Sequential Intercept Model Mapping Report for Washington County, Maryland

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

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This report has been prepared by Rachel Ames and Tatiana Reyes on behalf of the Centers of Excellence. The views expressed by workshop participants do not necessarily reflect the official policies of the Governor's Office of Crime Prevention and Policy, nor does mention of trade names, commercial practices, or organizations imply endorsement by the state of Maryland.

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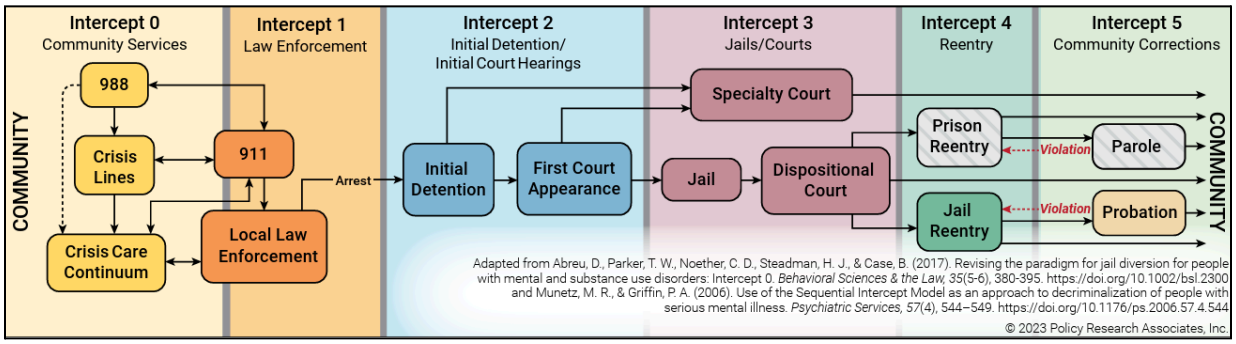
Contents

Background

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

The SIM mapping workshop has three primary objectives:

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



[3]

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

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

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

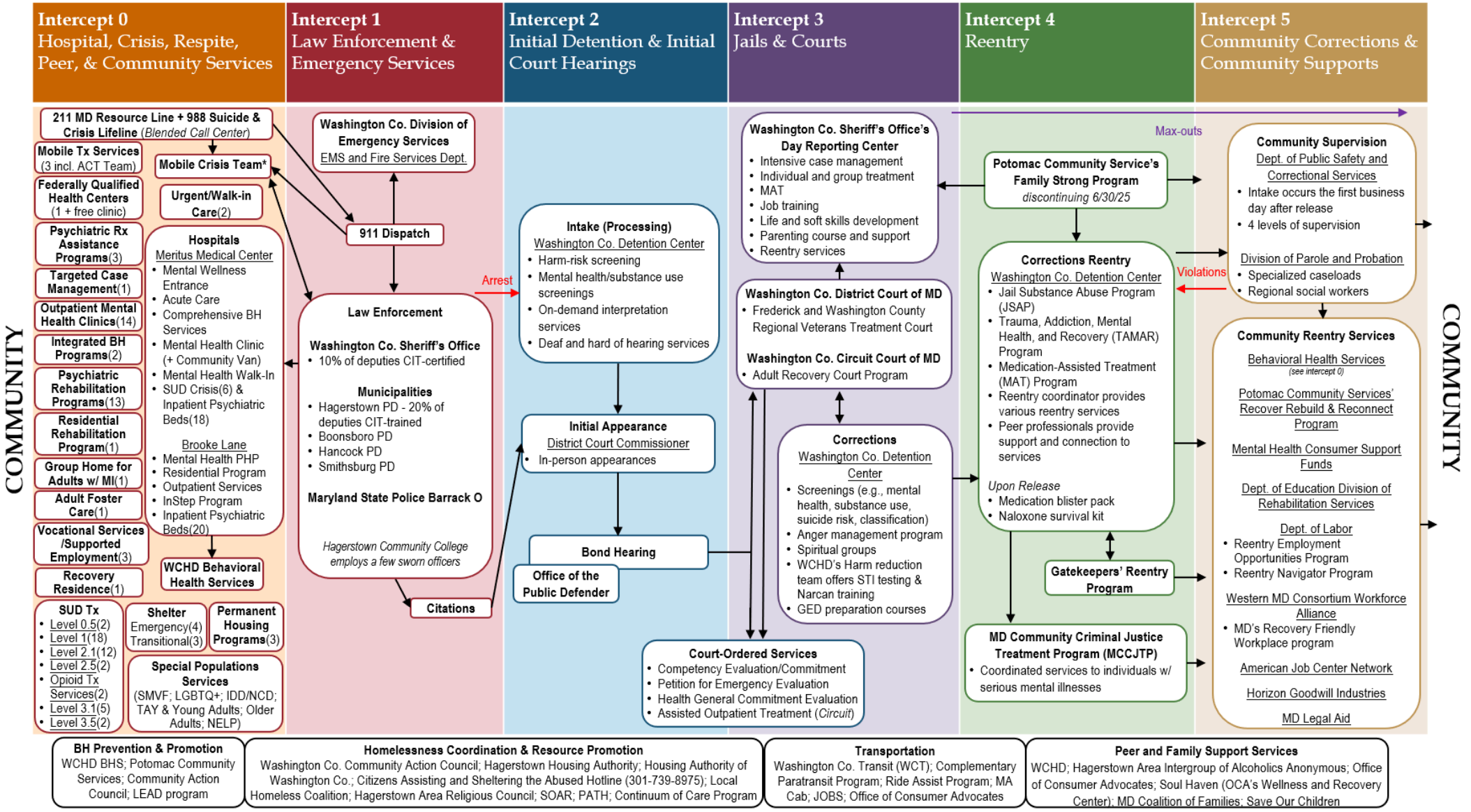
INTRODUCTION

In April 2025, the Centers of Excellence, joined by two trained SIM facilitators, met with a group of stakeholders from the behavioral health and criminal legal systems in Washington County, Maryland, at the Washington County Public Safety Training Center. 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 community support services.
- 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 69.

Sequential Intercept Model Map for Washington County, Maryland



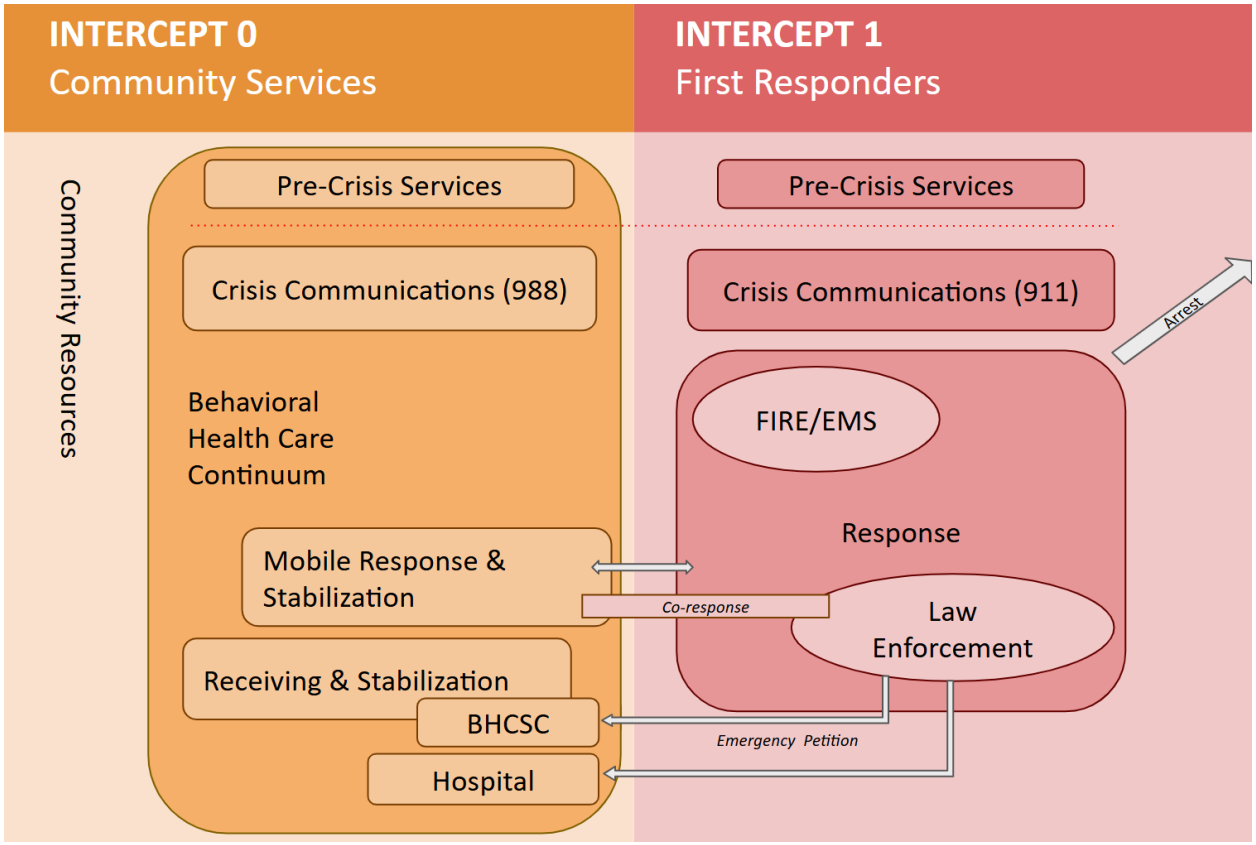
[4]

Resources and Gaps at Each Intercept

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

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

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



Intercept 0 and Intercept 1

Intercepts 0/1 Resources

Community Resources

Washington County is a predominantly rural area in Western Maryland with a population of 154,705 and a significantly lower population density than the state average.[5] It encompasses the city of Hagerstown and the towns of Boonsboro, Clear Spring, Funkstown, Hancock, Keedysville, Sharpsburg, Smithsburg, and Williamsport. Spanning 457.8 square miles, it is the ninth-largest county in Maryland by land area. Washington County shares borders with Allegany and Frederick counties in Maryland, Franklin and Fulton counties in Pennsylvania, Berkeley, Jefferson, and Morgan counties in West Virginia, and Loudoun County, Virginia. The county is less ethnically diverse than the state overall: only 7.8% of residents are foreign-born, compared

[5] Please refer to 2023 American Community Survey 1-year estimates for additional details. https://data.census.gov/profile/Washington_County,_Maryland?g=050XX00US24043

to 17.0% statewide, and just 11.1% speak a language other than English at home, versus the state average of 21.5%. However, several demographic groups are represented at higher rates than the state average, including Veterans (7.9% vs. 6.6%), adults aged 65 and older (18.7% vs. 17.3%), and individuals with disabilities (15.9% vs. 11.6%). The poverty rate in Washington County is also higher than the state average, 11.1% compared to 9.5%, and particularly elevated among minors, at 16.0%.

Coordination: The Washington County Health Department (WCHD) comprises several major divisions (see Appendix B). Within the Behavioral Health division, seven service areas comprising multiple units, initiatives, and programs provide a range of services. These service areas are discussed in further detail in subsequent sections and include (1) the Local Addiction Authority (LAA), (2) Prevention Services, (3) Harm Reduction, (4) Washington Goes Purple, (5) Crisis Services, (6) Peer Support/State Care Program, and (7) Jail Substance Abuse[6] & Trauma, Addiction, Mental Health, and Recovery (TAMAR) Programs.[7]

Maryland's Public Behavioral Health System (PBHS) provides behavioral health services to individuals with behavioral health concerns who have active Medical Assistance ("Medicaid"), are Medicaid-eligible, or are uninsured and meet income limits. In Washington County, two entities act as the designated county authorities responsible for planning, managing, and monitoring the county's publicly funded behavioral health services for individuals in Maryland's PBHS; the Local Addiction Authority (LAA) within WCHD oversees substance use services, while the Washington County Mental Health Authority (WCMHA), the Core Service Agency (CSA), oversees mental health services and maintains an online directory of behavioral health service providers.[8]

Advisory Boards and Commissions: Advisory boards and commissions guide the Board of County Commissioners in identifying specific local needs and reviewing efforts to address them. Washington County has 34 boards and commissions, often including representatives from various community organizations and individuals with lived experience.

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[6] 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.

[7] For more information on the JSAP and TAMAR program, please refer to the "Services" section within the "Detention and Corrections" section of this document.

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

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

Table 1
Transit Services in Washington County, Maryland

Type	Service	Local Context
Bus	Washington County Transit (WCT)	Buses operate on fixed routes from Hagerstown to Funkstown, Halfway, Long Meadow, Maugansville, Robinwood, Smithsburg, and Williamsport. The regular bus fare is $1.25.
	Complementary Paratransit Program	The ADA Complementary Paratransit Service provides curb-to-curb service within ¾ of a mile of WCT's fixed-route system for individuals with disabilities who cannot access fixed-route service. Paratransit fare is $2.00; however, one personal care assistant may accompany a client free of charge.
Taxi	Ride Assist Program	Funded by the Statewide Special Transportation Assistance Program (SSTAP), the Ride Assist program provides subsidized trips via local taxicab companies. Adults aged 60+ and/or individuals with disabilities who cannot utilize the WCT fixed-route buses can apply to purchase reduced-cost taxi vouchers.
Non-Emergency Medical (NEMT)	Medical Assistance Transportation Program ("MA Cab")	Through state/federal grant funding, WCHD contracts with an outside vendor to provide transportation for Medicaid recipients who cannot travel to medical appointments.
Specialized	Job Opportunity Access Program ("JOBS")	WCT operates the JOBS program in partnership with the Washington County Department of Social Services (WCDSS). The JOBS shuttle runs weekdays from 6:00 a.m. to 6:00 p.m. and Saturdays from 7:45 a.m. to 6:00 p.m., providing transportation to and from work for low-income residents outside commuter bus routes. It offers home pick-up/drop-off and daycare stops for participants with children. Applicants must submit weekly work schedules, with priority given to Temporary Cash Assistance (TCA) recipients.

	Wellness and Recovery Center (WRC)	The Office of Consumer Advocates Inc. (OCA), which operates the local WRC Soul Haven, provides transportation for people to attend Soul Haven and other OCA and community appointments.

Note. *Transit services are available within and beyond the county; access to these services varies by location.*

Table 2A
Efforts to Prevent or End Homelessness[9] in Washington County, Maryland

Type	Purpose	Local Context
Local Coordination	A Community Action Agency (CAA) is a local nonprofit organization that offers a range of services and programs to help individuals living in poverty achieve self-sufficiency and economic mobility. These programs are designed to meet the community's unique needs and are delivered in collaboration with local partners. CAAs are primarily funded by federal grants, such as the Community Services Block Grant (CSBG), with additional funding from state and local sources.	The Washington County Community Action Council (CAC) coordinates a spectrum of social and economic mobility services and serves as the county's federally mandated anti-poverty agency.
	Local housing authorities are dedicated to helping community members access safe, affordable, and well-maintained housing.	The Hagerstown Housing Authority (HHA) currently provides housing assistance for approximately 10% of the population of the City of Hagerstown. The Housing Authority of Washington County (HAWC) assists residents outside the city limits.

[9] "Homeless" is a common term used by many shelters, government bodies, and service providers. The terms "houseless" and "unhoused" have arisen in response to the fact that many people who do not live in traditional houses feel that they do have homes in tent encampments, vehicles, or specific spots for sleeping each night.

Local Resource Promotion	Hotlines connect individuals to shelter 24/7.	Citizens Assisting and Sheltering the Abused (CASA) operates a 24-hour shelter hotline (301-739-8975) for use by anyone seeking shelter assistance (not limited to CASA's client population of people affected by intimate partner violence, sexual violence, or sex trafficking); this hotline is fielded by Reach of Washington County ("Reach") volunteers on weekends.
	Coalitions and councils coordinate the efforts of multiple local entities.	The Local Homeless Coalition[10] offers rapid rehousing and outreach services, including a publicly available Homeless Street Guide. This guide connects people to shelters, support drop-in centers, meal/soup kitchens, and hotlines (see the "Resources" section). The Hagerstown Area Religious Council maintains an updated shelter directory.
Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) Outreach, Access, and Recovery (SOAR) Program	The program improves SSI and SSDI application outcomes for adults experiencing homelessness and behavioral health conditions. Through an agreement with the Social Security Administration and the Department of Disability Services, SOAR applicants who are homeless or at risk of homelessness receive an expedited review process, resulting in an 86% cumulative approval rate in Maryland.	The county currently maintains SOAR-trained staff, access to the dedicated SOAR staff in neighboring Frederick County, and a contract with the Maryland SOAR local lead for consultation services and application assistance. The county's program is expanding to include a grant-funded dedicated SOAR specialist in the county for fiscal year 2026.

