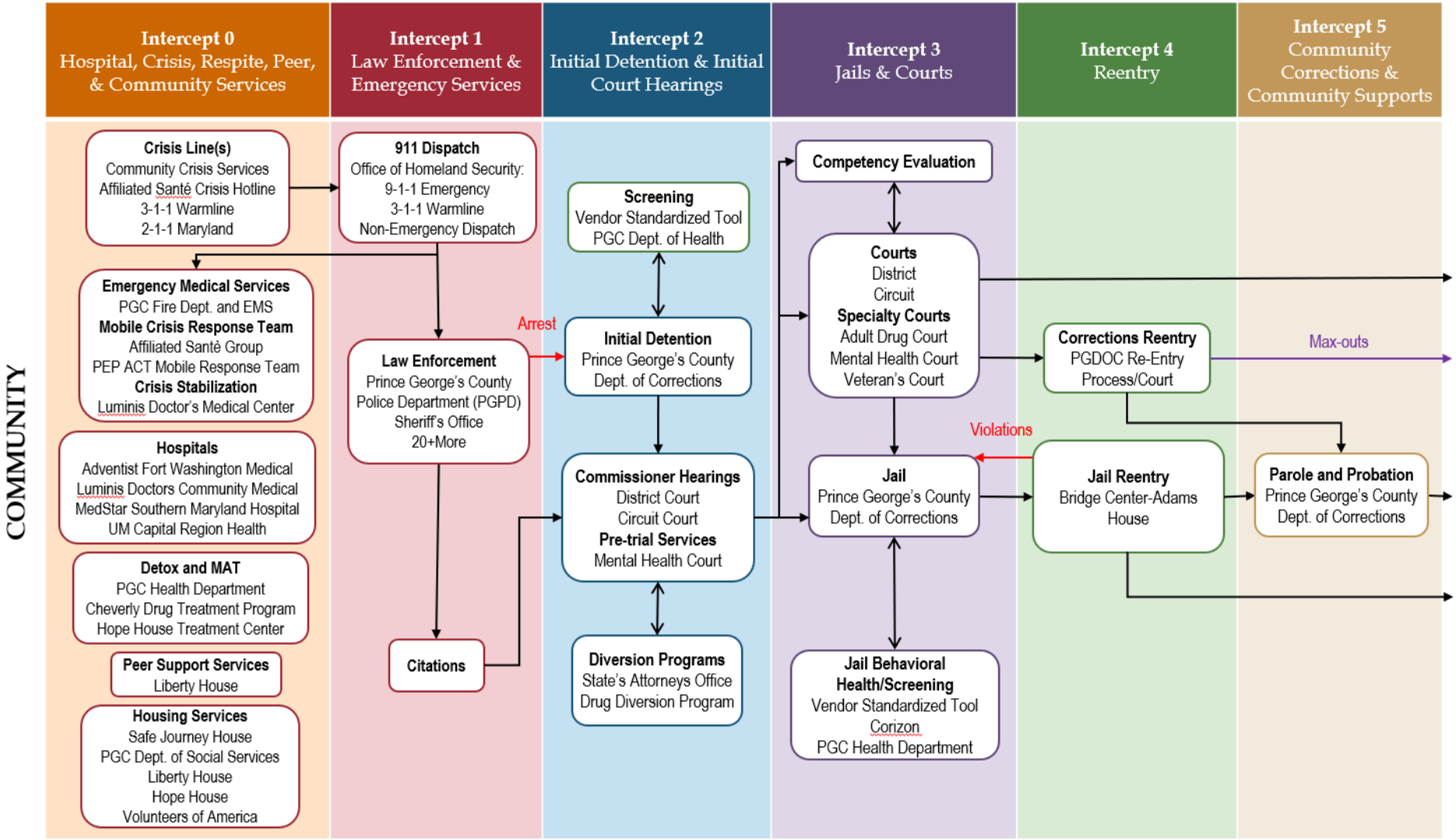
Prince George's County, Maryland

April 7, 2021
1:00 p.m. – 5:00 p.m. Eastern Time

AGENDA

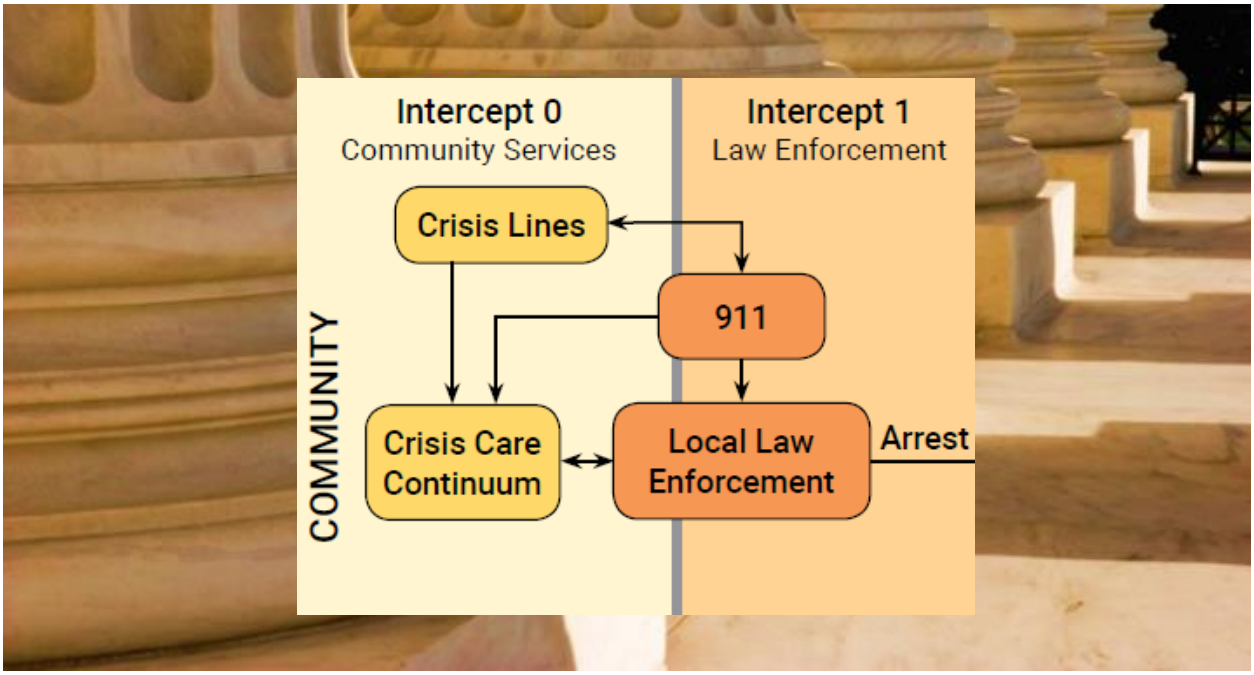
1:00 p.m. – 1:15 p.m.	**Registration and Networking**
1:15 p.m. – 1:30 p.m.	**Roll Call**
1:30 p.m. – 1:45 p.m.	**Community Updates**
1:45 p.m. – 2:15 p.m.	**Review/Discuss Gaps, Voting Process, Priority Areas, and Group Discussion**
2:15 p.m. – 2:20 p.m.	**Strategic Action Planning Overview**
2:20 p.m. – 2:30 p.m.	**Break**
2:30 p.m. – 3:45 p.m.	**Strategic Planning (Priority #1)**
3:45 p.m. – 5:00 p.m.	**Strategic Planning (Priority #2)**
5:00 p.m.	**Closing and Next Steps**

Sequential Intercept Model Map for Prince George's County, Maryland



Resources and Gaps at Each Intercept

The development of a SIM map is the centerpiece of this process. As part of the mapping process, the facilitators work with the participants to identify resources and gaps in services at each intercept. This is important since the behavioral health and criminal justice systems and services are ever changing, and the resources and gaps in services provide contextual information for understanding the SIM map. Moreover, this catalog can be used by planners to establish greater opportunities for improving public safety and public health outcomes for people with mental and substance use disorders by addressing the gaps in services and building on existing resources.



INTERCEPT 0/1

COMMUNITY SERVICES AND LAW ENFORCEMENT

INTERCEPT 0/1 RESOURCES

General

The Office of Homeland Security (OHS) is the overarching agency that incorporates critical emergency response agencies, including: 9-1-1, 3-1-1, and non-emergency dispatch. The OHS maintains accreditation with the International Academy of Emergency Dispatch. Within OHS, the Public Safety Behavioral Health Alliance advances mental health preparedness training to assist individuals in Prince George's County with mental and behavioral health crises.

- The 9-1-1 Center is operated 24/7/365 and is to be used for reporting crimes in progress and life-threatening situations.
- The 3-1-1 call line is available weekdays 7 a.m.-7 p.m. for general information about PGC government programs and services. Officers can request mobile crisis co-response from dispatch.
- Non-Emergency Dispatch (301) 352-1200 is available 24/7 to report incidents that requires the non-emergency dispatch of Police, Fire, EMS, or Sheriff's Office personnel.

Crisis Lines

Community Crisis Services, Inc. (CCSI) is a non-profit community call center linking Prince George's County residents to services such as safe shelter programs and various treatment providers. CCSI also takes calls for reports of child abuse and neglect and started a 2-1-1 pilot call center for Maryland state.

*Both CCSI and 9-1-1 have 24/7 phone bank translation services and have bilingual staff available with proficiency in Spanish, French, and Mandarin.

The Affiliated Santè Group is a non-Profit behavioral health and emergency response service. Affiliated Santè hosts the Prince George's County Crisis Services' Crisis Hotline (301) 429-2185 and a line dedicated to Substance Use referrals (301) 298-2628 ext.3100.

The Affiliated Santè Group, Prince George's Crisis Services call center, operates 24/7/365. All calls are screened by mental health counselors to assess danger. Calls are then triaged to urgent care, mobile crisis, or in-home intervention. Participants noted there is limited cross training among law enforcement agencies and across crisis response services.

2-1-1 Maryland is a statewide information line that connects state residents to health and human services including housing and shelter, mental health, substance use, domestic violence, and healthcare.

People Encouraging People (PEP) is a non-profit resource hub for clinical services, rehab, residential services, employment services, and other services and supports.

- Assertive Community Treatment (ACT) is a mobile response team for substance abuse treatment. 301-429-8950

Mobile Crisis Services

Affiliated Santè Group Mobile Crisis Team is led by a two-person professional mental health team. The Mobile Crisis Team operates 7 days a week between 10:00 a.m. and 1:00 a.m. The team receives about 9,000 calls per year. All calls are dispatched by 9-1-1, law enforcement radio, or operations center.

Law Enforcement, Fire and Emergency Medical Services

Prince George's County Police Department (PGPD) is the fourth largest PD in the state with 1,475 sworn officers as of March 1, 2021. Although there is no municipal police department with a formal Crisis Intervention Team (CIT) in the county, all new officers now receive 40 hours of CIT training (workshop participant estimated that 60 officers have training). CIT training for police officers in the county is provided by the Affiliated Santè Group and includes a module on Traumatic Brain Injury (TBI). PGPD is currently making efforts to have all officers trained in Mental Health First Aid. It was reported that PGPD recently received funding to increase training on mental health.

The Sheriff's Office in Prince George's County began a CIT training program in 2017 and currently has over 100 deputies trained; however, due to COVID-19, the program has been suspended. The Sheriff's Office links directly to the crisis response team after contact and is responsible for serving the emergency/prescribed care petitions. Almost all officers are trained in naloxone administration.

The Prince George's County Health Department organizes training on overdose response and has started providing training on naloxone to PGPD and other agencies. The state does provide naloxone. Additionally, there is a Harm Reduction team run by an independent provider that carries Narcan. Although there have been discussions, this team does not currently collaborate with police.

Prince George's County has approximately 31 municipal police departments as well as the University of Maryland PD and National Park Police.

Hospitals and Crisis Stabilization Units
Luminis Health Doctors Community Medical Center provides a network of medical and surgical services including emergency services. In 2021, Luminis will be adding urgent care, a 16- bed psychiatric hospital unit, and a residential withdrawal management unit.

MedStar Southern Maryland Hospital Center is a research and full health facility with services including urgent care, behavioral health, mental health. Medstar provides inpatient substance use recovery treatment in a 24-bed unit, in addition to running an outpatient Partial Hospitalization Program (PHP).

University of Maryland Capital Region Health facility is a training hospital with services including behavioral health, emergency services and primary care. UMD Prince George's Hospital Center Inpatient Unit is a short-term (about a week) inpatient care, however the unit does not provide detoxication services and new admissions (voluntary or involuntary) must be medically stable.

Adventist Fort Washington Medical Center is a faith-based health organization based in Gaithersburg, MD. Services include mental health, home health, and urgent care. They also have an emergency psychiatric unit within their emergency department.

Detox and Withdrawal Management
Prince George's County Health Department's Cheverly Drug Treatment Program, located in Cheverly, MD, provides a MAT program for persons with opioid use disorders.

Hope House Treatment Center is an inpatient and outpatient substance abuse center. Services include a 3-to-10-day detoxification program. Chemical assistance (such as suboxone and buprenorphine) is available.

Community-Based Treatment, Support Services and Housing
Safe Journey House is a community-based residential program. Medicaid, Medicare, and uninsured clients are accepted. Facilities are located in Hyattsville, Gaithersburg, Waldorf, and Ellicott City.

Prince George's County Department of Social Services connects residents to countywide services and programs through in-person and online interactions.

Liberty House, located in Clinton MD, is a treatment home for those overcoming addiction.

Hope House: See prior description for Detox and Withdrawal Management Program.

Volunteers of America is a Behavioral Health Services organization located in Lanham, MD. Services include Psychiatric Rehabilitation Program, Residential Rehabilitation Program, and Community Empowerment Initiative Program.

PEP Psychiatric Rehabilitation Services is a multiservice hub for structured psychiatric rehabilitation programs in Maryland. For more information, call 410-764-8560.

Peer Support Services
For purposes of the SIM, "peers" are identified as individuals who have lived experience within the criminal justice system and with accessing resources and programs provided by agencies across the SIM.

Prior to COVID-19, Liberty House ran a "ride along" program where peers would ride with responders to known overdose addresses. The status of this program is unknown.

Data

Throughout the workshop, data collection and information sharing were ongoing concerns across intercepts. A workshop participant provided background on DataLink, a data system recently restarted by the Administrative Service Organization. As reported, DataLink obtains a daily feed of arrest data and then would forward clinical history to the jail medical staff. There was a conversation around the potential to expand the program to include another clinical group, such as a Crisis Response Team; however, it was noted this would take continued discussion and coordination.