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

Projects for Assistance in Transition from Homelessness (PATH)	PATH is a grant-funded outreach program for county residents with mental health diagnoses (and possibly co-occurring substance use concerns) who are homeless or at risk of becoming homeless. The program accepts referrals from all sources, including self-referrals, and provides outreach, case management, advocacy, and assistance with housing and SSI/SSDI applications.	The PATH grant runs through the Washington County Mental Health Authority (WCMHA) as the Core Service Agency, which subcontracts this work to Potomac Community Services.
Continuum of Care (CoC) Program [24 CFR part 578]	The federal CoC program fosters a community-wide effort to end homelessness. Funds can be used for projects in five key areas: permanent housing,[11] transitional housing, supportive services, homeless management information system (HMIS), and, in some cases, homelessness prevention.	The Washington County CSA administers the Continuum of Care housing grant (formerly Shelter Plus). Due to reduced funding, the program now serves 18 households, down from 25, with a new target of 19. Through this grant, the county also offers 36 single beds and two family units of permanent supportive housing, operated by Potomac Community Services.

Table 2B
Shelter Options in Washington County, Maryland

Type	Purpose	Local Context
Emergency Shelter	Emergency shelters provide temporary, overnight housing.	The Reach cold weather shelter for adults offers 42 beds (30 for men, 12 for women) and a rapid rehousing (housing first) program for homeless individuals. Shelter is typically available from October through April.

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

		St. John's shelter for families with children offers emergency shelter for up to 60-90 days. Workshop participants report that the shelter is not low-barrier and consistently maintains a waitlist. The Goodwill Youth Shelter offers shelter for youth and young adults, aged 16-24, on an emergency basis. Citizens Assisting and Sheltering the Abused (CASA) provides emergency shelter for survivors and their children fleeing intimate partner violence (IPV), sexual assault, or sex trafficking.
Transitional Shelter	Transitional shelters act as temporary residences with maximum stays ranging from six to 24 months.	The Hope Center at Hagerstown Rescue Mission offers 31 beds to men aged 18+ for up to 30 days. There are an additional 31 residential program beds for participants in a 13-month comprehensive program. The Salvation Army offers 28 beds to women and children (males aged 15 and under) for up to 30 days. The North Point Veterans Program, operated by Sheppard Pratt and funded by a VA grant, is a clinically intensive transitional housing program for homeless male Veterans with a mental health and/or substance use disorder diagnosis. The program provides transitional housing for up to 24 months, focusing on increasing income and securing permanent housing.

Table 2C
Permanent Housing Options in Washington County, Maryland[12]

Type	Description	Local Context
Housing Choice Voucher Program (HCV or "Section 8")	The U.S. Department of Housing and Urban Development (HUD) funds the program to provide rental assistance to income-eligible applicants, helping them access suitable housing or pay a portion	Many clients of the Housing Authority of Washington County (HAWC) qualify for assistance through housing choice vouchers. The Hagerstown Housing Authority (HHA) subsidizes rent for approximately 884 private-market

[12]The Hagerstown Housing Authority and the City of Hagerstown secured a HUD Choice Neighborhoods Initiative grant. The community is embarking on a two-year planning process that can be tracked online.

	of the monthly rent where the family currently lives.	dwellings through the Section 8 Housing Assistance Payments Program and the Housing Choice Voucher Program. HAWC owns or manages over 300 rental units, including apartments for adults and older adults, as well as family homes. HHA currently manages 1,337 dwelling units in 11 communities, including mixed-finance developments. The Hagerstown Housing Authority reports the following waitlists: 3,473 households for the Housing Choice Voucher program; 3,054 for Public Housing (family units) and 444 for Public Housing designated for older adults or adults with disabilities; 3,637 for McCleary Hill (community); 120 for CW Brooks (older adults); and 3,087 for Gateway (community). Please note that some households may be on more than one list, which may result in duplication in the overall count. Voucher recipients and public housing residents can access the Family Self-Sufficiency Program (FSS) through HAWC or HHA. FSS offers up to five years of individual case management to help participants achieve self-sufficiency.
Public Housing Program	Public housing offers decent and safe rental housing for eligible low-income families, older adults, and persons with disabilities. HUD provides federal aid to local housing agencies that manage housing units and offer affordable rents for low-income residents.	

U.S. Department of Housing and Urban Development VA Supportive Housing (HUD-VASH) Program	The program combines HUD's housing choice voucher (HCV) rental assistance with VA case management and support services to help homeless Veterans and their families secure permanent housing. It also connects them to health care, mental health treatment, and other resources to support stability. Unlike traditional voucher programs, applicants with criminal histories or housing authority debt are eligible, except individuals convicted of sexual offenses.	Once issued a voucher, recipients may choose any public market unit. The county reports that 57 out of 59 HUD-VASH vouchers are currently leased, with no individuals on the waitlist.

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

Population	Local Resources
Service Members, Veterans, and Families (SMVF)	Veterans in Washington County can access primary and specialty health care, including mental health services, at the Hagerstown VA Clinic, a local community-based outpatient clinic (CBOC) affiliated with Martinsburg VA Medical Center in West Virginia. Battle Buddy Response Team Inc., a national Veteran-led crisis 501(c)(3) organization dedicated to Veteran suicide prevention, maintains an active crisis-response presence in the community. Through the Supportive Services for Veteran Families (SSVF) program, providers (e.g., Sheppard Pratt and Alliance Inc. in the case of Washington County) help Veterans and their families secure permanent housing. Funded by the U.S. Department of Veterans Affairs, SSVF offers short-term intensive case management, connects families to benefits, and may provide temporary financial assistance for housing or moving expenses. Although Sheppard Pratt's SSVF program will officially close Sept 30, 2025, referrals are still accepted, as the transition plan in place with other Veterans organizations allows for case transfers. The Maryland Department of Health (MDH) Behavioral Health Administration (BHA) oversees Maryland's Commitment to Veterans program, which develops policies, provides direct services, and coordinates

	national, state, and local organizations. It offers referrals, peer support, crisis funding, and training/educational opportunities for providers, peers, first responders, and community partners.
LGBTQ+	Hagerstown Hopes is a local nonprofit that provides advocacy and social programming for members of the LGBTQ+ community. However, the nearest PFLAG (Parents, Families, and Friends of Lesbians and Gays) chapter is located in Frederick County.
IDD/NCD[13]	The Arc of Washington County and Easterseals Adult Day Services offer local adult day services.[14] Residential housing options include the Arc of Washington County and the Human Development Council.
Transition-Aged Youth (TAY) and Young Adults[15]	QCI Behavioral Health and the Mental Health Center offer mobile treatment services (a blend of outpatient treatment and psychiatric rehabilitation services) for youth aged 6-17 with severe emotional disturbances (SED) and adults with serious and persistent mental illness (SPMI) who are unsuccessful with traditional outpatient treatment. Through an agreement with a provider, the Washington County Mental Health Authority has grant funds to support the cost of PRP services for individuals aged 16-25 who are uninsured/do not meet Medicaid criteria.
Older Adults	The Washington County Mental Health Authority employs a Coordinator of Adult and Aging Services who serves as the Regional PASRR (Preadmission Screening and Resident Review) Specialist. This role is designed to help prevent or reduce institutionalization by supporting individuals with behavioral health conditions in the community and by diverting or shortening admissions to nursing facilities.
Non-English Language Preference (NELP)[16]	All government agencies can access interpretation and translation services through LanguageLine Solutions Inc. (866-874-3972), the current contractor, to accommodate diverse language preferences. Additionally, the BHA Office of Suicide Prevention provides grant funding for interpretation services for individuals receiving PBHS services whose first language is not English, including members of the deaf and hard of hearing community.

[13] Intellectual and developmental disabilities (IDDs) are differences that are usually present at birth and uniquely affect the trajectory of an individual's physical, intellectual, and/or emotional development, while neurocognitive disorder (NCD) is a general term describing decreased mental function due to a medical disease other than a psychiatric illness.

[14] 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.

[15] Transition-aged youth (TAY) and young adults include individuals ages 16-25.

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

Supportive Funding: Mental Health Consumer Support, a grant from the Behavioral Health Administration, is a safety net service available to individuals actively engaged in the Public Behavioral Health System. Eligible applicants with mental health disorders, with or without substance use disorders, can request funding for a variety of time-limited needs. These may include rental or utility payments to help maintain permanent housing; emergency, one-time items such as clothing or hygiene products; temporary assistance for certain medications or medical equipment; and time-limited transportation to behavioral health treatment. Other eligible expenses include vital records, basic household goods needed to establish permanent housing, approved educational or employment-related costs, and language interpretive services necessary to access mental health treatment. Ongoing funding requests, such as transportation, must include a sustainability plan that outlines how the individual will continue to receive the service once Mental Health Consumer Support funds are expended.

Reach of Washington County ("Reach") offers crisis services that may include monetary assistance along with referrals. Funding is primarily directed toward eviction prevention, rent deposits, first month's rent, utility deposits, and other housing-related needs. In addition, Reach provides support in securing proof of identity, such as birth certificates and identification cards.

Behavioral Health Continuum of Care

Prevention and Promotion: The Washington County Health Department Division of Behavioral Health provides prevention services, including naloxone training and distribution, infectious disease programming, and educational and awareness activities. The division also leads Washington Goes Purple, a prescription pain medication awareness initiative through the Opioid Operational Command Center; messaging addresses stigma, prescriber outreach, safe storage, and mental health. Harm reduction services are available Monday through Friday from 8:00 a.m. until 4:00 p.m. through the free and confidential Harm Reduction Program, which includes the Syringe Services Program (SSP). Peer recovery services, safer injection equipment, naloxone, fentanyl test strips, wound care items, safer sex items, overdose response connection and outreach, and referrals and access to behavioral health services are offered daily. Other services are available upon request, including "Harm Reduction 101" training, "What You Say Matters" training, trauma training, LEAD referrals (described more below), and testing for infectious diseases (HIV/Syphilis/HCV). Program registration is required, but identification is not necessary for registration.

The health department offers street outreach through the Let Everyone Advance with Dignity (LEAD) program, which is operated in partnership with Potomac Community Services to provide

case management.[17] LEAD serves individuals who commit low-level offenses stemming from unmet behavioral health needs. The team identifies participants through post-overdose response efforts, deploying two to three times per week to conduct outreach. LEAD also collaborates closely with the harm reduction team and the mobile crisis team to provide comprehensive support.

The county also conducts targeted outreach in alignment with the legislative intent of Senate Bill 512 (1997), which focuses on identifying newborns exposed to drugs or alcohol and offering treatment and support to both biological parents. The local Department of Social Services performs initial assessments and refers cases to the program coordinator within the local health department. This coordinator then contacts referred individuals to conduct substance use screenings and discuss available resources. Support may include assistance with scheduling substance use treatment and referrals for mental health services, peer support, and other identified needs.

In addition to this effort, several other organizations, including Potomac Community Services and the Community Action Council, provide street outreach services within the community.

Behavioral health is a community effort. Public spaces like shelters, schools, and libraries are ideal locations for outreach efforts, given that individuals often first seek assistance within the community. Community education on the signs and symptoms of mental illness and how to access help can aid in early detection, reduce stigma, and connect individuals to services. For example, the Mental Health Association of Maryland offers a free, evidence-based Mental Health First Aid (MHFA) class each month for Maryland residents, teaching participants how to recognize and respond to the signs of mental illness. Additionally, 211 Maryland (211) operates 24/7 to connect people across the State with referral specialists. Locally, Washington County Public Schools publishes a comprehensive Community Resource Guide (see the "Resources" section).

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

[17] Across the country, programs commonly known as "Law Enforcement Assisted Diversion (LEAD)" are also referred to as "Let Everyone Advance with Dignity (LEAD)," reflecting a broader understanding of the role of community-based support in diversion efforts. While individual programs may use different names, the National Support Bureau has adopted both. This report uses local naming conventions when referring to specific programs.

Table 4 *Treatment and Recovery Services in Washington County, Maryland*		
Setting	Eligible Diagnoses[18]	Local Context
Federally Qualified Health Centers (FQHCs)[19] and Look-Alikes[20]	MI, SUD, Co-Occurring	Family Healthcare of Hagerstown (previously Walnut Street Community Health Center) provides primary care, mental health care, and dental services. The Community Free Clinic is not an FQHC but serves the uninsured population, providing physical and mental health care.
Hospital	MI, SUD, Co-Occurring	Meritus Medical Center ("Meritus") in Hagerstown is an acute care hospital offering comprehensive behavioral health services, including mental health, substance use, crisis management, and counseling in both inpatient and outpatient settings. A dedicated Mental Wellness Entrance (i.e., "orange entrance") welcomes individuals seeking behavioral health services, including mental health walk-in care. Brook Lane, an affiliate of Meritus Health, is western Maryland's largest nonprofit mental health system. The main campus in Hagerstown is Maryland's second-largest psychiatric hospital, serving children, adolescents, and adults. Brook Lane offers a residential program for children and adolescents, partial hospitalization services for all ages, and Title 1 special education. Its outpatient center provides psychiatry services and therapy. The InSTEP program offers outpatient and intensive outpatient substance use treatment.

[18] MI denotes mental illness diagnoses. SUD denotes substance use disorder diagnoses. SPMI denotes serious and persistent mental illness. Co-occurring denotes concurrent mental illness and substance use disorder diagnoses.
[19] Federally Qualified Health Centers (FQHCs) are federally funded, nonprofit clinics that deliver primary care services in medically underserved areas and to underserved populations. They provide care regardless of a patient's ability to pay, with service fees based on a sliding fee scale.
[20] FQHC look-alikes operate and provide services consistent with FQHC program requirements, although they are not direct HRSA grantees.

Psychiatric Medication Assistance Program[++]	MI with/without SUD	The Meritus Medication Assistance Center helps uninsured or underinsured patients, including Medicare or Medicaid patients, access free or reduced-cost prescription medications. Reach of Washington County also offers assistance with emergency prescriptions on a limited basis. CSA funding is available on a limited basis for individuals who meet program guidelines.
Targeted Case Management[21]	SPMI with medical necessity	The county's TCM program is currently offered through Potomac Community Services. Referrals can be made by anyone. Eligible individuals are Medicaid-insured with a mental health diagnosis within the past two years. There may also be opportunities for uninsured individuals or those in Medicare Savings Programs (e.g., QMB, SLMB, etc). Interested parties are advised to submit a referral to begin intake.
Assertive Community Treatment (ACT)[22]	MI with/without SUD	Sheppard Pratt operates one licensed ACT team with 24/7 on-call availability to serve county adults (301-733-6063).
Outpatient Mental Health Clinic (OMHC)[23]	MI with/without SUD	Fourteen OMHCs operate in the county: ● Way Station Inc./Sheppard Pratt,[24] ● San Mar Children's Home Inc. (Jack E. Barr Center for Wellbeing) ● The Mental Health Center of Western MD Inc. ● Change Health Systems Inc. ● K.T.S. Mental Health Group Inc.

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

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

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

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

		● Devoted Wellness And Counseling Services LLC ● BTST Services LLC ● BrightLife Enhancement Services LLC ● Brook Lane Behavioral Health Services Inc. ● Compassionate Wellness Center ● Innovative Therapeutic Services ● Montgomery Wellness Hub ● Next Level Recovery ● The Western Maryland Counseling Center, Inc
Mobile Treatment Services (MTS) Program	MI with/without SUD	Sheppard Pratt operates one licensed ACT team, and The Mental Health Center of Western Maryland and QCI (QualityCare Internet, LLP) operate mobile treatment programs. While not a licensed mobile treatment service, the Meritus Mental Health Clinic is partnering with the hospital's community van program to offer services in Hagerstown. A nurse and provider team engage resistant patients on the street to engage them long enough to transfer them to traditional outpatient care. Patients learn about the program through discharge instructions, word of mouth, and scheduled van visits. While the van is currently limited to city limits, the team is exploring expansion.
Integrated Behavioral Health (IBH) Program[25]	MI, SUD, Co-Occurring	Brook Lane Behavioral Services (North Village) and Change Health Systems Inc. operate IBH programs.
Mental Health Partial Hospitalization Program (PHP)[26]	MI	Brook Lane Behavioral Services offers PHP services.
Psychiatric Rehabilitation Program for Adults	SPMI with medical necessity	Thirteen licensed providers offer PRP-A services: ● Way Station Inc./Sheppard Pratt ● Helping Hands Health Services Inc.

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

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

(PRP-A)[27]		● K.T.S. Mental Health Group Inc. ● Devoted Wellness And Counseling Services LLC ● It's Getting Better All The Time! Ministries ● BTST Services LLC ● BrightLife Enhancement Services LLC ● ShedrickFamilyWellness Inc. ● Change Health Systems ● Compassionate Wellness Center LLC ● Innovative Therapeutic Services Corp ● Montgomery Wellness Hub ● The Mental Health Center of Western Maryland
Residential Rehabilitation Program (RRP)[28]	MI with a priority population diagnosis	Way Station Inc./Sheppard Pratt in Hagerstown offers RRP services.
Housing for Individuals Living with Mental Illness (Group Home for Adults with MI)[29]	MI	As part of its RRP program, Way Station Inc./Sheppard Pratt in Hagerstown operates housing for individuals with mental illness.
Certified Adult Residential Environment (Adult Foster Care)[30]	MI	The Washington County Mental Health Authority offers grant funds to support an additional, higher level of care than RRP (Level E) for up to 12 individuals with more significant mental health needs. Potomac Community Services provides eight beds in a 24/7 assisted living facility for individuals with chronic and severe mental health diagnoses who require assistance with activities of daily living using these funds.

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

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

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

[30] Project Home, also known as the C.A.R.E. (Certified Adult Residential Environment) Program is a supportive housing program for persons with mental illness or other disabilities offering an adult foster family model of care that provides a stable, family-like living arrangement in the community.

Vocational Services / Supported Employment Program (SEP)	MI	Three licensed providers operate supported employment programs in Hagerstown: Way Station Inc./Sheppard Pratt, K.T.S. Mental Health Group Inc., and It's Getting Better All The Time! Ministries.
State Care Coordination[31]	SUD	The Washington County Health Department provides Maryland State Care Coordination to eligible county residents.
Recovery Residence[32]	SUD	The following providers operate in-county certified recovery residences: ● Brooke's House Inc. (2 houses) ● Horizon Goodwill Industries Inc. (1 house) ● Ladders to Leaders LTD (3 houses) ● Survival Recovery (5 houses) ● TruNorth Company (1 house)
Level 0.5 (Early Intervention)	SUD	Two providers, Alternative Drug and Alcohol Counseling and Change Health Systems, offer licensed early intervention services.
Level 1 (Outpatient, OP)	SUD	Eighteen licensed providers offer OP services in Hagerstown: ● Serenity Treatment Center Inc. ● Devoted Wellness And Counseling Services LLC ● Brooke's House Inc. ● BrightLife Enhancement Services LLC ● ShedrickFamilyWellness, Inc. ● Way Station Inc./Sheppard Pratt ● Phoenix Health Center LLC ● Mosaic Community Services Inc. ● Concerted Care Group Hagerstown LLC ● Wells House Inc. ● Alternative Drug and Alcohol Counseling ● Brook Lane Behavioral Health Services ● Change Health Systems ● Compassionate Wellness Center LLC ● Montgomery Wellness Hub

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

[32] Only certified recovery residences are noted here.

		• Hagerstown Treatment Center (Metro Treatment of MD) • Lasting Change • Awakenings (TruHealing)
Level 2.1 (Intensive Outpatient, IOP)	SUD	Eleven licensed providers offer IOP services in Hagerstown: • Serenity Treatment Center Inc. • Brooke's House Inc. • ShedrickFamilyWellness Inc. • Mosaic Community Services Inc. • Concerted Care Group Hagerstown LLC • Alternative Drug and Alcohol Treatment • Brook Lane Behavioral Services • Change Health Systems • Compassionate Wellness Center • Montgomery Wellness Hub • Wells House) The remaining provider, Awakenings Recovery Center LLC (TruHealing), operates in Funkstown.
Level 2.5 (High-Intensity Outpatient, HIOP)	SUD	ShedrickFamilyWellness Inc. in Hagerstown and Awakenings (TruHealing) in Funkstown offer HIOP services.
Opioid Treatment Service (OTP)	SUD	Phoenix Health Center LLC and Concerted Care Group Hagerstown LLC are licensed OTP providers.
Level 3.1 (Clinically Managed Low-Intensity Residential)	SUD	Five providers offer Level 3.1 service (Wells House Inc., Grace Venture Inc., Brooke's House Inc., Awakenings (TruHealing), and Lasting Change; Brooke's House and Lasting Change limit eligibility to women.
Level 3.3 (Clinically Managed Population-Specific Residential)	SUD	Although a licensed 3.3 level of care is not available in the community, referrals are made to New Horizons in Frederick County when this level of care is recommended.
Level 3.5 (Clinically Managed High-Intensity Residential)	SUD	Westcare Foundation Inc. offers Level 3.5 services in Hagerstown in DOC facilities; TruHealing offers these services in Funktown.
Level 3.7 (Medically Managed Residential)	SUD	None available.

Withdrawal Management	SUD	None available.

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

Participants indicate that a collaborative group meets to coordinate care for individuals with serious and persistent mental illness whose needs span multiple agencies and organizations.

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

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

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

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

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

Mobile Crisis Response and Stabilization Services	Mobile Response Team (MRT) / Mobile Crisis Team[33]	Sheppard Pratt (240-625-2246) provides a 24/7 MCT response,[34] known locally as the crisis intervention team ("CIT").[35] A two-person team comprising a clinician and a mental health paraprofessional responds during daytime and evening hours, with a single-staff team member overnight. MCT collaborates closely with 988, typically receiving direct caller information rather than through dispatch. MCT may also respond jointly with law enforcement as appropriate. About 70% of service calls originate from 911 or law enforcement. Average response time is 15 minutes in Hagerstown, with longer but reasonable response times in surrounding areas.
	Assertive Community Treatment (ACT) *Although not exclusively urgent/acute care, ACT teams can be called out 24/7 for clients.*	Sheppard Pratt operates one official ACT team with 24/7 on-call availability to serve county adults (301-733-6063).
Crisis Receiving and Stabilization Facilities	Urgent Care Appointments (Same Day/Next Day) Walk-In Care	Meritus Mental Health Walk-In provides immediate, non-medical therapy for behavioral health emergencies. Providers offer support, planning, and referrals as needed. The facility is open weekdays from 9:00 a.m. to 6:00 p.m.; wait times vary. Change Health Systems also offers psychiatric urgent walk-in care on weekdays from 9:00 a.m. to 6:00 p.m.

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

[34] The details about the Sheppard Pratt mobile crisis team reflect the services available at the time of the workshop. However, as of publication, Sheppard Pratt has decided not to continue as the mobile crisis services provider for Washington County. For updated information, please refer to the "Intercepts 0/1 Gaps" section.

[35] It is important to clarify the term "CIT" in this document. Locally, CIT refers to the mobile crisis team. At the state level, CIT refers to the national model that represents a collaborative approach between law enforcement, the behavioral health system, consumers, family advocates, and community services in responding to calls involving a person in crisis or a person with behavioral health needs.

	Residential Crisis Services/Beds[36]	None available.
	Substance Use Disorder Crisis Beds	The Meritus Crisis Center offers six SUD beds for observation and monitoring up to 72 hours, until safe transfer to the next provider is arranged. Admissions come through the Mental Health Walk-In or the Meritus Medical Center Emergency Department.
Coordination to Other Levels of Care	Inpatient Psychiatric Treatment[37]	Meritus Medical Center is licensed for 18 adult beds. The average daily census is 13, but recent months have seen an increase to 15-16. Brook Lane is licensed for 20 adult beds.

First Responders

Organization: Washington 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.

The Washington County Sheriff's Office serves as the lead law enforcement agency for the county, currently employing 108 sworn deputies of the 115 authorized. While the Sheriff's Office has jurisdiction as allowed by law within the county, it does not routinely respond to calls for service by citizens living in municipal areas that provide law enforcement services. Municipal agencies include the Hagerstown Police Department (75 sworn officers serving approximately 43,600 residents), Boonsboro Police Department (serving approximately 3,800 residents), Hancock Police Department (serving approximately 1,600 residents), and Smithsburg Police Department (serving approximately 3,000 residents). Maryland State Police maintains Barrack O in Hagerstown. Additionally, Hagerstown Community College employs six sworn officers and three security guards.

The Washington County Division of Emergency Services includes the EMS and Fire Services department. The county operates eight EMS companies comprising 13 units staffed 24/7 and overseen by four EMS supervisors. Current estimates indicate fire personnel comprising 60% volunteers and 40% career, while EMS is staffed by 2% volunteers and 98% career.

[36] Intensive short-term services and support for mental health and substance use issues.
[37] A level of care in a regulated facility (such as a hospital) that provides psychiatric services to individuals with severe mental health disorders.

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

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

Type	Local Context
Academy / In-Service	Officers and deputies receive training related to mental health, intellectual and developmental disabilities (IDD), emergency petitions, and active listening skills through a version of Mental Health First Aid provided during the academy and yearly in-service sessions. Roll call trainings regularly refresh knowledge of local resources. For the last two years, the mobile crisis team known as CIT has participated in skills-based scenarios and training with new academy recruits to ensure seamless cooperation at shared scenes.[38]
Crisis Intervention Team (CIT)	Certain individuals receive the 40-hour CIT training. Approximately 20% of the Hagerstown Police Department and 10% of the Washington County Sheriff's Office are trained, resulting in less than 5% of CIT-trained patrol officers per shift when accounting for trained leadership and/or supervisors.

Response: 911 dispatch and law enforcement provide the majority of referrals to MCT. Law enforcement can request a joint response from MCT or request that MCT take over a call entirely. When 988 involves 911 and MCT is dispatched, law enforcement can choose whether or not to jointly respond.

The county's efforts to address the needs of residents with behavioral health issues include strong collaborative partnerships between law enforcement and community services. In addition to the previously described strategies involving shared training and joint response, the mobile crisis team known as CIT attends biweekly COMPSTAT meetings to exchange information with law enforcement regarding high-need consumers as allowed by confidentiality laws; law enforcement reports an appreciation of being informed that referrals to CIT positively impact the community.

To help alleviate the burden on patrol officers, the Hagerstown Police Department operates the Alternate Response Team. Through this program, community resource officers work alongside a civilian community liaison who coordinates efforts on scenes with CIT personnel and the health

[38] Although this training includes the mobile crisis team known as CIT, it is distinct from the widely recognized 40-hour training curriculum for law enforcement associated with the crisis intervention team ("CIT") model.

department's harm reduction team. Currently, these officers are embedded within regular patrol shifts, but the department plans to establish a dedicated unit for them in the future.

A petition for emergency evaluation[39] initiates an emergency psychiatric evaluation due to the belief that an individual is a danger to themselves or others. Law enforcement is responsible for transporting evaluees to the nearest emergency facility; county law enforcement transports to the emergency department at Meritus Medical Center.

In 2024, 727 court-endorsed or provider-initiated petitions were served by either the Hagerstown Police Department or the Washington County Sheriff's Office. Anecdotal evidence suggests that this number is remaining steady or slightly increasing. As of the time of the workshop, 547 petitions had been served, representing a 1.07% increase compared to 509 petitions served by the same point in 2024.

Extreme risk protective orders (ERPOs) are civil court orders, distinct from but often issued in conjunction with EPs, that temporarily require individuals to surrender firearms or ammunition and prohibit them from purchasing or possessing firearms or ammunition. As of March 2025, 2 ERPOs have been executed, following 16 executed in 2024.

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

Peer Support Services

Individuals in Washington County who desire recovery from substance use and/or co-occurring symptoms can access the peer recovery services offered through the Washington County Health Department. Peer professionals offer support, education, and advocacy that are incorporated into several initiatives, including recovery coordination for pregnant and postpartum women

[39] A petition for emergency evaluation may also be referred to as a petition, an emergency petition/EP, or an emergency evaluation petition/EEP).

and women with children. Mental health and substance use peers on staff are available for unscheduled visits or calls during working hours to link individuals to treatment.

Dedicated organizations (e.g., the Hagerstown Area Intergroup of Alcoholics Anonymous) provide peer support in Washington County. Additionally, a network of peer-led wellness and recovery centers (WRCs) operates statewide as part of the Maryland Public Behavioral Health System (PBHS) continuum of care through funding from the Maryland Behavioral Health Administration. WRCs offer resources, socialization, and activities free of charge within a community of peer support.

The Office of Consumer Advocates Inc. (OCA Inc.), a 501(c)(3) tax-exempt, nonprofit organization, operates three WRCs in Western Maryland, including Soul Haven in Hagerstown. Soul Haven provides support and educational groups, meals, one-on-one support, and other services to approximately 40-50 people daily.

Beginning in 2012, OCA partnered with the Washington County Health Department to transform Soul Haven into a behavioral health program by integrating substance use services more fully into the program. These services are provided by recovery coaches who are peers with lived experience of substance use challenges. In addition, OCA provides transportation for people to attend Soul Haven and other OCA and community appointments.

Family Support Services

Maryland Coalition of Families (MCF) provides confidential family peer support at no cost to families regardless of income or insurance. MCF offers support and advocacy for people who love and care for someone with behavioral health challenges. MCF assists families with understanding their rights, navigating systems, and accessing resources like support groups, workshops, and referrals to services.

Data Collection and Sharing

Given that most services in the county are grant-funded, data collection and maintenance are primarily handled by grant management teams. Data sharing mainly occurs between the local health department and the core service agency, though both entities also participate in outreach events with external stakeholders.

Data platforms facilitate data sharing across agencies. Washington County implemented Wellsky (administered by the Institute for Community Alliances) to meet Congress' mandate of maintaining a homeless management information system (HMIS). 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 health care organizations,

provides safer, more efficient patient-centered care for individuals who do not opt out and whose providers participate; CRISP also prevents duplication and diversion of medication.

Intercepts 0/1 Gaps

Community Resources

Coordination: Workshop feedback highlights the need for improved coordination. Dependence on informal relationships delays service connections, especially when staff transition roles. Fragmented resources, siloed information, and user-unfriendly tools compound the issue. For instance, the county's online behavioral health directory lists providers alphabetically, without options to search by service type or eligibility.

Opportunity: An online directory of all community resources updated in real-time would greatly enhance accessibility. To execute with limited resources, the community could expand the Community Resource Guide developed by the Washington County Public Schools and create a link and/or QR code to a public-facing Google Drive to promote this resource.

Advisory Boards and Commissions: To improve effectiveness, these boards and commissions must commit to improving transparency and expanding partnerships; the robust participation of a multidisciplinary group that includes representatives with decision-making authority who are responsive to the public can be transformative for a community.

Education: Stigma and misunderstanding about addiction and mental health, particularly among policymakers and the general public, are limiting the community's ability to support individuals in recovery. Enhanced anti-stigma education targeting community leaders and the general public can increase support for investment in services, reduce burdens on law enforcement, and improve recovery outcomes.

Opportunity: Professionals, civic leaders, and community members can benefit from a shared knowledge base through many training opportunities offered by local, state, and national organizations. Trauma-informed care training is available to clinicians, educators, service providers, medical providers, and the broader community through organizations such as 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. Programs like Shatterproof's Just Five, an online, self-paced course, provide implicit bias and anti-stigma education to the general public, raising awareness and promoting understanding of addiction prevention and treatment (see the "Resources" section). To ensure equity, education should

be led by organizations experienced in supporting diverse populations with instructors who, when possible, reflect the community's demographics.

Community Services: Any gaps in assets, such as transportation, housing, and services for special populations, reduce a community's accessibility and sustainability. Participants note that while Hagerstown is well-resourced, the further reaches of the county are resource deserts.

Transportation: Transit is a known challenge in rural communities. While private drivers (e.g., Uber, taxis, etc) are available in Washington County, they are reportedly unreliable. MA Cab, which provides non-emergency medical transportation, is limited to individuals in residential treatment settings. Existing transportation services are inaccessible geographically and/or financially for many consumers. Individuals who do not live along the eight fixed routes cannot easily access bus transportation. Given the shortage of services outside of Hagerstown, the lack of transportation in those other areas only serves to compound the barriers for those residents.

While participants mentioned charitable organizations such as the HOFFA Foundation for assistance with locating transportation services for behavioral health care appointments, HOFFA is headquartered in Carroll County, and these services are not typically appropriate for individuals exhibiting symptoms associated with mental illness.

Personal-use transportation frequently fills gaps left by limited public transit. However, state law requires all first-time Maryland driver's license applicants (including adults over 18 but excluding individuals transferring a license from another state) to complete 30 hours of classroom learning and six hours of behind-the-wheel training through one of the various fee-based, state-approved driving schools. The financial and logistical challenges of fulfilling this requirement reportedly prevent many individuals from obtaining a license. As a result, limited transportation access contributes to difficulties securing employment and services, creating a cycle of instability.

Housing: The county faces a shortage of adequate and affordable housing and economic opportunities to promote self-sufficiency. Additionally, participants report that the stigmatizing approach to addressing homelessness discourages many individuals from accessing the existing resources. As a cold-weather shelter, REACH, which operates the only shelter in the county, is only accessible during the winter; unhoused individuals turn to condemned buildings and bridges for shelter the rest of the year.

Opportunity: To address some of the identified gaps, the county should explore the development of a public shelter through available grant funding opportunities, such as the Shelter and Transitional Housing Facilities Grant Program offered by the Maryland Department of Housing and Community Development. This program provides grants to improve or create transitional housing and emergency shelters, with 501(c)(3) nonprofit organizations and local governments eligible to apply.

Strict HUD criteria frequently undermine efforts to prevent and end homelessness. The documentation required federally to prove chronic homelessness is often reportedly very difficult for people experiencing homelessness to collect.[40] Without the tools needed to complete complicated and lengthy applications, many are left without access to these resources. Professionals working with these clients emphasize that building rapport and maintaining trust encourage individuals to return for services. This ongoing engagement is key to successfully documenting homelessness and overcoming this barrier.