Separately, there is a new tracking initiative moving forward that will collect police response data upon first contact. Participants agreed it would be helpful to include a checkbox or dropdown box specifically signaling mental health concern on the records management system. Hyattsville PD offered a template on how they are operationalizing the dropdown box.

INTERCEPT 0/1 GAPS

Training/Crisis lines/Crisis Response

A general concern across intercepts 0 and 1 was that there is limited cross training among law enforcement agencies and across crisis response services. Although informal co-response can be requested by officers at the time of dispatch, there are no operational co-responder programs. During this conversation, a participant suggested using the Harm Reduction Team or developing a formal CIT team.

Similarly, the community does not have a Forensic Assertive Community Team (FACT) in the County.

Law Enforcement

Workshop participant stated there is no formal Crisis Intervention Team (CIT) department in Prince George's County, but CIT training is available for new officers. Similarly, there is no Law Enforcement Assisted Diversion (LEAD) program in the County, although the State is urging the initiative and the County is interested in establishing a local program.

Due to the expanse of the County and the quantity of municipalities (over 30) within Prince George's County, there are many coordination challenges with law enforcement. During the workshop it was suggested that a coordinating body for police departments should be created to address this gap.

Peer Support

Workshop participants agreed there is a gap in community peer support programing generally and, more specifically, in crisis response. There is a clear need to develop strategies for involving people with lived experience in planning, implementation, and evaluation of criminal justice and behavioral health programs and services. A potential barrier was raised citing compensation challenges for peer support specialists and others providing peer support. A workshop participant recommended using the Liberty House peers to a greater extent.

Hospital and Mental Health Care
In general, participants expressed gaps around interagency communication and psychiatric care bed capacity. Specifically, participants cited the statewide lack of available beds for involuntary care or emergency petitions. Related to involuntary care were issues surrounding incomplete paperwork, which results in a person being released despite needing care.

On this topic, participants identified several gaps surrounding continuity of care. Specifically, a participant stated there were no defined roles of the agencies (hospital, emergency responder, law enforcement), specifically identifying the handoff procedures.

Other gaps noted pertained to facilities, funding, and personnel. There is no stabilization center (voluntary or involuntary) in Prince George's County to provide early intervention in mental health crises. Similarly, there are not enough withdrawal management centers in the county to meet the need.

The Affiliated Santè Group Mobile Crisis Team links with care facilities to follow-up, bridge medication and other services. However, SIM workshop participants report statewide issues of lack of available beds for involuntary commitments or behavioral health inpatient care.

Housing
Unmet needs for affordable housing and emergency housing were raised as important community gaps. A workshop participant reported on the status of housing accessibility in Prince George's County with county data. First, the average rent in the County is 150% of the monthly Social Security Income (SSI) payment. Second, the participant reported that, of those who qualified for emergency housing, only 37% were able to access services.

Other housing gaps mentioned during the workshop were:

- Insufficient housing options that accept persons with severe mental health needs.
- Not enough housing vouchers to meet the need.
- Limited health care coverage for persons receiving services from the homeless program
- Not enough transitional housing or permanent/affordable/supportive housing options.

Policy
Coding ordinances differ across municipalities, creating barriers to Opioid Treatment Providers (OTPs). Similarly, the county limits on single occupancy residence (SOR) contribute to the housing barriers already listed.

Employment
Resources are needed to promote employment and employability of individuals returning to the community, including those with mental and substance use disorders.

Data/Information Sharing
There is clear need to increase interagency communication. The following are examples of the data concerns workshop participants raised:

- Minimal data on initial calls to 911

- Data sharing and HIPAA
- Data matching across locations: regarding high utilizers
- Loss of Datalink
- Lack of data on known and unknown racial and ethnic disparities regarding access to care (substantial population of Medicare ineligible individuals)

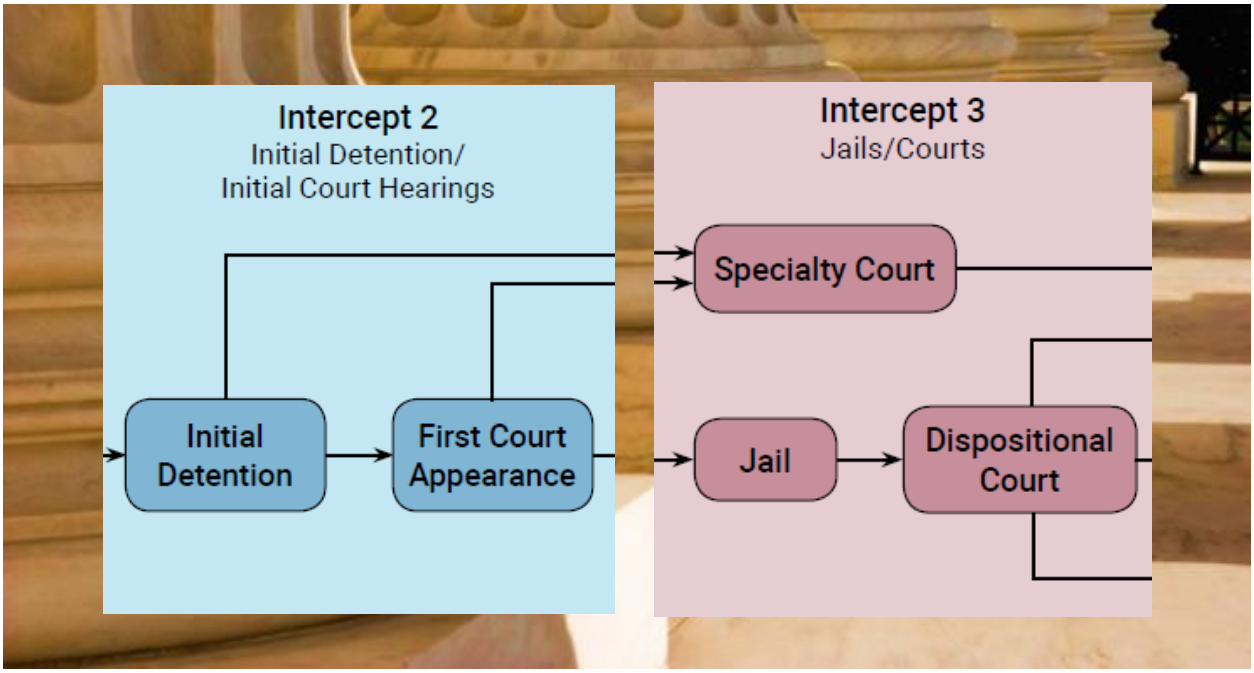
Workshop participants reported that County Law Enforcement do not have the links to follow up on cases or directly connect to services. However, it was noted that a multi-agency team had created a guidebook on local resources and recommended that guidebook be updated and more widely distributed.

Another concern raised around data was the challenge around identifying people booked into the jail who may be in jeopardy of losing eligibility for certain benefits due to length of time in the jail. The community needs a process for monitoring length of time in jail and communication between jail, attorneys, judges, social services, and community providers.

Participants recognized preliminary work needed to be done before data concerns could be fully addressed. Such as needing to assess current resources and gaps and to clarify the policies and processes for information sharing across agencies.

INTERCEPT 0/1 OPPORTUNITIES

Expand access to State Care Coordination to facilitate client access to social benefit programs.