Available federal funding may alleviate certain gaps in permanent housing and homelessness prevention. HUD funds the Supportive Housing for Persons with Disabilities Program ("Section 811") to develop and subsidize rental housing with the availability of supportive services for very low- and extremely low-income adults with disabilities, including chronic mental illness.

Opportunity: The SOAR program offers an expedited path to disability benefits and is a valuable tool for preventing homelessness. Increasing the number of SOAR-trained staff could enhance service capacity. Training should be extended to community members, including behavioral health providers, problem-solving court staff, and volunteers. The county has secured dedicated funding, and a vendor will be selected in the first quarter of FY26.

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

[40] For more information, see HUD's Flowchart of the Definition of Chronic Homelessness available at: https://files.hudexchange.info/resources/documents/Flowchart-of-HUDs-Definition-of-Chronic-Homelessness.pdf.

Behavioral Health Continuum of Care

Prevention and Promotion: The local LEAD program connects individuals to health and human services, but it has not fully embraced its role as a public safety initiative. As a result, local businesses and community stakeholders may be less engaged, as the program's distinct value compared to other human service efforts is not always clear. Workshop discussions indicate that the program would benefit from improved communication and coordination with stakeholders, particularly law enforcement.

Treatment and Recovery: Accessing behavioral health services is difficult due to both provider shortages and limited physical access. The Health Resources and Services Administration within the U. S. Department of Health and Human Services designates the county as a health professional shortage area (HPSA) for primary care and mental health care, including Medicaid-eligible populations and FQHCs. Many clients come from outside the county, further straining already full facilities. Most outpatient providers operate on a fee-for-service model and only accept self-referrals to ensure client commitment. Those that do accept referrals report frequent missed appointments that impact provider productivity and clinical outcomes, and could limit future treatment access for clients with a history of inconsistency.

Opportunity: The Centers of Excellence are working to support recruitment and retention efforts to strengthen Maryland's behavioral health workforce. A key opportunity lies in partnering with academic institutions to create career pipelines that promote upward mobility and reduce entry barriers for individuals entering high-need behavioral health professions. Additionally, the Substance Abuse and Mental Health Services Administration's new Behavioral Health Workforce Career Navigator helps users understand state-specific requirements across a range of behavioral health careers. Conducting exit interviews with departing workforce members can also provide valuable insights to evaluate and address retention challenges..

Individuals seeking SUD services can access residential SUD treatment facilities with quick, often same-day admission; however, the county lacks Level 3.7 (Medically Managed Residential) and Level 3.7-WM (Withdrawal Management) services, and the only detox option in the county is the hospital, where wait times vary significantly day-to-day. Additionally, the differentiation between Medicaid-billable mobile treatment services drives a notable lack of parity between mental health and SUD services, with the non-billable SUD services lacking. The lack of certified recovery housing presents a major obstacle to individuals in recovery; stakeholders report that the community conversation's focus on homelessness fails to address that the lack of certified recovery housing drives the need and creates yet another feedback loop of instability.

Residents with primary mental health concerns and their care teams face more pronounced challenges as a result of gaps in treatment options. While most SUD services are accepting of co-occurring mental health conditions, individuals are frequently required to be stable on psychiatric medication for eligibility. Individuals with chronic mental health needs may access services through the CSA via priority placement, but for the most part, individuals with a primary mental health diagnosis lack residential options like residential rehabilitation programs (RRPs), group housing,[41] vocational services, or supported employment. Stakeholders report that the more complex a client's needs, the more challenging it becomes to meet them.

Eligibility and insurance barriers present significant challenges for many residents needing care. Workshop participants note that strict eligibility requirements for ACT services leave many individuals without access to treatment. Additionally, some individuals who secure employment find that as their income surpasses the threshold for Medicaid eligibility, their private insurance does not cover necessary services (including but not limited to ACT services). The state's uninsured coverage may pay for certain services not covered by private insurance, depending upon state funding availability; however, some people remain ineligible and choose to resign from employment to regain Medicaid eligibility and access to treatment. Further, finding accurate information about providers who accept private insurance is often difficult and time-consuming.

Finally, workshop participants report challenges collaborating with Brook Lane to ensure continuity of care; while Brook Lane offers a comprehensive spectrum of services, placement can be challenging, and clients who reach the limits of insurance coverage are typically discharged rather than transferred, complicating patient follow-up.

Urgent and Acute Services: Efforts to integrate 988 and 911 services are ongoing. While Meritus Mental Health Walk-In and Meritus Crisis Center frequently bridge the gap for urgently needed medication and treatment, many community members mistakenly believe that these services are only available to those experiencing suicidal ideation or intent. Additionally, due to long waitlists for treatment and recovery services, many individuals repeatedly present for urgent and acute services instead of establishing regular behavioral health care provider relationships.

Through the Maryland Readmissions Reduction Incentive Program (RRIP), which incentivizes hospitals to reduce avoidable readmissions, many individuals who return to a facility are linked with services before leaving the hospital. Despite these efforts, hospital staff report a need for crisis services for individuals with serious and persistent mental illness (SPMI). The absence of in-county adult residential crisis services forces patients to seek care in other jurisdictions (e.g.,

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

Allegany and Frederick), where they are discharged without linkage to Washington County resources. This gap in continuity of care undermines hospital diversion efforts.

Stakeholders also express concerns about reimbursement models supporting local crisis beds once established. Ultimately, the expansion of community-based services depends on reliable, sustainable funding. Confidence in federal grant support has declined in recent years, further complicating efforts to build out the behavioral health system.

At the time of publication, Sheppard Pratt has elected not to move forward as the mobile crisis services provider for Washington County. While tentatively willing to contract until December 2025, factors such as staffing or a newly contracted service provider could impact that timeline. A break in service may occur as this contract ends and a new contract is engaged.

While Change Health Systems confirms that it offers psychiatric urgent walk-in care, some sector stakeholders (including county behavioral health authorities) are unaware of this service and do not regard the facility as an option for walk-in care.

First Responders

All recruits receive mandatory foundational behavioral health training at the academy; however, only a small percentage of patrol officers, and no dispatchers, receive specialized training, such as crisis intervention team (CIT) training.

Opportunity: The crisis intervention team (CIT) model is a collaborative approach involving law enforcement, the behavioral health system, consumers, family advocates, and community services to respond to individuals in crisis or with behavioral health needs. Its goal is to reduce unnecessary hospitalization and incarceration for those interacting with law enforcement due to health care needs. CIT provides a strong foundation for law enforcement to respond to behavioral health crises and supports broader strategies to integrate public safety and behavioral health systems, such as the co-responder framework, referral programs, and police-led diversion initiatives like the Law Enforcement Assisted Diversion / Let Everyone Advance with Dignity (LEAD) program and the Safe Station model[42].

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

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

Stakeholders express tremendous frustration with the emergency petition process and, like other jurisdictions, state a belief that the law itself underlies the issue. Law enforcement and behavioral health professionals alike cite outdated forms and unclear regulations, compounded by a lack of formal education for licensed clinicians, physicians, hospital security, and law enforcement. Mobile crisis teams frequently fill this gap by providing informal, just-in-time training during these calls for service. Unfortunately, when petitions are not filled out correctly, individuals are discharged without further evaluation or treatment, including necessary medication. For a more in-depth analysis of this important cross-jurisdictional issue, please see the "Parking Lot" section.

Opportunity: To address some of the concerns regarding emergency petitions, such as incomplete or improperly completed petitions and breakdowns in communication, everyone involved must be clear on the process and their roles in it. While the county's mobile crisis team and law enforcement rely heavily on one another and boast an excellent working relationship, additional education outside of that dynamic is necessary in the absence of statutory reform.

Capacity concerns and burnout plague law enforcement professionals, who are facing increased frequency and acuity of calls for service by high-need chronic consumers. These professionals are expected to know and recall the ever-changing community resources to provide referrals and warm hand-offs. While the mobile crisis team can alleviate some of that need, they are unable to share the load associated with consumer transport; fire/EMS can transport to MIEMSS-designated facilities even across the state line to West Virginia, but the only allowable destination in the county is Meritus.

Law enforcement reports a sense of shock upon first learning in the field that individuals with mental illness who present as violent or with a history of violence can be denied care and may only be able to finally access treatment by committing a crime warranting incarceration. Due to the crisis bed gap, law enforcement must choose between three undesirable responses to a person who is unwilling or unable to seek care voluntarily: transport to a hospital that will not admit an individual who does not meet criteria, arrest, or leave the scene. Ultimately, the cycle of continuously responding to the same individuals without being able to connect them to services fuels first responder burnout and compassion fatigue.

Local mental health providers express concerns regarding ERPO implementation. These concerns include perceived overreach of established professional boundaries, lack of understanding about effectiveness or need, the lengthiness of the court process, and escalation, backlash, or long-term damage to clinical relationships. Providers report that while larger entities have access to generalized ERPO training, the community and mental health providers

have not received proper and sufficient training on the ERPO process specific to their roles in the process.

Peer Support Services

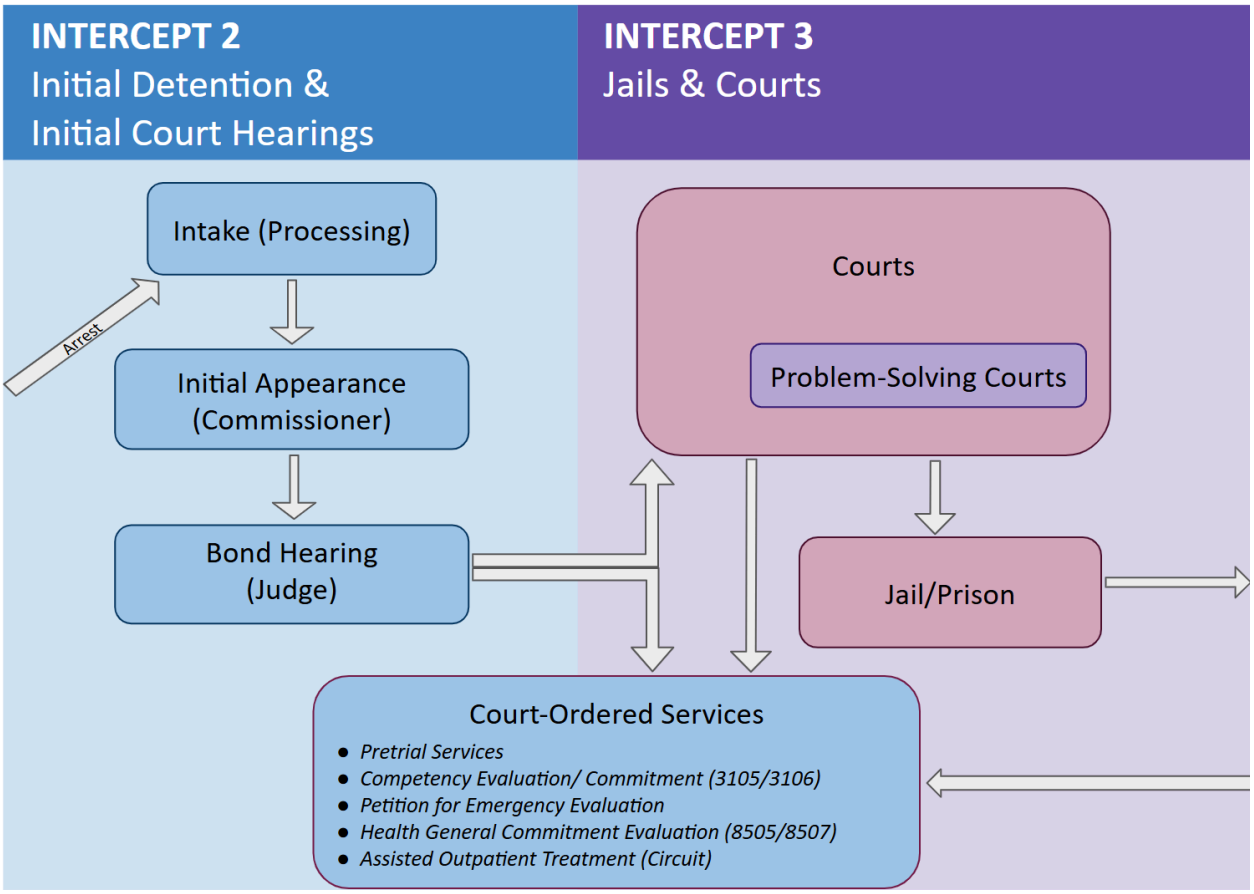
No local chapter of NAMI Maryland exists in Washington County to offer free, peer-led support groups for adults with mental health conditions or their family members, significant others, and friends.

Family Support Services

While two Al-Anon Family Groups host meetings in the county, the nearest Nar-Anon Family Group meeting is held in neighboring Frederick County.

Data Collection and Sharing

Data on the use, transfer, and coordination of county services is limited. While grant information is publicly available, accessing it may require a Freedom of Information Act (FOIA) request. Unlike some other jurisdictions, the county does not offer public safety data in an open, user-friendly format that supports transparency and operational efficiency.



INTERCEPT 2 AND INTERCEPT 3

INTERCEPTS 2/3 RESOURCES

Intake (Processing)

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

Upon arrival, correctional staff physically search detainees and conduct a brief medical screening. This initial screening evaluates basic health needs, including but not limited to immediate psychiatric or substance use concerns. If detainees require more thorough medical attention, the medical department within the detention center may conduct an in-depth evaluation at central booking; this procedure occurs upon request.

If a detainee is severely under the influence, they are transported to the hospital for medical clearance by a doctor. This process requires two law enforcement officers to remain with the detainee during the entire hospital stay, making it both labor-intensive and costly.

No medication is prescribed in central booking; if detainees are taking medications before their arrest, the necessary medication is obtained after the detainee has been processed into the main facility booking area, where medical staff conducts a more in-depth medical intake screening described in the "Detention and Corrections" section. During this screening, the staff notes what medication the detainee is taking, and once verified, orders the medication through the facility's contracted pharmacy.

Although the demand for translation services is low, central booking ensures clear communication by utilizing LanguageLine Solutions Inc. for interpretation needs. While there are some bilingual staff members, the facility does not frequently rely on them for translation. For individuals who are deaf or hard of hearing entering the detention center, the facility utilizes Purple Communications to support effective communication and full participation.

Initial Appearance and Bond Hearing

Wait times vary depending on the situation, but an initial appearance before the District Court Commissioner to determine bond conditions must occur within 24 hours of arrest.[43] However, the process could take longer if an individual needs to sober up or be medically cleared before appearing. Detainees attend initial appearances in person.

Commissioners may hold an individual without bail, release an individual on bail or surety bond, or grant release on personal recognizance. However, commissioners have limited authority in setting bond conditions. For example, commissioners cannot refer or order individuals to pretrial supervision.

If detainees cannot meet bond conditions or would like a review of their bond conditions, they can see a judge the next business day. If the commissioner holds a detainee, they remain at the detention center in holding cells while awaiting a bond hearing.

The Office of the Public Defender (OPD) is responsible for speaking to every detainee before their bond hearing, serving as their initial legal representative. OPD policy requires public defenders to prepare to represent all detainees, even if the commissioner suggests hiring private counsel. Clients must explicitly decline public defender services during the bond hearing if they wish to withdraw representation.

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

Public defenders receive the bond review docket on the morning of the hearing and typically have the opportunity to speak with their clients beforehand, either by phone or in person. However, clients with severe medical or mental health issues may be unable to meet with the commissioner or have a meaningful discussion with their public defender.

Detainees have the right to consult with an on-call private attorney before their initial appearance before a commissioner, but this option is rarely used. As a result, many detainees rely solely on public defenders, whose ability to engage with clients may be limited by time constraints and the challenging circumstances of the detention setting.

The bond hearing population typically includes individuals charged with a range of offenses, from minor nuisance crimes to more serious violent crimes. Many are repeat defendants who often do not meet the legal criteria for being considered a danger to the community or a flight risk. The number of bond review hearings held each day in the district court can vary widely, ranging from as few as 2 to as many as 25. The number of individuals held without bond has increased in recent years, influenced by the federal Bail Reform Act of 1984 and the implementation of Maryland Rule 4-216.1[44] in 2017. This rule, adopted by the Maryland Court of Appeals, provides judicial officers with guidance on pretrial release decisions.

Court-Ordered Services

Court-ordered services are programs or interventions mandated as part of a legal ruling, typically aimed at addressing the individual's needs or rehabilitation. The types of court-ordered services available in Maryland are summarized in Table 7; additional details on the procedures and processes for each service in Washington County are described following the table.

Table 7
Court-Ordered Services in Maryland

Type	Overview
Pretrial Services	Pretrial services are programs or agencies that support the criminal legal system by providing supervision, support, and resources to individuals released from custody while they await their trial. The goal of pretrial services is to promote public safety, ensure that individuals return to court for their

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

	scheduled appearances, and reduce unnecessary detention of individuals who may be safely managed in the community.
Competency Evaluation	Incompetency to stand trial can be understood as the lack of capacity to understand the nature and objective of proceedings, to consult with counsel, and to assist in preparing a defense; incompetency determinations require a mental disorder or intellectual disability.
Petition for Emergency Evaluation	Sections 10-620 through 10-627 of the Health General Article define the legal process to obtain an emergency evaluation for possible involuntary hospitalization of individuals experiencing a psychiatric crisis.[45] Certain mental health professionals (e.g., physicians, psychologists, clinical social workers) and law enforcement may file an emergency petition without the courts' approval. However, the courts must grant petitions filed by anyone else interested in an individual's mental well-being. Law enforcement transports petitioned individuals to an emergency facility for rapid evaluation. However, emergency facilities may only keep an individual who is emergency petitioned for up to 30 hours unless a physician or a psychologist completes certificates for involuntary admission.[46] Involuntary admission may only be deemed when an individual has a mental disorder, is a danger to themselves or others, is unable or unwilling to be admitted voluntarily, and there is no less restrictive form of care or treatment to meet the individual's needs.
Assisted Outpatient Treatment (AOT)	Sections 10-6A-01 through 10-6A-12 of the Health General Article authorize counties to establish assisted outpatient treatment (AOT) programs.[47] 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 programs' impact on reducing hospitalizations and incarcerations while improving adherence to treatment plans.

[45] §10–620 of the Health-General Article: https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ghg&section=10-620&enactments=False&archived=False

[46] §10–624(b) of the Health-General Article: https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ghg&section=10-624&enactments=False&archived=False

[47] §10-6A-01 of the Health General Article: https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=ghg&section=10-6A-01&enactments=false

Health General Commitment Evaluation	Sections 8-505 and 8-507 of the Health General Article allow for court-ordered evaluations and treatment for drug or alcohol use at all stages of criminal proceedings.[48] These orders are valuable resources for addressing substance use or co-occurring diagnoses, offering specialized support and integrated care for individuals with multiple conditions.

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

Pretrial Services: The county does not have a formal pretrial services unit. Workshop participants attribute this to the eligibility restrictions outlined in Section 11-723 of the Correctional Services Article.[49] Under this statute, individuals are ineligible for pretrial programs if they are currently incarcerated for, or have been previously convicted of, a violent crime as defined in Section 14–101 of the Criminal Law Article,[50] or certain other offenses such as child abuse or escape. Given that many individuals currently held in the county fall into these prohibited categories, there is little opportunity to offer pretrial services.

Competency Evaluation: There is no specific competency docket in the county. However, these cases most often arise in the district court and typically involve charges such as disorderly conduct, trespassing, or assault. Competency evaluations are conducted virtually more than 90% of the time by a single evaluator from MDH. If a person is found competent, the case proceeds to trial. If they are found not competent but not dangerous, they may be released with pretrial conditions, provided there is a viable plan for restoration. Those deemed not competent and dangerous are committed to MDH for inpatient restoration services. While MDH is required to transfer these individuals within 10 days, the average wait time is 91 days, with the longest wait time exceeding six months. This backlog reflects a broader, statewide issue that severely impacts timely access to appropriate treatment and care.

In the absence of a formal tracking system, a social worker from OPD plays a key role in monitoring these cases. Every 10 days, the social worker generates a report highlighting individuals still housed at the detention center, communicates with behavioral health staff to obtain a master list of affected detainees, and, when necessary, escalates concerns to MDH. This may include filing show-cause or contempt petitions to prompt action when individuals remain in custody beyond the mandated timeframe.

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[48] 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

[49] § 11-723 of the Correctional Services Article: https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=gcs&section=11-723&enactments=false

[50] § 14–101 of the Criminal Law Article: https://mgaleg.maryland.gov/mgawebsite/Laws/StatuteText?article=gcr&section=14-101&enactments=false

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

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

Health General Commitment Evaluation: Washington County conducts approximately 150 evaluations each year, demonstrating the county's consistent implementation of this process. Workshop participants note that this evaluation process is effectively utilized within the county and operates smoothly without any reported barriers. The county is currently on track to complete 200 evaluations this year, indicating continued growth and commitment to the process.

Court Structure

Court structures vary across jurisdictions in Maryland, with each having different specialized dockets and programs tailored to the community's needs and the staffing capacity available. This section provides an overview of the court structure in Washington County (see Table 8), followed by additional information about the specific dockets and programs.

Table 8
Washington County's Court Structure

Court	Specialty Program
Washington County District Court	Frederick and Washington County Regional Veterans Treatment Court
Washington County Circuit Court	Adult Recovery Court

Problem-Solving Courts: Washington County operates two problem-solving courts: a Regional Veterans Treatment Court and an Adult Recovery Court, each designed to provide treatment-focused alternatives to traditional criminal justice processes for eligible participants.

In late 2024, Washington County partnered with Frederick County to establish the Regional Veterans Treatment Court in the district court. The program officially launched in Frederick, Maryland, with its first participant in January 2025. It currently has five participants. Spearheaded by a judge in Frederick's district court (District 11), this trauma-informed initiative is designed to support Veterans struggling with substance use disorders and mental health

concerns, aiming to divert them from the criminal legal system and onto a path of recovery and stability.

The court team includes two judges (a presiding and a backup), representatives from the State's Attorney's Offices and Parole and Probation from both counties, a peer consultant who is a Veteran in recovery and trained in mental health and substance use disorders, and the Veterans Treatment Court coordinator. Care coordination and case management are shared between the coordinator and Platoon 22, a Frederick-based Veterans Service Center. Although not attending court proceedings, a Veterans Justice Outreach Specialist from the U.S. Department of Veterans Affairs is supposed to support the team's efforts. Each Veteran is paired with a volunteer Veteran mentor, serving in a non-official role, who provides peer support, often including transportation to court hearings, which are currently held in Frederick unless otherwise arranged.

The court operates two program tracks (see Table 9). Frederick County's District Court can schedule weekly dockets, except for the first Tuesday of each month, and also holds additional dockets as needed to accommodate participant needs. Eligibility for the program is limited to post-conviction, pre-sentence individuals who possess a DD-214 to confirm Veteran status and whose offense occurred within either Frederick or Washington County; individuals with sex offenses or serious felonies are excluded. While the court currently handles district court cases, there is openness to accepting circuit court cases at the discretion of the State's Attorney's Office. Referrals are accepted from state attorneys, public defenders, community organizations, Veteran agencies, and nonprofits. Initial eligibility screenings often occur during the public defender application process following the individual's initial appearance hearing, with further assessment conducted after formal referral.

The program is focused on reaching an underserved population of justice-involved Veterans and is actively working to expand its presence in Washington County, where participation has been slower but is expected to grow to a capacity of 15–20 participants. The team remains deeply committed to offering a meaningful, community-supported pathway for Veterans seeking stability, accountability, and recovery.

Table 9
Frederick and Washington County Regional Veterans Treatment Court Tracks

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

In 2019, Washington County's Adult Recovery Court, often referred to as Drug Court, was established in the circuit court to assist individuals struggling with substance use disorders and related criminal offenses through a comprehensive, court-supervised treatment program, with the broader goal of improving individual health and, in turn, strengthening overall community well-being.

The program operates with a dedicated team including a judge, a program coordinator, an in-house case manager, representatives from the State's Attorney's Office, Office of the Public Defender, and Parole and Probation, along with various treatment providers who, while not officially on the core team, frequently collaborate and participate in court proceedings.

This intensive, approximately 15-month program currently serves 22 participants, with the capacity to serve over 40; however, the team believes the ideal number is in the mid-30s to maintain manageable workloads and high-quality support.

Eligibility is geared toward individuals with significant substance use disorders who are considered high-risk and high-need, though some sentencing restrictions apply. While referrals are accepted from anyone, including community members and family, the strongest and most effective typically come from law enforcement, particularly the narcotics task force.

Once a referral is received, staff conduct an initial review, after which the name is sent to the State's Attorney's Office for final approval or denial. To expand early identification of eligible individuals, the team is initiating a process to administer the RANT (Risk and Needs Triage) tool to all criminal defendants at the point of initial incarceration. This effort aims to bring candidates into the program sooner and ensure timely access to treatment.

Nearly all participants have co-occurring mental health disorders, effectively making the program a mental health treatment court as well. Though there is no formal aftercare, the coordinator and case managers continue to check in with graduates during their probation period, offering referrals and ongoing support.

Diversion Programs

The Washington County Sheriff's Office launched the Day Reporting Center in 2016 to offer an alternative to local incarceration for individuals involved in both circuit and district court cases. It is a nonresidential, on-site program with a focus on addressing substance use disorders, mental health needs, educational gaps, and employment challenges to reduce recidivism and help individuals build stable, productive lives.

The Day Reporting Center was the first local initiative funded through a grant under former Governor Hogan and plays a critical role in supporting high-risk, high-need individuals who have

been released from custody but remain under correctional supervision, meaning their time is applied to their sentences. The program is only available post-sentencing and excludes individuals charged with certain offenses, such as first-degree assault, due to local legal restrictions.

All participants are screened internally by the Sheriff's Office and must meet specific eligibility criteria. To qualify, participants must be residents of Washington County, have no current or prior violent crime convictions, have no pending charges or detainers, and must be sentenced by a Washington County court to the Washington County Detention Center and authorized by the Day Reporting Center. Eligible participants must have a minimum sentence of three months with at least eighteen months of supervised probation.

Additional requirements include waiving confidentiality, consenting to medication-assisted treatment (MAT) with Vivitrol or injectable buprenorphine (Sublocade or Brixadi) as medically and clinically recommended, agreeing to electronic and other forms of monitoring, passing criminal background, clinical, and criminogenic assessments, and having a stable living environment or placement in a recovery home.

The program integrates intensive case management with a high level of community supervision. It offers individual and group treatment for substance use and mental health disorders, MAT, and random, observed alcohol and drug testing. In addition, participants receive job training, life and soft skills development, financial education, parenting support, coaching, and access to pro-social supports.

The Day Reporting Center operates Monday through Friday from 8:30 a.m. to 7:00 p.m. It currently serves 28 individuals, with participation typically ranging between 26 and 36 individuals at any given time.

Detention and Corrections

Structure: The Washington County Detention Center is located in Hagerstown, Maryland. The current detention center was built in 1984 to accommodate an increasing detainee population in the county. Today, the detention center has a maximum capacity of over 495 detainees and an average of 352 detainees at a time. Security staff receive mental health training taught by mental health counselors contracted through PrimeCare Medical as part of their annual in-service training.

While not the focus of this local mapping, it is worth noting that the county is home to three state-run, medium security prisons operated by the Maryland Department of Public Safety and Correctional Services: Maryland Correctional Institution, Roxbury Correctional Institution (Level II), and the Maryland Correctional Training Center.

Services: Services while incarcerated vary across facilities, but they can generally be organized into four different categories (see Table 10); specific information about the services available at the Washington County Detention Center is provided following the table.

Table 10
Detention Services Available in Maryland

Type	Definition and Examples[51]
Screenings	Upon entry, screenings refer to the initial evaluations conducted to determine an individual's physical and mental health status, risk level, and immediate needs upon intake. These screenings play a vital role in ensuring safety, appropriate housing or supervision, and timely access to essential services during custody. They typically include: ● Medical: Identifies immediate medical needs, contagious diseases, injuries, or ongoing medical conditions. ● Mental health: Assesses for signs of mental illness, suicidal ideation, or cognitive impairments to determine the need for further evaluation or intervention. ● Substance use: Evaluate for signs of withdrawal, intoxication, or a history of substance use disorders. ● Classification: Determines security level, housing needs/placement, and potential risk to self or others. ● Legal and administrative: Confirms identity, legal status, and any detainers or holds.
Assessments	Assessments refer to comprehensive evaluations conducted after initial screenings to gather more in-depth information about an individual's medical, mental health, behavioral, and security needs. These assessments help guide treatment plans, housing decisions, and rehabilitative services. Common types include: ● Medical: Detailed evaluations of existing health conditions, medication needs, and ongoing care plans. ● Mental health: In-depth evaluations of psychiatric conditions, trauma history, and risk for self-harm or suicide. ● Substance use: Determines the severity of substance use disorders and the need for detoxification or treatment. ● Risk and needs: Identify an individual's risk level for violence, recidivism, or victimization and help inform classification and intervention strategies.

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

	• Behavioral and social: Examine factors like education level, employment history, family background, and support systems to guide rehabilitation efforts.
Mental Health and/or Substance Use Treatment	In addition to screenings and assessments, facilities offer various mental health and substance use treatment services to support individuals in custody. These may include crisis intervention, psychiatric care, medication management, and individual or group therapy for mental health conditions. Substance use treatment services often include detoxification support, medication-assisted treatment (MAT),[52] counseling, and recovery programs. These services aim to stabilize individuals, reduce recidivism, and connect them with continued care upon release.
Other	Other services include vocational training and personal development programs, such as educational classes, job readiness training, and life skills workshops to help individuals gain skills for future employment. Religious services, recreational activities, and reentry programs help support well-being and build a foundation for successful reintegration into the community.

Screenings and Assessments: The intake process at the detention center closely mirrors that of central booking, with all individuals processed in a single location to optimize resource management. Initial screening is conducted by staff in the main facility booking area, including assessments for suicidality and current medications. Following this, individuals are referred to the medical department, operated by PrimeCare Medical, the contracted health care provider, for a comprehensive evaluation covering mental health needs, substance use disorders, medications, and Veteran history.

There are three full-time clinicians from Washington County assigned to the facility who provide behavioral health evaluations and services. While policy ensures that all detainees are seen within the first 90 days, many are evaluated within hours or days based on acuity and staffing availability. If someone in need is not identified immediately, the 90-day evaluation window ensures eventual follow-up. A mental health history is not required to access services; anyone may be referred. The facility flags vulnerable individuals for priority attention, including those aged 55 or older, those with recent psychiatric hospitalization, juveniles charged as adults, or those who self-report an intellectual or developmental disability (IDD). Although there is no formal IDD screening, mental health staff follow up with anyone reporting a diagnosis and may provide ongoing check-ins and support throughout their stay. Based on referrals made to the

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

Medication-Assisted Treatment (MAT) program within the detention center, 143 individuals have been identified as having a substance use disorder, and 74 individuals carry a mental health diagnosis, underscoring the significant behavioral health needs within the facility.

All detainees undergo a classification screening following a medical screening upon entry to the detention center. The classification specialist assesses factors such as age, vulnerabilities, seizure disorders, and known enemies to determine appropriate housing within the facility. While most are placed in the general population, some detainees may be assigned to segregation units based on immediate safety concerns or needs. Detainees are typically assigned to a housing unit within 24 hours.

Mental Health and/or Substance Use Treatment: The Washington County Detention Center offers three programs that work closely with the mental health unit to support incarcerated individuals: the Jail Substance Abuse Program (JSAP), the Trauma, Addiction, Mental Health, and Recovery (TAMAR) program, and the Medication-Assisted Treatment (MAT) program.

JSAP is one of the first accredited jail-based substance abuse programs in the nation, operating since the early 1990s. Offered through the Washington County Health Department and funded by the Maryland Behavioral Health Administration, JSAP is an ASAM Level 1 outpatient program that offers structured group and individual counseling to incarcerated adults with substance use disorders. JSAP is a gender-specific program, with separate groups for men and women, each meeting twice per week over an 8-week cycle. This consistent schedule provides participants with regular engagement and structured support throughout the duration of treatment. Participation can be court-authorized or initiated through self-referral, though space is limited due to a maximum group capacity of 10 detainees per cycle. As a result, there is typically a longer waitlist for men than for women. The program is open to incarcerated individuals at the detention center who meet diagnostic criteria for a substance use disorder, regardless of whether they are pretrial or post-sentencing. To be eligible, individuals must be housed in the general population and must pass a security review conducted by the detention center to ensure they have no active conflicts or identified enemies within the group. JSAP currently serves approximately 100 incarcerated individuals per year, in alignment with its FY 2026 grant goals. The program is staffed by a licensed social worker, two certified addiction counselors, and a peer support counselor, who plays a key role in bridging the gap between incarceration and community-based care. Upon release, participants are referred to a treatment provider of their choice to continue their recovery journey. This can include access to pharmacotherapy, with continued support provided at no cost to the individual.

The TAMAR program has been in operation since approximately 2000 and is designed to support incarcerated individuals who have experienced some form of trauma. Originally developed as part of a federally funded pilot in Maryland, TAMAR has since been implemented in various jurisdictions. It is a structured, manualized 10-week psychoeducational group program that integrates trauma-informed care principles and cognitive-behavioral approaches to address the complex needs of justice-involved individuals, particularly those with co-occurring mental health and substance use disorders. The program is gender-specific, meets twice weekly for ten weeks, and can accommodate up to 10 participants at a time. Participation is open to self-referrals, but limited to individuals who meet the same security eligibility requirements as JSAP. A history of trauma is also required for enrollment. Many participants also face co-occurring behavioral health challenges, making TAMAR especially beneficial for those seeking a supportive, trauma-informed space to begin processing their experiences and building coping skills. The program coordinates closely with the detention center's mental health unit to ensure continuity of care and integrated behavioral health support. Each year, TAMAR serves approximately 85 incarcerated men and women at the facility.