INTERCEPT 2/3

INTERCEPT 2/3 RESOURCES

Initial Detention and First Court Appearances

Commissioner Hearings

Following arrest and booking, a person being charged for a criminal offense appears before a Commissioner, a non-judicial officer, who oversees initial appearances in District Court and Circuit Court. The appointment of defense counsel, advisement of rights, and decisions about pre-trial release (ROR or RUS) or detention are typically rendered at this time. Persons released back into the community are scheduled for follow up proceedings. Currently, as a result of COVID-19 restrictions, individuals who are released following an initial appearance are not always provided with a subsequent court date at the Commissioner Hearing.

Pre-trial Diversion Initiatives

There is a Drug Diversion Program that is coordinated through the State's Attorney's Office and can be requested by either defense counsel or prosecutorial staff. There was no one available during the workshop to provide additional information about this opportunity.

Detention

Detention services are provided by the Prince George's County Department of Corrections. It was reported that, during 2020, approximately 17,000 persons were booked, more than half (56%) of whom were detained.

Screening
During booking, there is universal screening for mental health, substance use disorders, trauma histories, traumatic brain injury, and veteran status. The results of these screens are reported on the pretrial fact sheet and are available to judges and other court personnel.

Staff training
Jail personnel receive training on mental health issues (provided by the Department of Health), CIT (provided by Affiliated Santè Group), substance use disorders, TBI, de-escalation skills, trauma, and Naloxone administration.

Jail-based treatment and programming
Both physical and mental health care services are provided by Corizon Health. It was reported that approximately one-third (31%) of detainees were prescribed medications.

Treatment for substance use disorders is provided by the Prince George's County Department of Health. Participants reported that, upon jail admission, 17% of individuals screened positive for intoxication, and that one-third of these persons were also determined to have co-occurring mental health issues. MAT is a treatment option in the jail.

Competency to Stand Trial
Maryland's existing CST statute requires prompt evaluations, prompt admissions to hospitals and prompt returns to court upon restoration. Applications for competency evaluation can be requested by defense counsel, prosecution, or pre-trial services. This evaluation may take place in detention or in an out-patient setting (if client has been released into the community). The wait time between referral and evaluation was estimated to be approximately 2 weeks. If deemed incompetent, with potential for restoration, the client is transferred to the state hospital for in-patient restoration services. Upon restoration, District Court clients are returned to the criminal justice system and frequently enrolled in the Mental Health Court (see below).

Pre-plea Treatment Courts in Prince George's County
Referrals to the District Court's Mental Health Court can be offered by judges, defense counsel, pre-trial services, and community treatment providers. Persons returning to court following competency restoration may also be referred for participation. In addition to the presiding judge, the treatment court team includes representation from defense, prosecution, case management, community corrections, National Association for Mental Illness (NAMI), and the Health Department. The program has no stated minimum or maximum length but was observed to be more than 1 year.

Dispositional Courts in Prince George's County
District Courts serve as the trial courts of limited jurisdiction. Criminal actions for low-level offenses can be resolved by judicial determination. There are no juries in this court. Eligible criminal cases include motor vehicle/boat violations, misdemeanors, and limited felonies (those carrying potential penalties of less than 3 years incarceration).

Circuit Courts serve as the trial courts of general jurisdiction. Eligible criminal cases include, but are not limited to, felonies carrying potential penalties of 3 or more years of incarceration and offenses involving domestic violence.

Post-plea Treatment Courts
There are several post-plea treatment courts available to persons with substance use disorders in Prince George's County.

Adult Drug Court in District Court – Judge Lisa Hall Johnson currently presides over this treatment court for persons charged with low-level offenses and experiencing a substance use disorder. Referrals are frequently submitted at bail review hearings. Those accepting the referral enter a guilty plea and are sentenced to probation, a condition of which is completion of the 3-phase Drug Court program. MAT is a treatment option and involves medication (no methadone) and talk therapy. The Department of Health facilitates transportation to treatment providers via the provision of taxi tokens. In response to COVID-19 restrictions, video conferencing has replaced in-person court appearances.

Adult Drug Court in Circuit Court – This treatment court coordinates and oversees services and supports for persons charged with non-violent felony offenses and experiencing substance use or co-occurring disorders. Persons charged with arson, homicide, or sexual assault are not eligible. Participants enter a plea of guilty and are sentenced to probation, a condition of which is completion of the 4-phase Treatment Court program. The length of program completion was estimated to span a range of 18 months – 5 years. MAT is a treatment option and involves medication (no methadone) and talk therapy. The Department of Health facilitates transportation to treatment providers via the provision of taxi tokens. In response to COVID-19 restrictions, video conferencing has replaced in-person court appearances.

Veterans Court in Circuit Court – This treatment court provides services and supports for veterans who have been charged with non-violent felony offenses and are experiencing substance use or co-occurring disorders. Court staff work closely with the VA, a representative of which serves as a Court team member. With a stated capacity of 50 clients, it was reported that the number of referrals is substantially lower. Treatment court programming mirrors that of the Adult Drug Court in the Circuit Court.

INTERCEPT 2/3 GAPS

Initial Appearance
As a result of the COVID-19 pandemic, individuals who are released following initial appearance are not always provided with a court date at the time of the Commissioner Hearing, which may contribute to an increase in failures to appear.

Pre-plea Diversion
Prince George's County is lacking diversion options for low-level individuals with housing insecurity.

Competency Restoration
Decreased bed capacity at psychiatric hospitals has resulted in delays in the transfer of persons found not competent to stand trial (CST) from jail to in-patient treatment beds.

There is a significant need for the development of a post-restoration step-down facility to facilitate the successful return of restored individuals to the criminal justice system.

Transportation for Treatment Court Participants
Access to transportation for persons enrolled in Treatment Courts, particularly for those outside of the Beltway, is insufficient. Current efforts to facilitate access to transportation for persons enrolled in Treatment Courts (taxi tokens, DOH taxi service) need to be expanded.

Employment/Housing
Resources are needed to further promote employment and employability of citizens returning to the community. Safe, stable, and affordable housing is a significant gap across the continuum of care and across all types of housing assistance.