The MAT program has been in operation for the past two to three years and provides critical support for individuals with opioid use disorders. The program currently has 76 active participants with 67 receiving Subutex, 8 receiving liquid methadone, and 1 receiving a Sublocade injection. Reportedly, the number of participants in the MAT program continues to increase as the demand for opioid use disorder treatment within the detention center grows. Eligibility for the MAT program is determined based on specific criteria. Individuals must meet at least one of the following requirements: a positive urine drug screen on intake that tests positive for opiates; enrollment in a verified MAT or substance use disorder (SUD) program outside of incarceration; or a recommendation from peer recovery specialists or addiction counselors following an assessment. Participants may enter the program by arriving at the facility already established in a MAT or substance use disorder program in the community, which is then verified by staff and followed by continuation on an approved medication. Alternatively, individuals who are not currently in a program may be referred for assessment and possible enrollment. Referrals to the MAT program are made by medical staff, who ensure that participants are clinically appropriate for services. A contracted agency comes into the facility to complete the Texas Christian University (TCU) drug screen 5,[53] which helps determine the severity of substance use and inform individualized treatment decisions. Medications used in the MAT program are supplied by various providers: PrimeCare Medical orders injectable buprenorphine (Sublocade), oral buprenorphine (Subutex), and Vivitrol. Correct Rx provides

[53] The Texas Christian University (TCU) Drug Screen 5 is a standardized screening tool used to assess the severity of substance use and associated problems, aiding in treatment planning. More information is available at: https://ibr.tcu.edu/wp-content/uploads/2025/01/TCU-Drug-Screen-5-Sept20.pdf.

Subutex, while American Source Bergen provides Sublocade. Concerted Care Group and Phoenix/Behavioral Health Group supply methadone under contract with the detention center and medical department; however, it is only prescribed to individuals already on a methadone regimen. PrimeCare Medical nurses are responsible for administering all MAT medications. In addition to medical treatment, peer recovery specialists and addiction counselors deliver essential services and support related to recovery and reentry, helping participants address the broader challenges associated with substance use disorder.

Other: The Washington County Detention Center offers a variety of programs to support rehabilitation and personal growth. These include a 6-week self-requested Anger Management program designed to help detainees develop healthier coping mechanisms. Spiritual groups provide emotional and spiritual support, fostering a sense of community and well-being. A harm reduction team from the Washington County Health Department visits regularly to conduct STI testing and Narcan training, aiming to reduce health risks associated with substance use. The detention center also offers GED preparation courses. These programs collectively aim to improve detainees' life skills and overall well-being, contributing to their rehabilitation and successful reintegration into society.

Peer Support Services

Peer support services play a vital role in these intercepts. In the Regional Veterans Treatment Court, Veteran mentors provide support, guidance, and advocacy for justice-involved Veterans, leveraging shared experiences to build trust and promote recovery (see the "Court Structure" section). Similarly, in the detention center, peer recovery specialists and addiction counselors engage individuals receiving treatment for opioid use disorders, offering lived-experience insights and recovery-focused encouragement to enhance program effectiveness (see the "Detention and Corrections" section).

Family Support Services

The Day Reporting Center includes a parenting course designed to support participants in strengthening their family relationships and improving parenting skills. This course is integral to the program's structure, offering education and guidance on effective parenting strategies. All participants take the parenting course, regardless of whether they are parents, as many of the skills taught, such as communication, empathy, and conflict resolution, are transferable to other areas of life and relationships. By incorporating parenting education into day reporting, the program aims to promote stability at home and reduce the likelihood of future system involvement.

Potomac Community Services' Family Strong program serves youth ages 0-18, along with their caregivers, who have at least one parent currently justice-involved at the Washington County Detention Center or participating in the Washington County Day Reporting Center. With guardian consent, the program supports incarcerated parents by facilitating enhanced parent-child connections through additional visits in a family-oriented setting. Beyond visitation, Family Strong focuses on the holistic needs of these families by offering family-strengthening activities, promoting school readiness, supporting academic success, and nurturing positive family relationships. Dedicated case managers work closely with families to provide individualized support and connect them with community-based resources, ultimately aiming to improve outcomes for children and families during and after parental incarceration. Family Strong is fully grant-funded; unfortunately, due to the conclusion of this funding, the program will not continue beyond June 30, 2025.

Opportunity: Fortunately, funding is available to help address this barrier and provide essential resources, such as family engagement programs and communication support, that can strengthen ties between incarcerated individuals and their loved ones. One such opportunity is the Performance Incentive Grant Fund (PIGF), administered through the Governor's Office of Crime Prevention and Policy.[54] This grant supports evidence-based programming that aims to improve reentry outcomes, lessen the impact of incarceration on communities, enhance services for crime victims, and connect nonviolent offenders with behavioral health treatment and support. As such, the PIGF represents a strong opportunity to fund family support services for detainees as part of a comprehensive strategy to promote stability, reduce recidivism, and support successful reintegration.

Data Collection and Sharing

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

Intercepts 2/3 Gaps

Initial Appearance and Bond Hearing

Although an in-person professional visitation section is available at the detention center, several limitations significantly hinder effective communication during these visits. Workshop participants report that the microphones provided are of poor quality, often producing muffled or distorted sound. Additionally, the acoustics of the room are problematic, with hard surfaces and minimal soundproofing contributing to echoing and background noise. These

[54] Performance Incentive Grant Fund (PIGF): https://gocpp.maryland.gov/grants/programs/pigf/

environmental factors make it difficult for attorneys to hear and be heard by the individuals they are meeting with. This presents significant concerns when discussing personal and potentially sensitive information, as it may compromise confidentiality and understanding.

Court-Ordered Services

Pretrial Services: Workshop participants note that while efforts have been made to work with local delegates to expand judicial and prosecutorial discretion, there has been insufficient political will to support such changes. Participants emphasize that statutory revisions to allow for greater discretionary authority would be essential to establishing and implementing meaningful pretrial programming in the county.

Competency Evaluation: There are significant delays in completing evaluations for both incarcerated and non-incarcerated individuals. Additionally, a growing waitlist within the detention center, made up of individuals waiting to be transferred to state psychiatric facilities, creates major challenges for timely restoration. Statewide, more than 230 individuals committed to MDH remain in detention facilities while waiting for placement; a number that has consistently exceeded 200 for several months. Some have been waiting over 150 days for an available bed. This persistent backlog is a statewide issue, leading to significant delays in transferring individuals to appropriate state-run treatment facilities.

Workshop participants report that five detainees committed to MDH are awaiting placement while housed in the detention center. These individuals, who have more critical needs, are identified for priority psychiatric services, with social workers within the detention center monitoring and reporting their status to MDH. This process creates a gap in care as psychiatrists prioritize those awaiting restoration services, leaving the most acutely ill detainees who are not awaiting restoration without the necessary attention and services.

Furthermore, if a detainee serves the full sentence for their charge before being transferred to MDH, a judge is legally required to release them. This applies even if they have not yet received the necessary treatment. While judges encourage social workers to make creative referrals to ensure clients' needs are met, social workers often struggle to assist individuals who lack insight or are resistant to services. This presents a significant challenge for communities, as individuals released without appropriate care are more likely to re-offend and cycle back into the criminal legal system.

In Washington County, delays are also evident in the reporting process. For individuals found incompetent but not dangerous, the required § 3-105 reports,[55] which help determine pretrial release conditions, are often delayed. While these reports are statutorily required within 7 days, nearly all initial competency reports in the county are postponed by 45 to 60 days. Delays in these reports lead to inconsistencies in decision-making and further delays in case progression.

Assisted Outpatient Treatment: The provisions and implementation of Sections 10-6A-01 through 10-6A-12 of the Health General Article remain unclear, raising significant concerns among key stakeholders, including service providers and the judiciary, about the potential impact of the new legislation. The county's core service agency, in particular, has expressed apprehension, feeling that there are not enough resources or infrastructure to successfully manage and implement the bill's requirements independently.

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

Health General Commitment Evaluation: While there is a statutory requirement for a court hearing to be held at least 30 days before an individual's release from treatment, coordinating this hearing can be challenging and demands close collaboration between courts, treatment providers, and legal representatives. This hearing is essential because, in county facilities, individuals under court-ordered treatment are legally considered to be in custody throughout

[55] In Maryland, a § 3-105 report is a detailed supplemental report used to guide the court in setting pretrial release conditions for incompetent but not dangerous defendants.

their treatment. This creates a unique challenge: upon release, individuals, often unaware of their custodial status, may mistakenly believe they are free to leave, resulting in them being classified as having “escaped” regardless of intent.

Diversion Programs

Workshop participants note that, while the Day Reporting Center is a valuable diversion opportunity, in addition to problem-solving courts, there remains a gap for individuals charged with low-level offenses. These defendants often lack access to appropriate diversion programs due to eligibility requirements, limiting their opportunities to avoid further involvement in the criminal justice system and receive the necessary support.

Court Structure

The Adult Recovery Court program is currently grant-funded, benefiting from heightened federal attention and resources directed toward substance use disorders. However, changes in cannabis-related funding rules have posed challenges, particularly in terms of maintaining eligibility for certain federal grants and attending national training programs.

Detention and Corrections

Currently, no correctional officers receive Crisis Intervention Team (CIT) training. The county has an opportunity to expand its current efforts and offer corrections-focused CIT training that can enhance identification and response to behavioral health issues within the facility.

Services: The MAT program faces several challenges that impact its effectiveness and accessibility. A primary challenge is limited staff and time, which hinders the program's ability to deliver consistent support and treatment. For example, peer recovery specialists and addiction counselors are only permitted to meet with detainees from 9 a.m. to 11 a.m. and 1 p.m. to 3 p.m., Monday through Friday. Sessions must be scheduled in advance and may be canceled if other services, such as attorney visits or classes, take priority. These limitations make it difficult to maintain consistent, individualized care.

A recent increase in participants has further strained resources, impacting timely access to medication and counseling. However, efforts to expand support are ongoing; for example, a counseling group was initiated post-workshop on Thursday evenings specifically for MAT program participants. Addressing these barriers is essential to meeting the growing demand for treatment and supporting recovery.

Furthermore, there are no specific screening tools used to identify individuals with IDD or TBI, which can hinder the effective assessment and support of detainees with these conditions.

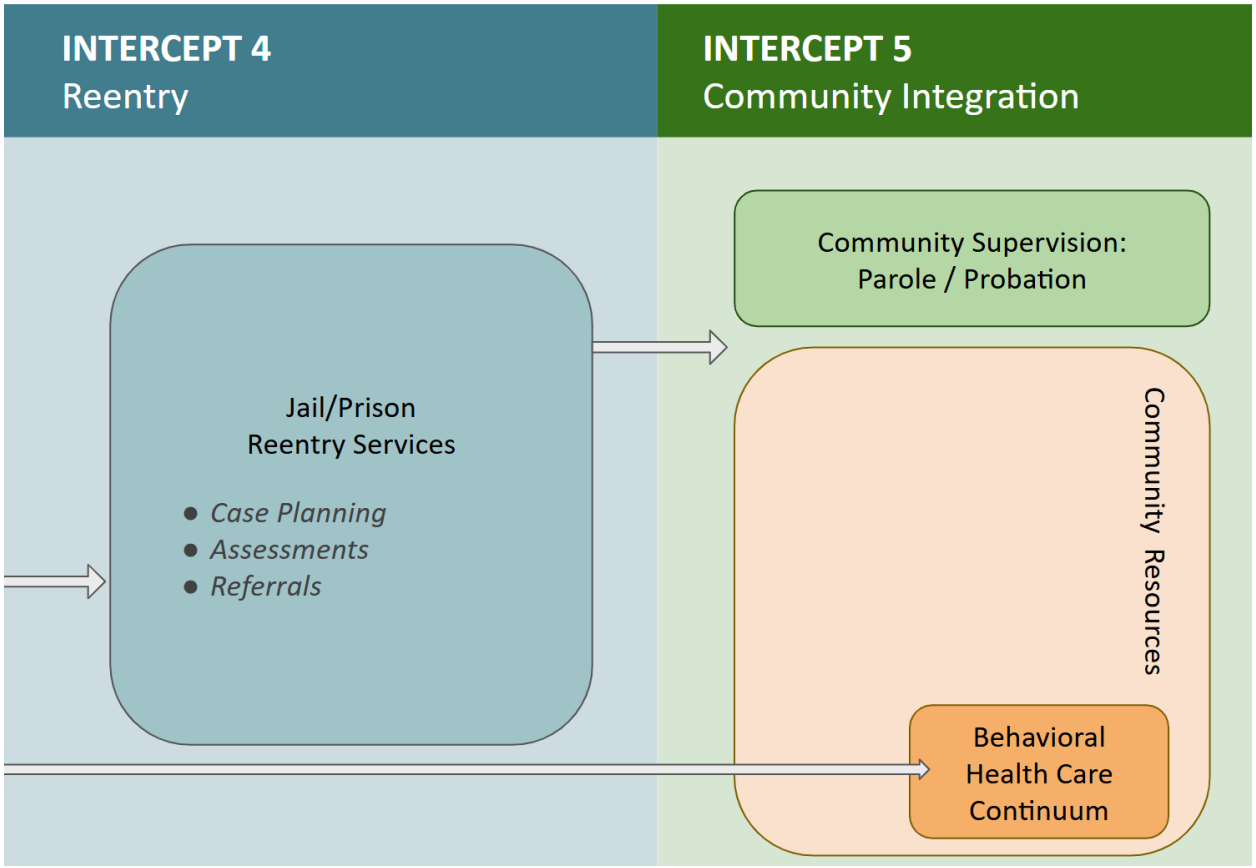
Additionally, while GED preparation courses are offered in the detention center, detainees are unable to sit for the exam while incarcerated due to the computer-based format of the test and the lack of available computers. This presents a concern because detainees may face barriers that prevent them from completing the GED exam after their release, which can delay progress and hinder the ability to obtain a credential in a timeline manner.

Opportunity: Fortunately, funding is available to help address this barrier and provide essential resources, such as computer access, that would enable detainees to complete their GED exams within the detention center. One such opportunity is the Performance Incentive Grant Fund (PIGF), administered through the Governor's Office of Crime Prevention and Policy.[56] This grant supports evidence-based programming that aims to improve reentry outcomes, lessen the impact of incarceration on communities, enhance services for crime victims, and connect nonviolent offenders with behavioral health treatment and support. As such, the PIGF represents a strong opportunity to fund GED preparation and testing resources for detainees as part of a comprehensive approach to successful reintegration.

Family Support Services

While there are community resources that provide some family support, there is still a need for more comprehensive services, especially for families experiencing incarceration for the first time. These families often face emotional distress, confusion about the legal system, and sudden disruptions to their daily lives. Providing guidance, resources, and emotional support can help them navigate this challenging time, reduce feelings of isolation, and promote stability for both the incarcerated individual and their loved ones.

[56] Performance Incentive Grant Fund (PIGF): https://gocpp.maryland.gov/grants/programs/pigf/



Intercept 4 and Intercept 5

Intercepts 4/5 Resources

Corrections Reentry Services

Services and Referrals: The reentry coordinator within the detention center meets with individuals 30-45 days before release to determine needs upon release (e.g., services, referrals, etc). The coordinator develops a reentry service plan for participants, which can be provided to parole or probation. The caseload for the reentry coordinator averages 20-25, with a focus on the sentenced population; out-of-county individuals receive reentry guides specific to their home counties. Special teams such as JSAP may also provide referrals and facilitate interviews with facilities that provide behavioral health care after release.

Reentry services include individualized reentry plans, assistance in obtaining identification and Social Security cards, health insurance reactivation, scheduling medical and behavioral health appointments, linkages to benefits, and referrals to treatment services. The coordinator reports that 95-98% of individuals referred to community MAT attend at least the first appointment. Bus tickets, housing assistance, and other life-need referrals are also provided as needed. The

coordinator collaborates with the local behavioral health authority to support effective community integration for individuals reentering the community after incarceration.

Before release, individuals with somatic or psychiatric prescriptions are dosed if present when medications are dispensed and discharged with the medications remaining in their medication blister packs. Upon release, individuals in the MAT program are provided two doses (one pack) of naloxone upon release; others may visit the naloxone vending machine in the WCDC lobby.

The Maryland Community Criminal Justice Treatment Program (MCCJTP)[57] is a BHA-funded, detention center-based program that identifies individuals with mental health needs while they are detained in local detention centers. MCCJTP aims to ensure continuity of care by monitoring post-release compliance and maintaining connections with community-based mental health services to improve mental health outcomes and reduce recidivism. Key services may include mental health screening and assessment, short-term crisis intervention, aftercare planning, and coordination of community treatment and support services by care coordinators and peer recovery specialists. Washington County's program contracts with Prime Care for screening and connection to psychiatry within the detention center. Whenever possible, program staff also coordinate with community providers to obtain treatment information and connect individuals to services upon their release. However, staffing limits the program's scope, discussed in the "Intercepts 4/5 Gaps" section.

To bridge intercepts 4 and 5, the reentry program operated by Gatekeepers establishes relationships with incarcerated individuals before their release and collaborates with them throughout the transition process. Individuals incarcerated in a Washington County correctional facility can participate in the program, preparing a personal reentry plan using the *Business of Living Workbook*. Representatives from Gatekeepers meet participants at the gate on their day of release (if needed) to assist with implementing reentry plans and obtaining necessities such as clothing, documents, and a phone. Additional programs that connect with people to provide support during reentry include the Maryland Reentry Navigator program (see the "Professional Development" section within the "Community Reentry Services" section) and the Office of Consumer Advocates (see the "Peer Support Services" section within the "Intercepts 4/5 Resources" section).

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

As previously noted, the Maryland Correctional Institution and Roxbury Correctional Institution operate in Hagerstown. Prison reentry planning begins approximately six to eight months before an individual's release. The social work department assists individuals with serious mental illness, significant medical conditions, or life sentences in preparing for reentry. The reentry coordinator supports all other individuals in the reentry process. Before release, individuals who are present during medication distribution and have somatic or psychiatric prescriptions receive their doses. Upon discharge, they are provided with 30-day non-narcotic prescriptions and scheduled follow-up appointments, as appropriate.

Supervision: The Department of Public Safety and Correctional Services (DPSCS) community supervision operations ensure that reentering individuals uphold individual requirements set forth by courts and the Parole Commission.[58] 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 Washington County supervision intakes are to be completed in person, the first business day after release, at the Hagerstown Field Office/DDMP, 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. The intake process takes approximately 1-1.5 hours to complete. The DPSCS 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). Stakeholders report sufficient resources for common caseloads. Supervision check-ins are completed face-to-face in the field or the office monthly. As a result of the pandemic, supervision has become more flexible to allow for virtual check-ins via state-issued cell phones in place of field visits. Workshop participants note that the division has recently hired regional social workers. Although their specific role is still being defined, stakeholders report that their involvement has already been helpful.

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

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

community for resources and graduated sanctions when permitted by the court, with the ultimate goal of successful termination of supervision.

Community Reentry Services

Through a partnership with the Washington County Sheriff's Office, Potomac Community Services offers the Recover Rebuild & Reconnect program to support individuals reentering the community after incarceration. The program connects recently released individuals with essential services and resources. Individuals are encouraged to attend reentry workshops held at the Day Reporting Center, where they can receive hygiene kits, clothing vouchers, bus passes, naloxone, help to obtain identification, referrals to treatment, and employment assistance. Workshops are available on a walk-in or appointment basis on weekdays from 10:00 a.m. to 11:00 a.m. Evening workshops are available by appointment only. Please see the "Diversion Programs" section for more information on the Day Reporting Center.

Supportive Funding: As discussed in the "Intercepts 0/1 Resources'' section, Mental Health Consumer Support, a grant from the Behavioral Health Administration, is a safety net service available to individuals actively engaged in the Public Behavioral Health System.

Behavioral Health Services: Several agencies provide community-based behavioral health care services for residents, including systems-involved individuals with substance use and mental health disorders; these services are discussed in the "Intercepts 0/1 Resources'' section.

Professional Development: 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. The Western Maryland Consortium Workforce Alliance ("Western Maryland Consortium") is responsible for local WIOA administration and coordination of the local workforce development system in Washington County. This entirely grant-funded regional workforce development agency assists the general public in the Washington, Garrett, and Allegany counties of Western Maryland by facilitating skill enhancement and employment opportunities across the region, effectively providing the residents of Western Maryland the ability to obtain full-time, sustainable employment. The Western Maryland Consortium oversees employer participation in Maryland's Recovery Friendly Workplace (RFW) program for the region and also partners with the American Job Center Network. The Washington County American Job Center in Hagerstown is open Monday through Friday from 8:00 a.m. to 4:00 p.m.

Statewide, the Maryland Department of Education Division of Rehabilitation Services (DORS) and the Maryland Department of Labor assist with training, job coaching, resume building, workforce opportunities, and education, including preparation for the GED tests. The Maryland Department of Labor has implemented the Maryland Reentry Navigator program to connect residents with the employment opportunities, skills, credentials, and other local resources necessary to secure gainful employment. The "Resources" section contains links to the program flyer, a contact list, and a list of job and resource fairs. One reentry navigator covers the Western Maryland service area, which includes Washington County. To break down silos, these navigators meet regularly and co-host job and resource fairs.

Regionally, Horizon Goodwill Industries (HGI), a nonprofit workforce development organization committed to removing barriers to social mobility, serves communities in 17 counties across MD, PA, WV, and VA. Headquartered in Hagerstown, HGI also maintains one of its four resource hubs locally; the Hagerstown, MD - Prospect St. Resources Center offers customized assistance and access to computers, printers, weekly job leads, and a community resource board. Additionally, Justice Jobs has expanded from its original service area of Frederick to assist individuals from all backgrounds across the state in overcoming barriers to employment. Justice Jobs connects job seekers with opportunities and provides ongoing resources like workshops and morale-boosting events.

Legal Assistance: Maryland Legal Aid (MLA) is Maryland's largest provider of free direct legal services. As a private, nonprofit 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 Midwestern Maryland Office serving Washington County is located in Frederick County.

Housing: The "Intercepts 0/1 Resources" section details housing options for county residents. Stakeholders report that with the restrictions imposed on housing for individuals convicted of sexual offenses, housing is most often secured in Hagerstown for this population.

Transportation: As discussed in the "Intercepts 0/1 Resources" section, public transit is available within and beyond the county; access to these services varies. Additional transportation for justice-involved individuals is available on a limited basis through the Office of Consumer Advocates, the Office of the Public Defender, participating treatment centers, and recovery programs such as AA.

Peer Support Services

Workshop participants emphasized that the county has been diligently working to integrate peers at each intercept for the benefit of the entire community. The Office of Consumer Advocates' reentry division, which is available weekdays from 10:00 a.m. to 4:00 p.m., can be invaluable for providing support and advocacy when an individual is unsure of the next steps to successful reentry. Because these peer support services are not court-ordered, professionals can more naturally meet individuals where they are on their personal recovery journeys.

Family Support Services

As detailed in the "Intercepts 0/1 Resources" section, family and community members can access peer support through organizations such as the Maryland Coalition of Families. When possible, pre-parole 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. The Washington County Department of Human Services operates programs that support families involved with child support cases to secure employment and stability.

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

Data Collection and Sharing

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

Intercepts 4/5 Gaps

Corrections Reentry Services

Services and Referrals: Overall, the county requires improved coordination between correctional reentry services and community-based reentry programs to enhance reintegration

outcomes. Improved collaboration can ensure a seamless transition, providing continuous support and access to essential resources while reducing the risk of recidivism.

Staffing shortages limit the detention center's ability to include the aftercare-planning and coordination component of the Maryland Community Criminal Justice Treatment Program (MCCJTP). This element of the program includes meeting with individuals pre-release to identify reentry goals and providing post-release assistance with accessing mental health and substance use services, primary health services, housing, employment, education, entitlements, and other services needed to help integrate into the community and prevent reincarceration.

Opportunity: Facilitating continuity of care before release is best practice, but difficult to implement. Courts can impose special conditions on individuals that allow supervisors to verify if individuals adhere to reentry plans.

Unplanned releases are a widely acknowledged statewide challenge, reducing the time available to coordinate necessary supports. 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.

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

Stakeholders report significant challenges related to providing individuals with proper identification at the time of release, especially when the release is unplanned. Without a birth certificate, Social Security card, and state-issued identification, reentering individuals face obstacles in accessing housing, employment, and social services. Reentry identification cards ("R cards") help newly released individuals access essential services and resources; however, these cards are only valid for 45 days. Further, while an existing agreement requires individuals to be within four months of release to request Social Security cards, stakeholders report increasingly common delays in receiving cards. For individuals in custody under pretrial supervision, challenges are worsened by uncertainty about when benefits should be activated.

Opportunity: Innovative collaboration strategies to expand state ID access exist across the country. The U.S. Department of Transportation's *Leading Practices Toolkit Concerning Government-Issued Identification for Formerly Incarcerated Individuals* offers examples of interagency strategies, including DMV services inside correctional facilities and mobile DMV

units; some of these examples are implemented at a local level and are even self-funded. Additional strategies are discussed in the "Parking Lot" section.

Supervision: The prohibition of legal counsel accompanying clients to supervision intake appointments may interfere with efforts to effectively explain conditions of parole or probation, a necessary precursor for client adherence and success.

Opportunity: Forensic peer support specialists embedded within parole and probation processes can bridge this significant gap, ensuring clients understand their supervision conditions.

Community Reentry Services

Supportive Funding: As discussed in the "Intercepts 0/1 Resources" section, the county lacks MDRN-approved housing options.

Behavioral Health Services: Stakeholders report that reapplying for Medicaid has become more challenging since the COVID-19 pandemic. This challenge exacerbates the existing concern that reentering individuals are frequently not filling prescriptions written during incarceration once they are in the community. This concern relates to the broader issue of continuity of pharmacological care for individuals across settings (e.g., inpatient psychiatric care, detention, and community reentry).

Workshop participants also report instances of individuals being released who are presenting without a clear understanding of treatment needs or, more concerning, almost immediately requiring an emergency evaluation for possible involuntary psychiatric hospitalization. Unfortunately, facilities may not have a qualified person on-site to complete an emergency petition before release. The responsibility for assisting these individuals, many of whom are homeless, falls again on law enforcement. Additionally, few providers offer transportation to care following release from incarceration, limiting the number of options for individuals needing bed-to-bed transfer to support recovery efforts.

Professional Development: Accessing employment resources can be challenging due to varying eligibility criteria, often determined by the specific requirements of the funding source. This inconsistency creates barriers to expanding and streamlining access to support.

Upon release, individuals receive the remaining balance from their detention center account; amounts up to $50.00 are provided in cash, and any remaining balances are provided by check. However, these checks are often difficult to cash at local banks, many of which may not accept R cards as valid identification.

Additionally, individuals participating in work release programs have reported instances of unexpected or unauthorized withdrawals from shared accounts (i.e., financial accounts that are not solely controlled by one individual and may be accessible by multiple users or facility staff). These accounts often lack individualized security measures, increasing the risk of errors or misuse and raising concerns about financial oversight and the protection of individuals' earnings.

Opportunity: Maryland Correctional Enterprises (MCE) operates the Continuing Allocation of Reentry Services (C.A.R.E.S.) program to assist program participants with opening bank accounts through a partnership with Industrial Bank, a Minority-Owned Community Development Financial Institution (CDFI) based in Washington, DC. Industrial Bank provides paper applications to open a Savings account or an interest-bearing CD at the market rate. Once completed applications are received by the bank, a personal banker is assigned to that individual, and they will receive correspondence by mail. Participants can send money via Department of Corrections (DOC) vouchers, including pay received from MCE. Account holders are allowed to withdraw money up to two times per year by sending a written and signed request to the Industrial Bank for a withdrawal slip. Once the withdrawal slip has been received by the bank and approved, a cashier's check is sent via mail to the DOC facility for the participant. The participants' families or friends are allowed to make deposits into their accounts; however, they are not allowed to withdraw. Additionally, account holders receive a bank statement for any month in which a deposit has been made.

Stakeholders report that local employment opportunities for individuals with felony convictions are very limited. Stigma can lead to discrimination in hiring, and certain jobs require licenses that may be denied due to a felony conviction. Background checks can also be a deterrent, especially for jobs in regulated industries. While securing second-chance employment often involves focusing on entry-level positions and industries that value practical skills and work ethic, the local workforce landscape includes few companies known for hiring felons.

Opportunity: The Maryland Federal Bonding Program is an underutilized incentive program of the Maryland Department of Labor designed to encourage businesses to hire qualified job seekers who have certain risk factors in their background. The Federal Bond is a Fidelity Bond issued to businesses to insure the company against specific actions of an employee.

Housing: Housing, a critical gap across intercepts, presents unique challenges depending on individual needs. Affordable housing is a widespread issue, affecting access to safe, suitable living conditions and essential community resources, including reentry-related services. Individuals with sexual offense convictions face additional challenges in securing housing due to

restrictive laws and regulations. Many housing programs, landlords, and public housing authorities impose strict restrictions on where individuals convicted of sexual offenses can live; these "exclusion zones" drastically reduce the available housing options and complicate efforts to reintegrate into society.

Transportation: Washington County's transportation challenges are detailed in the "Intercepts 0/1 Resources'' section. Workshop participants underscore that while there are a limited number of community-based providers who can arrange transportation from the detention center to treatment, many clients who are released from the courthouse are forced to walk three miles, including a portion along the Western Maryland Parkway, to retrieve belongings at the detention center three miles away.

Peer Support Services

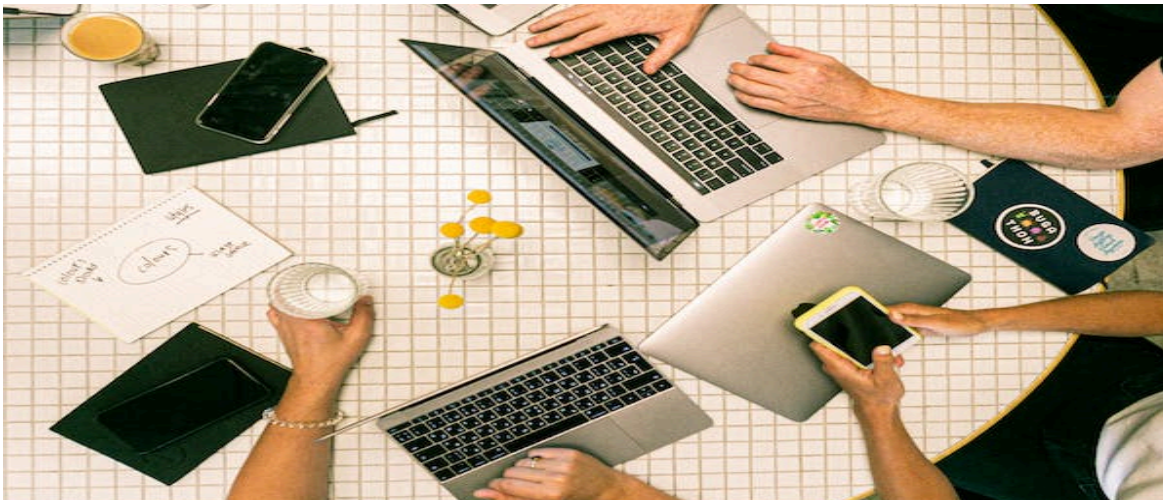
Participants report a broad desire to expand 12-step programs and other peer supports for individuals being released from incarceration. Peers can facilitate meaningful one-on-one interactions, allowing parole and probation supervisors to focus on providing more intensive supervision given their existing caseloads. When service gaps arise and clients need support, peers (unlike supervisors) are uniquely equipped to connect to the necessary service.

Family Support Services

Family support can be crucial to the reentry and reintegration process; all intercepts can benefit from enhanced family involvement. While there are resources that provide family support during reentry, families often report disruption and stress during the transition. Targeted guidance and support promote stability directly for families and indirectly for their reintegrating loved ones.

Data Collection and Sharing

The Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") establishes a set of national standards for implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). A major purpose of the Privacy Rule is to define and limit the circumstances in which an individual's personal health information (PHI) may be used or disclosed by covered entities, including health care providers. As a result, data related to follow-through for health care appointments is challenging to obtain due to HIPAA regulations that limit providers from sharing health information with reentry professionals.



Priorities for Change

At the conclusion of the workshop, participants are asked to identify a set of priorities, followed by an opportunity for each participant to cast three distinct votes to rank the priorities. The top three priorities are highlighted in bold text.

1. **Create a crisis stabilization center**. **(39 votes)** A behavioral health crisis stabilization center is an opportunity to offer the community no-wrong-door access to mental health and substance use care, improving outcomes by utilizing center resources to connect individuals to less restrictive, long-term, sustainable care while reducing reliance on the local emergency department, law enforcement, and crisis response services. The development of a crisis center will require staffing and physical space, funding, cross-agency collaboration, and community support; transportation will be essential to prevent underutilization. To aid in securing funding and stakeholder support, agencies should prioritize data collection strategies that demonstrate the community's needs. The county may benefit from connecting with stakeholders in other jurisdictions with established centers as well as those in the planning phase for guidance and information regarding their processes; ultimately, by following national guidelines for behavioral crisis care and implementing best practices, a center can establish complete and authentic hospital and criminal-legal diversion.

2. **Expand transportation options**. **(25 votes)** 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. Washington County offers limited public transportation options as detailed in the "Community Resources" section. Transportation barriers pose significant challenges to individuals with behavioral health conditions, especially those reentering the community following

incarceration. These barriers can be described as the 5 A's: affordability, accessibility, applicability, availability, and awareness. Reliable transportation enables individuals to easily access community prevention services, attend court hearings, and attend 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. The Rural Health Information Hub provides resources and information focused on developing, implementing, evaluating, and sustaining rural transportation programs in the Transportation to Support Rural Healthcare topic guide and the corresponding Rural Transportation Toolkit.