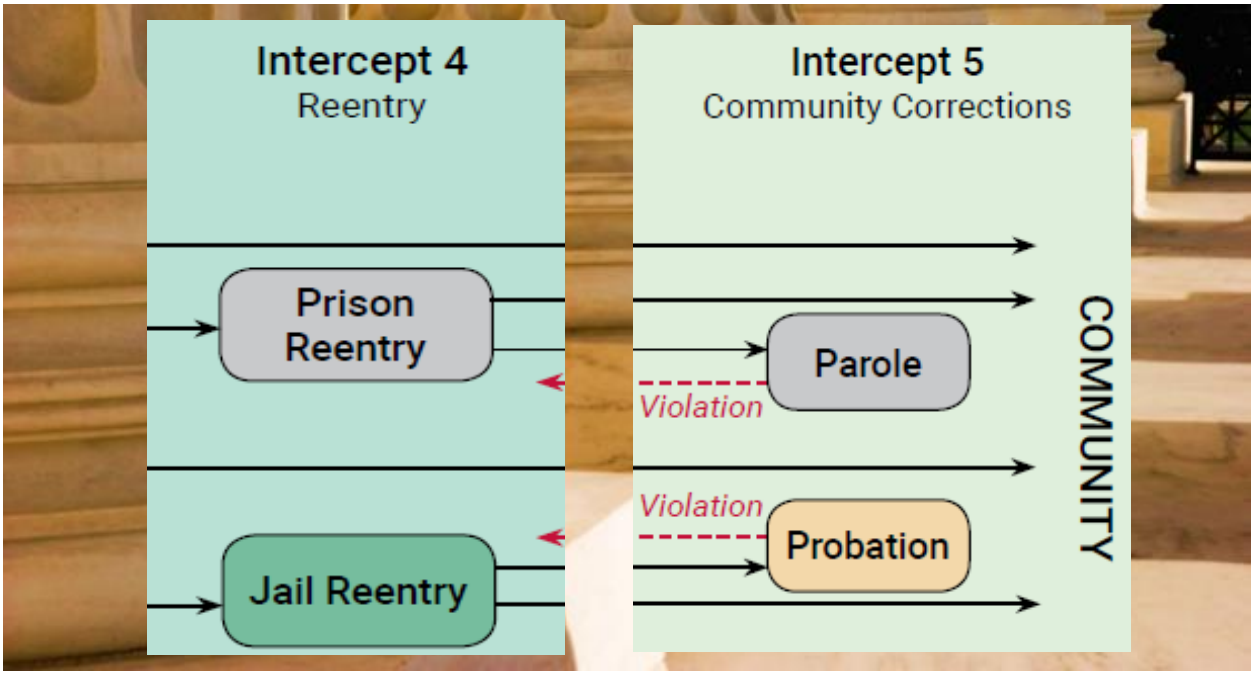
Peers
Peers are insufficiently represented in the planning, implementation, and evaluation of criminal justice and behavioral health programs and services. Additionally, where utilized, certified peer specialists are not compensated well.

INTERCEPT 2/3 OPPORTUNITIES

Responses to Persons with Housing Insecurity
Options for low-level individuals experiencing housing insecurity can be enhanced by developing a partnership between the Commissioner's Office and Housing and Homelessness Outreach programs. This partnership would benefit from the addition/expansion of mail-drop services, increased capacity for street outreach, and enhancement of intensive case management team personnel and supports.

Pre-plea Diversion
Opportunities for diversion can be promoted through the development and utilization of a data-driven mechanism by which judges are provided critical real-time information about a client's potential loss of social benefits at the time of bail review or preliminary hearing.

Veterans Treatment Court
At present, this court is not being effectively utilized. There is an opportunity to lessen this gap by more effectively linking the Department of Corrections to the Veterans Reentry Search Service (VRSS) database.



INTERCEPT 4/5

REENTRY AND COMMUNITY CORRECTIONS

INTERCEPT 4/5 RESOURCES

General

The Prince George's County Corrections Department oversees pre-trial defendants and inmates sentenced with 18 months or less. According to the 2019 annual report, the capacity of the department is just over 1,500 individuals.

Patuxent Institution, located in Jessup, MD, is the nearest detention facility with designated inpatient psychiatric beds.

Reentry

During the Prince George's County Department of Corrections (DOC) Re-entry Process, DOC screens all individuals after intake for reentry needs. They have an MOU locally for end of sentence for individuals with 12 months or less left on their state sentence to be transferred to the local facility. Individuals with substance use disorders and/or co-occurring mental health disorders are referred to the Health Department for clinical reentry case management.

The Bridge Center at Adam's House provides case management and peer support. The Bridge Center is an inter-agency collaboration (Departments of Social Services, Family Services, and Corrections) working with community partners to provide holistic assistance to Prince George's County residents reentering the community (including those who are formerly incarcerated, veterans, and youth 18-24). All others are provided reentry case management through DOC.

The Department of Social Services has a presence at the Bridge Center and, prior to COVID-19, would assist individuals with benefit applications and help homeless residents obtain official copies of birth certificates.

Re-Entry Court is a voluntary, supervised, sanction and incentive-based court program. The target population includes incarcerated individuals with substance use or mental health disorders.

Other reentry pathways are Drug Court, MH Court, and "Back on Track," a pilot reentry program for juveniles.

Probation/Parole

The Maryland Department of Public Safety & Correctional Services (DPSCS) Parole & Probation Division is a combined statewide agency. There are 45 agents, each of whom has approximately 80-130 active individuals on their caseloads. There are Special Agents for Domestic Violence (6) and Sex Offenses (13), each carrying roughly 45-50 active cases. Specialty agents receive targeted training in these areas.

Probation & Parole Division utilizes the Level of Service Inventory-Revised (LIS-R) as its primary screening and assessment measure.

Probation & Parole will link individuals with the Bridge Center for reentry services; however, there are little to no financial supports available.

Community Supports

Prior to COVID-19, the Prince George's County Health Department provided direct services and case management. Now these services are being provided via telehealth.

QCI Behavioral Health Consulting Group, LLC provides a range of mental health and community care services. In Prince George's County, QCI offers group therapy, homeless programs, mobile treatment services, outpatient mental health services, and other services.

Vocational

GED services with specialty courts – Adults/Juveniles

Employ Prince George is a web-based workforce development organization connecting individuals to jobs and local employers to potential employees.

Peers

Reentry – (See link and information above in "Reentry" section) Prior to COVID-19, there was an Offender Clinical Case Manager that would connect with housing units and conduct various assessments (S/A, Risk/Needs).

People Empowering People is a non-profit behavioral healthcare corporation focused on providing services to people in Baltimore and surrounding communities. The Prince George's County Office can be reached at 301-429-8950.

On Our Own is a statewide peer-operated behavioral health advocacy and education organization.

Housing

Assistance for community Integration Services (ACIS) is the Prince George's County program providing services to high utilizers of Medicaid. The program includes a housing component

Mission of Love Charities is a non-profit human services organization. Program services include financial assistance to low-income individuals experiencing homelessness.

The Rock-Ward Center for Mental Health and the Homeless is a QCI Behavioral Health program which provides mental health services to individuals experiencing homelessness.

(Also see "Housing" in Intercept 0/1 Resources)

Veterans
The Bridge Center at Adam's House: (see link and information in Reentry section): A workshop participant stated the Bridge Center has resources and programs for Veterans.

The Regional Homeless Veterans Friendship Place, based in Washington, DC, provides community-based based housing services. *

Operation Renewed Hope is a national non-profit organization focused on providing housing and services to homeless Veterans. *

* Neither Regional nor Operation explicitly serve Prince George's County residents. Workshop participants introduced them as possible housing resources for veterans in the community.

INTERCEPT 4/5 GAPS

In general, the gaps raised in the 4/5 breakout echoed those previously raised. Specifically, there were concerns around:

- Data collection and information sharing and its impact on the continuity of care
- Peer support programs and availability of reentry programs
- Staffing concerns including staff turnover, not having enough licensed professionals, and needing multi-lingual staff
- Transitional and permanent housing resources

Priorities for Change

The priorities for change identified gaps in services that are listed in descending rank order below, as prioritized through a voting process. The voting took place in April 2021 with 40 participants voting.

1. Increase crisis response capacity including the creation of a co-responder program, enhancing mobile crisis team capacity, establishing CIT team, and plan for linkage to future stabilization services planned in the county. **(60% voted as a top 3 priority)**
2. Develop plan to address complex housing needs, including but not limited to, transitional housing, treatment housing, emergency shelters, voucher programs, and affordable housing in general. **(45% voted as a top 3 priority)**
3. Increase number of voluntary and involuntary mental health beds to address mental health crisis in the county. **(45% voted as a top 3 priority)**
4. Develop a HIPAA compliant information sharing process across intercepts and synchronize data collection procedures across intercepts where possible. **(25% voted as a top 3 priority)**
5. Increase recruitment and hiring of qualified providers (social work, psychiatry, psychology) at every intercept and increase recruitment of multilingual staff. **(25% voted as a top 3 priority)**
6. Revive and improve the jail in-reach and direct services to assist people reentering the community from the jail, specifically addressing inconsistencies around providing medications at the time of release. **(20% voted as a top 3 priority)**

7. Increase cross training among crisis response and law enforcement. **(12.5% voted as a top 3 priority)**
8. Engage individuals with lived experience in the planning, implementation, and evaluation of criminal justice and behavioral health programs and services and increase the community peer support programing across intercepts in the county. **(12.5% voted as a top 3 priority)**
9. Address the challenge of coordinating law enforcement across 30+ municipalities by establishing a law enforcement coordinating body for the county. **(10% voted as a top 3 priority)**
10. Enhance pre- and post-crisis services and coordination including hospital discharge planning and consideration of Forensic Assertive Community Treatment team. **(10% voted as a top 3 priority)**
11. Address obstructive policies such as zoning ordinances that deter opiate treatment providers (OTPs), social policies that limit eligibility criteria for medical benefits, and housing codes that limit single occupancy residences (SORs) to 5. (10% voted as a top 3 priority)
12. Establish a police diversion department such as LEAD at Intercept 1. **(7.5% voted as a top 3 priority)**
13. Examine agency work environments (workload, staffing, pay, management) to address issues of high staff turnover. **(7.5% voted as a top 3 priority)**
14. Increase access to behavioral health services for Medicare ineligible individuals through the expansion of FQHCs. **(7.5% voted as a top 3 priority)**
15. Develop a procedure for tracking people in jail who may be in jeopardy of losing eligibility for benefits due to length of time in the jail and a process for monitoring and communicating that information between jail, attorneys, judges, social services, and community providers. **(2.5% voted as a top 3 priority)**
16. Create and maintain a virtual training library that can be accessed on-demand by cross-system stakeholders. **(0% voted as a top 3 priority)**

Strategic Action Plans

Priority Area 1: Increase crisis response capacity including the creation of a co-responder program, enhancing mobile crisis team capacity, establishing CIT team, and plan for linkage to future stabilization services planned in the county.				
Objective		Action Steps	Who	When
1.	To improve understanding of situation and to enhance communication/collaboration at the **First Contact** (dispatch, 911, 311, 988 already in existence) Considerations: capacity of response teams *Prioritize data due to size challenges and funding barriers Parking lot: Establish a CIT team	Identify the already established protocols for information sharing across dispatch. (guardian and warrior roles) And training (trauma informed, MH, etc.)	Anya Makarova with Char (911), Tim Jansen, the 311 person? (Jennifer Hawkins?)-Alison Mendoza-Walters	May/June
		Specify/define the call/codes and who is responsible for response (Law enforcement, medical, behavioral health, community services). *See: Data synchronization*	Rene Pope, data driven justice group, RMS workgroup(meets on Tuesdays), Christine Wiseman, (Wayne McBride?) Donna? Guy Merritt, Dr. Shaw	Start Date: Summer 2021 (July)
		Map the entry points for 0/1 intercept (consider the Denver model). Assess public knowledge-use depends on awareness of available resources	Dr. Shaw, Tim, James Drake	
		Mapping what 'is' and analyzing why it is. Identifying where the vulnerabilities are in the workflow from crisis to stabilization. (accounting for levels county/municipality) *See Mapping the Service Flow*	Marcel, Adriene Augustus, Anya, Barbara Banks-Wiggins, PGPD, Renee(continuum of care)	
2.	**Data Synchronization**: identifying data points of desired outcomes (for data driven evaluation)	Reverse engineering an effective data collection strategy-identifying what is needed	Rene Pope, James Drake	
		Utilize data to obtain investors** (creating a meaningful narrative)		
		Outcomes		
3.	**Mapping the Service Flow** (Data Utilization)	Aligning the resources and needs based on the data Difference in 'readiness' across municipalities (i.e. CIT in PD) and across agencies (i.e. fire)		
		Trauma Informed Response and access to trainings (MH, CIT, continuing ed, TBI training) across crises response (dispatch, PD, fire, EMS) *consider the effects of COVID-19 on availability/completion of training	?, Christine Wiseman, Anastasia Edmonston	Start: June
		Conduct a lived experience focus group/qualitative assessment	ACIS group, NAMI, MD coalition of families, on our own	

Priority Area 2: Information sharing: developing a HIPAA compliant procedure and tracking process of those in jail and at risk of losing eligibility to benefits. Synchronize data collection across the intercepts.				
Objective		Action Steps	Who	When
1.	Shared (crisis system agencies) Identification of the information wanted. (e.g., Bridge Center biopsychosocial assessment along with ROIs)	Poll agencies (what is being collected and what is missing/what is needed depending on the need of the individual) …**Request copy of agency intake forms**	Barbara, Elizabeth, James	June
		Specify who needs access to what and for what purpose (across intercept: different levels of access needed, judge vs medical) …**Create a list of names**	Guy Merritt, Elizabeth, Alison	June 1
		Utilize prior data sharing agreements to advance objective.	***See Priority Area 2***	
2.	Coordinate 'hand-offs' by tracking/sharing background data	Establish consent protocols for data sharing. Also, balance consent vs safety issues (where one supersedes the other)		
		Create a resource tool (SOP or chart)	Marcel	
		Develop 'subgroup' strategy for divvying out information as needed (specifically for acute crisis response) AND Clarify service eligibility and access pathways for the benefit of the individuals served Include peers in data sharing (WRAP, advance directives)	Peer support, John Summerlot, Eugenia, James, Eric Brookes, public safety, hospital/Marcel	Start: June 1
3.	**Identifying technologies for data** storage and collection and access *considerations: cost (re: health information exchange systems where levels of access are controlled. CRISP)	Identify established systems (review datalink-no longer in use), CRISP-hospital/medical *See Priority 1: Data Synchronization*	Guy Merritt? Barbara Banks-Wiggins, John Summerlot, RMS/County Stat,	December
		Address barriers to data access (how/who can mine the information)		

Quick Fixes and Opportunities

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 only minimal investment of time and little, if any, financial investment. Yet quick fixes can have a significant impact on the trajectories of people with mental and substance disorders in the justice system.

Diversion

- Opportunities for diversion can be promoted through the development and utilization of a data-driven mechanism by which judges are provided critical real-time information about a client's potential loss of social benefits at the time of bail review or preliminary hearing.
- Navigators Diversion program was identified as an opportunity for discussions about diversion opportunities with the Public Defender and judges.
- Devise a data-driven mechanism by which police or co-responders are provided critical real-time information about a client's history of behavioral health concerns.

Training

- Create a library of virtual trainings that can be accessed on-demand by cross-system stakeholders. (The 911 Center hired a psychologist to lead their training efforts and may be a resource).

Housing

- Options for low-level individuals experiencing housing insecurity can be enhanced by developing a partnership between the Commissioner's Office and Housing and Homelessness Outreach programs. This partnership would benefit from the addition/expansion of mail-drop services, increased capacity for street outreach, and enhancement of intensive case management team personnel and supports.

Recommendations

General
Address cross intercept communication at all intercepts. Knowledge is power and, when resources are scarce, knowledge is critical. Engage different contact points for obtaining information on persons with justice involvement. These points of contact should include the emergency room, crisis teams, law enforcement, jail booking and release, attorneys, judges, and other points across the Sequential Intercept Model.

Some information gets passed along while other information does not. With confidentiality limitations and other resource limitations, it would be beneficial as a system to review what information is needed and create a process for that information to follow the individual. This is not about comprehensive data but rather capturing and sharing relevant data (e.g., the person has walked out of treatment 3 times or the person has funding for an apartment but is missing the deposit.) at various intercepts.

This knowledge can be crucial in creating a diversion opportunity and can be managed by a document or an advocate (case manager or peer) that is assigned to the individual at the initial point of contact. Thinking in the terms of diversion versus handing off to the next step in the process creates opportunities to intervene and reduce future contacts with these individuals in prior intercepts.

Diversion
Increase diversion options for low-level individuals with housing insecurity by developing a partnership between the Commissioner's Office and Housing and Homelessness Outreach programs. This partnership would benefit from the promotion of mail drop services, increased capacity for street outreach, and enhancement of intensive case management team.

Increase diversion opportunities by devising a data-driven mechanism by which judges are provided critical real-time information about a client's potential loss of social benefits at the time of bail review or preliminary hearing

Competency Restoration
Explore opportunities for the creation of a post-restoration step-down facility to facilitate the successful return of restored individuals to the criminal justice system

Utilization of Veterans Treatment Court
Increase the utilization of Veterans Treatment Court by more effectively linking the Department of Corrections to the VRSS database.

Social Benefits
Expand access to State Care Coordination to facilitate client access to social benefit programs.

Agency Staffing/Training
Explore the creation and maintenance of a library of virtual trainings that can be accessed on-demand by cross-system stakeholders.

Transportation
Explore options for expanding access to transportation for persons in need of behavioral health care.

Housing
Explore funding and zoning options to decrease barriers for safe/affordable housing options within the county and to increase access to emergency shelter and transitional housing.

Peers
Develop strategies to better involve persons with lived experience in planning, implementation, and evaluation of criminal justice and behavioral health programs and services across the intercepts.

Explore options for securing funding to more fairly compensate certified peer specialists that provide behavioral health and criminal justice supports and services.

Resources

Competence Evaluation and Restoration

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

Crisis Care, Crisis Response, and Law Enforcement

- National Association of State Mental Health Program Directors. Crisis Now: Transforming Services is Within our Reach.
- National Association of Counties. (2010). Crisis Care Services for Counties: Preventing Individuals with Mental Illnesses from Entering Local Corrections Systems.
- Abt Associates. (2020). A Guidebook to Reimagining America's Crisis Response Systems.
- Urban Institute. (2020). Alternatives to Arrests and Police Responses to Homelessness: Evidence-Based Models and Promising Practices.
- Open Society Foundations. (2018). Police and Harm Reduction.
- Center for American Progress. (2020). The Community Responder Model: How Cities Can Send the Right Responder to Every 911 Call.
- Vera Institute of Justice. (2020). Behavioral Health Crisis Alternatives: Shifting from Policy to Community Responses.
- National Association of State Mental Health Program Directors. (2020). Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies.
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- R Street. (2019). Statewide Policies Relating to Pre-Arrest Diversion and Crisis Response.
- Substance Abuse and Mental Health Services Administration. (2014). Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies.
- Substance Abuse and Mental Health Services Administration. (2019). Tailoring Crisis Response and Pre-Arrest Diversion Models for Rural Communities.
- Substance Abuse and Mental Health Services Administration. (2020). Crisis Services: Meeting Needs, Saving Lives.

    - Substance Abuse and Mental Health Services Administration. (2020). National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit.
- Crisis Intervention Team International. (2019). Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises.
- Suicide Prevention Resource Center. (2013). The Role of Law Enforcement Officers in Preventing Suicide.
- Bureau of Justice Assistance. (2014). Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions.
- International Association of Chiefs of Police. One Mind Campaign: Enhancing Law Enforcement Engagement with People in Crisis, with Mental Health Disorders and/or Developmental Disabilities.
- Bureau of Justice Assistance. Police-Mental Health Collaboration Toolkit.
- Policy Research Associates and the National League of Cities. (2020). Responding to Individuals in Behavioral Health Crisis Via Co-Responder Models: The Roles of Cities, Counties, Law Enforcement, and Providers.
- International Association of Chiefs of Police. Improving Police Response to Persons Affected by Mental Illness: Report from March 2016 IACP Symposium.
- Optum. (2015). In Salt Lake County, Optum Enhances Jail Diversion Initiatives with Effective Crisis Programs.
- The Case Assessment Management Program (CAMP) is a joint effort of the Los Angeles Department of Mental Health and the Los Angeles Police Department to provide effective follow-up and management of selected referrals involving high users of emergency services, abusers of the 911 system, and individuals at high risk of death or injury to themselves.

Brain Injury

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

Housing

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

- Corporation for Supportive Housing. Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health.
- Substance Abuse and Mental Health Services Administration. (2015). TIP 55: Behavioral Health Services for People Who Are Homeless.
- National Homelessness Law Center. (2019). Housing Not Handcuffs 2019: Ending the Criminalization of Homelessness in U.S. Cities.

Information Sharing/Data Analysis and Matching

- Legal Action Center. (2020). Sample Consent Forms for Release of Substance Use Disorder Patient Records.
- Council of State Governments Justice Center. (2010). Information Sharing in Criminal Justice-Mental Health Collaborations: Working with HIPAA and Other Privacy Laws.
- American Probation and Parole Association. (2014). Corrections and Reentry: Protected Health Information Privacy Framework for Information Sharing.
- The Council of State Governments Justice Center. (2011). Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism.
- Substance Abuse and Mental Health Services Administration. (2019). Data Collection Across the Sequential Intercept Model: Essential Measures.
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- Data-Driven Justice Initiative. (2016). Data-Driven Justice Playbook: How to Develop a System of Diversion.
- Urban Institute. (2013). Justice Reinvestment at the Local Level: Planning and Implementation Guide.
- Vera Institute of Justice. (2012). Closing the Gap: Using Criminal Justice and Public Health Data to Improve Identification of Mental Illness.
- New Orleans Health Department. (2016). New Orleans Mental Health Dashboard.
- The Cook County, Illinois Jail Data Linkage Project: A Data Matching Initiative in Illinois became operational in 2002 and connected the behavioral health providers working in the Cook County Jail with the community mental health centers serving the Greater Chicago area. It quickly led to a change in state policy in support of the enhanced communication between service providers. The system has grown in the ensuing years to cover significantly more of the state.

Jail Inmate Information/Services

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

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

- American Society of Addiction Medicine. Advancing Access to Addiction Medications.
- American Society of Addiction Medicine. (2015). The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.

- ASAM 2020 Focused Update.
- Journal of Addiction Medicine. (2020). Executive Summary of the Focused Update of the ASAM National Practice Guideline for the Treatment of Opioid Use Disorder.

- National Commission on Correctional Health Care and the National Sheriffs' Association. (2018). Jail-Based Medication-Assisted Treatment: Promising Practices, Guidelines, and Resources for the Field.
- National Council for Behavioral Health. (2020). Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit.
- Substance Abuse and Mental Health Services Administration. (2019). Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings.
- Substance Abuse and Mental Health Services Administration. (2019). Medication-Assisted Treatment Inside Correctional Facilities: Addressing Medication Diversion.
- Substance Abuse and Mental Health Services Administration. (2015). Federal Guidelines for Opioid Treatment Programs.
- Substance Abuse and Mental Health Services Administration. (2020). Treatment Improvement Protocol (TIP) 63: Medications for Opioid Use Disorder.
- Substance Abuse and Mental Health Services Administration. (2014). Clinical Use of Extended-Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide.
- Substance Abuse and Mental Health Services Administration. (2015). Medication for the Treatment of Alcohol Use Disorder: A Brief Guide.
- U.S. Department of Health and Human Services. (2018). Facing Addiction in America: The Surgeon General's Spotlight on Opioids.

Mental Health First Aid

- Mental Health First Aid. Mental Health First Aid is a skills-based training course that teaches participants about mental health and substance-use issues.
- Illinois General Assembly. (2013). Public Act 098-0195: Illinois Mental Health First Aid Training Act.
- Pennsylvania Mental Health and Justice Center of Excellence. City of Philadelphia Mental Health First Aid Initiative.

Peer Support/Peer Specialists

- Policy Research Associates. (2020). Peer Support Roles Across the Sequential Intercept Model.
- Department of Behavioral Health and Intellectual disability Services. Peer Support Toolkit.
- University of Colorado Anschutz Medical Campus, Behavioral Health and Wellness Program (2015). DIMENSIONS: Peer Support Program Toolkit.
- Local Program Examples:
  - People USA. Rose Houses are short-term crisis respites that are home-like alternatives to hospital psychiatric ERs and inpatient units. They are 100% operated by peers.
  - Mental Health Association of Nebraska. Keya House is a four-bedroom house for adults with mental health and/or substance use issues, staffed with Peer Specialists.
  - Mental Health Association of Nebraska. Honu Home is a peer-operated respite for individuals coming out of prison or on parole or state probation.

- MHA NE/Lincoln Police Department REAL Referral Program. The REAL referral program works closely with law enforcement officials, community corrections officers and other local human service providers to offer diversion from higher levels of care and to provide a recovery model form of community support with the help of trained Peer Specialists.

Pretrial/Arraignment Diversion

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

Procedural Justice

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

Racial Equity and Disparities

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- The W. Haywood Burns Institute. Reducing Racial and Ethnic Disparities: A NON-COMPREHENSIVE Checklist.
- National Institute of Corrections. (2014). Incorporating Racial Equality Into Criminal Justice Reform.
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Reentry

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- Substance Abuse and Mental Health Services Administration. (2016). Reentry Resources for Individuals, Providers, Communities, and States.
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- The Council of State Governments Justice Center. (2009). National Reentry Resource Center

- Community Oriented Correctional Health Services. Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies.
- Washington State Institute of Public Policy. (2014). Predicting Criminal Recidivism: A Systematic Review of Offender Risk Assessments in Washington State.

Screening and Assessment

- Substance Abuse and Mental Health Services Administration. (2019). Screening and Assessment of Co-occurring Disorders in the Justice System.
- The Stepping Up Initiative. (2017). Reducing the Number of People with Mental Illnesses in Jail: Six Questions County Leaders Need to Ask.
- Center for Court Innovation. Digest of Evidence-Based Assessment Tools.
- Urban Institute. (2012). The Role of Screening and Assessment in Jail Reentry.
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Sequential Intercept Model

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

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

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

- The online SOAR training portal.
- Information regarding FAQs for SOAR for justice-involved persons.
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Telehealth

- Remington, A.A. (2016). 24/7 Connecting with Counselors Anytime, Anywhere. National Council Magazine. Issue 1, page 51.

Transition-Aged Youth

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

Trauma and Trauma-Informed Care

- SAMHSA. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.
- SAMHSA. (2014). TIP 57: Trauma-Informed Care in Behavioral Health Services.
- SAMHSA, SAMHSA's National Center on Trauma-Informed Care, and SAMHSA's GAINS Center. (2011). Essential Components of Trauma Informed Judicial Practice.
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Veterans

- SAMHSA's GAINS Center. (2008). Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions.
- Justice for Vets. (2017). Ten Key Components of Veterans Treatment Courts.

Appendices

INDEX

Name	Organization	Title/Position	Key Service Area/Notes	email
Monaude "Mo" Daverne	311		Call center	mdaverne@co.pg.md.us
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Marcel Wright	Adventist Healthare Shady Grove Medical Center	Vice President Behavioral Health Services	Hospital	hmwright@adventisthealthcare.com
Winifred Ridley	Adventist Healthcare Fort Washington Medical Center	Medical Social Worker/Patient Representative	Hospital	wridley@adventisthealthcare.com
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Priority Area Voting for Prince George's County

ANSWER CHOICES	RESPONSES	
Increase crisis response capacity including the creation of a co-responder program, enhancing mobile crisis team capacity, establishing CIT team, and plan for linkage to future stabilization services planned in the county.	70.37%	19
Develop plan to address complex housing needs, including but not limited to: transitional housing, treatment housing, emergency shelters, voucher programs, and affordable housing in general.	44.44%	12
Increase number of voluntary and involuntary mental health beds to address mental health crisis in the county. (including beds for competency restoration)	37.04%	10
Increase recruitment and hiring of qualified providers (social work, psychiatry, psychology) at every intercept and increase recruitment of multilingual staff.	33.33%	9
Develop a HIPAA compliant information sharing process across intercepts (readmission information, high utilizer, and follow-up status) and Synchronize data collection procedures across intercepts where possible (e.g., police/911 behavioral health calls, link DOCS to the VRSS)	29.63%	8
Engage individuals with lived experience in the planning, implementation, and evaluation of criminal justice and behavioral health programs and services and Increase the community peer support programing across intercepts in the county (expand PGH peer support program)	14.81%	4
Enhance pre and post crisis services and coordination including hospital discharge planning and consideration of Forensic Assertive Community Treatment (FACT) team	14.81%	4
Examine agency work environments (workload, staffing, pay, management) to address issues of high staff turnover.	11.11%	3
Revive and improve the jail in-reach and direct services to assist people reentering the community from the jail – specifically address inconsistencies around providing medications at the time of release (7 vs. 30 days, notice of release, and site restrictions on accepted medications)	11.11%	3
Establish a police diversion department such as LEAD at Intercept 1	7.41%	2
Address the challenge of coordinating law enforcement across 30+ municipalities by establishing a law enforcement coordinating body for the county	7.41%	2
Increase access to behavioral health services for Medicare ineligible individuals through the expansion of FQHCs	7.41%	2
Increase cross training among crisis response and law enforcement.	3.70%	1
Address obstructive policies such as zoning ordinances that deter Opiate treatment providers (OTPs), social policies that limit eligibility criteria for medical benefits, and housing codes that limit single occupancy residences (SORs) to 5.	3.70%	1
Develop a procedure for tracking people in jail who may be in jeopardy of losing eligibility for benefits due to length of time in the jail and a process for monitoring and communicating that information between jail, attorneys, judges, social services, and community providers	3.70%	1
Create and maintain a virtual training library that can be accessed on-demand by cross-system stakeholders	0.00%	0
Total Respondents: 27		