3. **Establish safe, accessible homeless shelter facilities**. **(17 votes)** Safe and affordable housing is a basic necessity; its absence is one of the most significant barriers to recovery. Without it, individuals often cycle through homelessness, shelters, hospitals, and jails, hindering progress toward stability. The county has identified housing gaps, including the absence of a low-barrier public shelter, as detailed in the "Intercepts 0/1 Gaps" section. The county should pursue grant opportunities such as the Maryland Department of Housing and Community Development Shelter and Transitional Housing Facilities Grant Program. Collaboration between public health agencies, housing authorities, and mental health providers is essential, as is engagement with nonprofit organizations and private partners to expand resources and housing models. Further, systemic change may require policy reform and federal advocacy to reduce service barriers. Programs and funding that follow the individual across housing options, including caregiver-provided housing, support choice, and long-term self-sufficiency.

4. Increase crisis and residential bed availability. **(16 votes)** Residential crisis services are used to prevent or provide an alternative to psychiatric inpatient admission. Service capacity is essential to ensure that people with mental health conditions who need more intensive and longer-term services 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 facilities. Given that individuals with serious and persistent mental illness (SPMI) do not have access to in-county crisis beds, the county must actively advocate to restore capacity at a state-wide level while seeking additional funding to expand existing local resources to improve care for residents.

5. Expand access to prevention programs for low-level offenses. **(11 votes)** Early intervention through prevention-based strategies can reduce the likelihood of arrest, promote stability, and mitigate deeper system involvement. These programs are especially vital for individuals whose legal challenges stem more from unmet social needs than from criminal intent. By addressing the root causes of low-level offenses, prevention programs support long-term

public safety and reduce strain on law enforcement and judicial resources. The Let Everyone Advance with Dignity (LEAD) program in Washington County is poised to address stakeholders' desire for diversion programming. The LEAD Support Bureau's recent site visit indicates an opportunity to expand community, law enforcement, and prosecution engagement to maximize the program's impact. However, expansion hinges on interagency coordination and communication. To synchronize efforts, LEAD 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.

6. Develop transitional housing options. **(10 votes)** Recovery, resiliency, and wellness for individuals with behavioral health needs depend upon appropriate housing. Safe, decent, affordable housing that meets the needs of this population should include independent living, supportive housing, and group homes that include access to wrap-around services and other supports. Independence within the community should be given priority when appropriate and desired. Direct connections to transitional housing from hospitalization or incarceration ensure that individuals continue to receive appropriate support; available, affordable housing choices can also facilitate access to education, employment, transportation, and other daily needs. Services (including funding) should follow the person with respect to all housing options, including housing provided by caregivers. The county should explore relevant funding opportunities, such as the Housing and Urban Development Supportive Housing for Persons with Disabilities Program ("Section 811"). Additionally, several organizations and agencies in Maryland address the need for housing for individuals living with mental illness and substance use disorders; collaboration between public health agencies, housing authorities, and mental health service providers is essential to ensure that housing solutions are well-integrated with comprehensive support services. Non-profit organizations and private sector partners should also be engaged to provide additional resources and innovative housing models.

7. Expand certified recovery housing. **(6 votes)** Rigid state certification requirements can pose significant financial barriers for providers. Costs related to infrastructure upgrades, staffing, and ongoing operational compliance can be overwhelming, often discouraging providers from pursuing certification. As a result, many opt for maintaining alternative (non-certified) sober living arrangements, which may provide some support to individuals in recovery but do not meet the established standards of care. These financial burdens also deter prospective providers from entering the market, further contributing to the shortage of certified recovery housing. Beyond financial challenges, the stigma surrounding individuals who use medication for addiction treatment adds another layer of difficulty. Misconceptions

held by some providers, landlords, and community members may portray medication-assisted recovery as less legitimate, limiting access to housing for these individuals. Addressing this stigma is key to ensuring equitable access to safe, supportive recovery environments for all. The shortage of certified recovery housing directly undermines the county's housing and recovery goals. Education and training are the foundational elements to building the community support needed to expand this resource. By informing both providers and the public, the county can create a more accepting environment that promotes the development and sustainability of certified recovery housing.

8. Ensure timely competency evaluations and treatment plans. **(3 votes)** SAMHSA's *Foundation Work for Exploring Incompetence to Stand Trial Evaluations and Competence Restoration for People with Serious Mental Illness/Serious Emotional Disturbance* considers various issues related to competence and restoration. In the report, the authors cite the most up-to-date practical guidelines for psychiatrists who perform forensic competence. The report cites *AAPL Practice Guidelines for the Forensic Psychiatric Evaluation of Competence to Stand Trial*, which discusses the shortage of qualified professionals and concerns about the quality of reports being submitted to the courts. Proposed solutions include (1) shortening the CST evaluation process by creating checklists and triaging potential evaluations by using a screen and (2) utilizing a formalized forensic training program to ensure current and consistent training in many areas, including scientific developments related to competence examinations.

9. Strengthen reentry case planning. **(2 votes)** Research indicates that appropriate support during reentry into the community can reduce the risk of symptom recurrence, overdose, suicide, and reincarceration. Collaborative, comprehensive early reentry planning (e.g., case management) in conjunction with support that continues past release (e.g., peer/patient navigation) is considered best practice. Obstacles to reentry planning include initiating contact, tracking releases, and maintaining contact after release. 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 health care 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 "Intercepts 2/3 Gaps" section of this report.

Quick Fixes/Low-Hanging Fruit

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

1. The workshop afforded several opportunities for immediate resource promotion and connection. During the workshop, a dedicated resource table was set up to serve as a centralized location for stakeholders to share relevant information, materials, and contacts. This table allowed participants to access brochures, flyers, and handouts from various organizations, facilitating immediate awareness and connection to services. It also served as a networking tool, encouraging attendees to engage with one another and learn about available programs and initiatives in real time.

   The workshop included the announcement and distribution of upcoming reentry simulation event dates. These events are critical in helping stakeholders, such as law enforcement, legal professionals, service providers, and community members, gain firsthand insight into the challenges faced by individuals reentering society after incarceration. By sharing the dates in advance, the organizers enabled early registration and participation planning, fostering stronger cross-sector engagement in reentry support efforts.

   Another key initiative promoted during the workshop was the collaboration with Industrial Bank to help incarcerated individuals establish personal bank accounts. This partnership allows detainees to open accounts with a minimal initial deposit of $25 and start saving the wages they earn while incarcerated. The availability of this service was emphasized as a

practical financial literacy and empowerment tool, giving individuals a head start toward economic stability upon release and reducing their reliance on informal or predatory financial services.

An important piece of information shared during the workshop pertained to the MDH and its process for reporting individuals' competency statuses to the judiciary. Judiciary representation discussed how this list is maintained and shared, highlighting the importance of transparency and collaboration in handling mental health and legal competency issues. Stakeholders were informed about how to access this list and who to contact within the system, ensuring that all relevant parties, especially those involved in legal decision-making and service provision, can stay informed and coordinate care or court decisions accordingly.

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 community resistance to local solutions for social and behavioral health challenges. An ongoing challenge in the community is the pervasive NIMBY ("not-in-my-backyard") attitude, where residents and decision-makers oppose changes aimed at addressing social issues such as substance use disorders, mental health conditions, and homelessness. While many acknowledge these problems, there is often strong resistance to implementing practical solutions, such as supportive housing, treatment centers, or resource hubs, within their own neighborhoods. This mentality reflects a desire for these issues to simply disappear, rather than a willingness to confront and address the systemic causes. As a result, meaningful progress is stalled by fear, stigma, and the refusal to embrace inclusive, community-based solutions.

2. Standardize and expand training on the emergency petition (EP) process. A critical strength of the behavioral health response system is the EP process, which allows for timely intervention and access to urgent psychiatric care (see the "Court-Ordered Services" section). However, stakeholders across the state note a persistent barrier within the system: the inconsistent and often incorrect use of the EP process. During the workshop, hospital representatives report that EPs are frequently being completed improperly, which can delay or complicate access to urgent psychiatric care. As noted in the "Intercepts 0/1 Gaps" section, incomplete petitions result in discharge without further evaluation or treatment, including necessary medication. A key contributor to this issue is the lack of standardized, formal training on the EP process. Maryland lacks consistent education for law enforcement,

clinicians, and even medical doctors, many of whom are unfamiliar with the legal and procedural EP requirements. This gap leads to confusion, misapplication, and, ultimately, a breakdown in timely care for individuals in crisis. Without a statewide initiative to provide comprehensive training and clear guidance on the EP process, the system will continue to falter at this critical intervention point.

3. Increase state-level investment and coordination to support cross-jurisdictional behavioral health continuity and reentry planning. A significant barrier that exceeds the jurisdiction's capacity to address independently is the lack of adequate behavioral health system investment at the state level, particularly in ensuring successful cross-jurisdictional treatment continuity. There is often no communication or planning around reconnecting individuals with their families or ensuring they have stable housing upon release. This lack of coordination is especially problematic in cross-jurisdictional cases, where treatment occurs far from the person's home community, making it even more difficult to establish a clear support or housing plan. Treatment programs frequently discharge individuals without warning or adequate planning, expecting local communities, often already resource-strapped, to absorb the responsibility. This practice places vulnerable individuals at high risk of relapse or homelessness, particularly when they are left to rely on insufficient and loosely regulated "mostly sober" housing options. Without broader behavioral health system investment and reform, these issues will persist and continue to overwhelm local jurisdictions.

4. Address state-level delays in competency evaluations and inpatient psychiatric placement to prevent prolonged and inappropriate detention. One of the most pressing and unmanageable issues facing the jurisdiction involves the extensive waitlists for both competency evaluations and subsequent inpatient psychiatric beds for individuals deemed incompetent to stand trial. These delays result in individuals languishing in detention centers, often for extended periods, where they may experience significant mental health deterioration, or "decompensation." This situation places an unsustainable burden on local correctional facilities, which are ill-equipped to provide the necessary psychiatric care. Although this issue lies beyond the jurisdiction's immediate capacity to resolve due to limited resources and systemic bottlenecks at the state level, it remains a critical barrier to ensuring timely justice, humane treatment, and effective mental health intervention for affected individuals.

5. Strengthen oversight and enforcement of recovery housing standards to protect residents and support sustained recovery. Recovery housing is meant to provide a safe, stable environment for individuals working toward sobriety, but when oversight fails, that promise breaks down. One of the ongoing challenges is the absence of consistent follow-through on

licensure violations by the Behavioral Health Administration. Without meaningful enforcement, problematic providers can continue operating unchecked, exposing residents to unsafe or unsupportive conditions. This is not just a bureaucratic gap; it is a risk to individual recovery journeys and community trust. Addressing this challenge means moving beyond written standards to real accountability.

6. Ensure access to vital documents prior to release to support successful reentry and reduce recidivism. A significant barrier faced by incarcerated individuals is the lack of proper documentation, such as state IDs and Social Security cards, which creates substantial challenges for their reintegration into society upon release. Without these essential documents, individuals struggle to access basic services, secure housing, find employment, and fully participate in community life. This issue is compounded by the difficulty of obtaining or replacing these documents from within the correctional system, often due to bureaucratic hurdles or limited resources. The absence of proper identification acts as a severe roadblock to successful reentry, making it harder for individuals to rebuild their lives and reducing their chances of avoiding recidivism. Addressing this gap is critical to supporting effective reentry and reducing long-term societal costs.

7. Eliminate insurance and eligibility barriers to ensure equitable access to comprehensive behavioral health services. As noted in the "Intercepts 0/1 Gaps" section, eligibility and insurance barriers present significant challenges for many residents needing care. Strict eligibility requirements and gaps in private insurance coverage leave many individuals without access to appropriate treatment. While the state's uninsured coverage may pay for certain services not covered by private insurance, dependent upon state funding availability,[59] some people or services remain ineligible, leading some people to choose Medicaid eligibility and access to treatment over steady employment. Further, although guidance pertaining to Medicaid's transition to a fee-for-service model allows reimbursement for peer support services, the public behavioral health system does not fund Medicaid-billable peer services of any type in clinical mental health settings, creating a barrier to parity for mental health services. Without correction of these gaps, individuals with serious and persistent mental illness will continue to face barriers to accessing client-centered, community-based mental health services.

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

Resources

Local Resources

Community Services

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- Citizens Assisting and Sheltering the Abused (CASA): https://www.casainc.org/
- Easterseals Adult Day Services: https://www.easterseals.com/DCMDVA/programs-and-services/adult-services/hagerstown-center.html
- Hagerstown Area Religious Council Shelter Directory: https://harccoalition.org/wp-content/uploads/2025/01/Shelters-in-Washington-County-PUBLIC.pdf
- Hagerstown Hopes: https://hagerstownhopesmd.org/about-us/
- Hagerstown Housing Authority (HHA): https://www.hagerstownha.com/
- Hagerstown Rescue Mission Hope Center: https://www.hopecenterhagerstown.org/
- Housing Authority of Washington County (HAWC): https://www.hawcmd.org/about_us.html
- Local Homeless Coalition Homeless Street Guide: https://harccoalition.org/wp-content/uploads/2024/12/Homeless-Street-Guide-3perPage-November-2024.pdf
- Reach of Washington County: https://reachofwc.org/
- Sheppard Pratt North Point Veterans Program: https://www.sheppardpratt.org/care-finder/veterans-housing/
- Washington County Boards and Commissions: https://www.washco-md.net/transit/
- Washington County Community Action Council: https://www.wccac.org/
- Washington County Community First Choice Program: https://washcohealth.org/health-services/community-first-choice
- Washington County Human Development Council: https://www.wchdc.org/
- Washington County Mental Health Authority (WCMHA): https://wcmha.org/
- Washington County Mental Health Authority (WCMHA) Provider Directory: https://wcmha.org/provider-directory/
- Washington County Transit: https://www.washco-md.net/transit/

Behavioral Health Continuum of Care

- Brook Lane: https://www.brooklane.org/
- Maryland Coalition of Families (MCF): https://www.mdcoalition.org/

- Meritus Medical Center: https://www.meritushealth.com/locations/meritus-medical-center
- Office of Consumer Advocates Inc: https://www.ocamd.org/
- Potomac Community Services: https://www.potomaccommunity.org/washington-county
- Sheppard Pratt: https://www.sheppardpratt.org/
- Washington County Health Department Division of Behavioral Health: https://washcohealth.org/divisions/behavioral-health/
- Washington County Public Schools Community Resource Guide: https://wcpsmd.com/sites/default/files/documents/Community%20Resource%20Guide_0.pdf

First Responders

- Boonsboro Police Department: https://www.town.boonsboro.md.us/boonsboropolice
- Hagerstown Police Department: https://www.hagerstownmd.org/141/Police
- Hancock Police Department: https://townofhancock.org/hancock-police-department/
- Maryland State Police Barrack O: https://mdsp.maryland.gov/Organization/Pages/FieldOperationsBureau/BarrackOHagerstown.aspx
- Smithsburg Police Department: https://townofsmithsburg.org/police
- Washington County Sheriff's Office: https://washcosheriff.com/
- Washington County Division of Emergency Services, EMS and Fire Services Department: https://www.washco-md.net/emergency-services/emerg-med-services/

Community Reentry Services

- Gatekeepers: https://www.gatekeepersmd.org/
- Horizon Goodwill Industries, Hagerstown, MD - Prospect St. Resources Center: https://horizongoodwill.org/locations/prospect-resource-center/
- Justice Jobs: https://www.justicejobsmd.org/
- The Western Maryland Consortium Workforce Alliance: https://westernmarylandconsortium.org/

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Assisted Outpatient Treatment

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[62] Keya House is a four-bedroom house for adults with mental health and/or substance use issues, staffed with peer specialists.
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APPENDIX A

Workshop Agenda

Time	Item	Lead
8:15 a.m. - 8:30 a.m.	Registration	Planning Group
8:30 a.m. - 8:45 a.m.	Welcoming and Opening Remarks	Planning Group
8:45 a.m. - 9:00 a.m.	Overview of Sequential Intercept Model (SIM)	COE
9:00 a.m. - 10:00 a.m.	Intercepts 0/1 Resources and Gaps	Facilitators
10:00 a.m. - 10:15 a.m.	Break	All
10:15 a.m. - 11:15 a.m.	Intercepts 2/3 Resources and Gaps	Facilitators
11:15 a.m. - 11:30 a.m.	Break	All
11:30 a.m. - 12:30 p.m.	Intercepts 4/5 Resources and Gaps	Facilitators
12:30 a.m. - 1:30 p.m.	Lunch	All
1:30 p.m. - 2:00 p.m.	Review Gaps, Low-hanging Fruit, and Parking Lot	Facilitators
2:00 p.m. - 3:00 p.m.	Identify Priorities	COE
3:00 p.m. - 3:30 p.m.	Voting on Priorities for Change	All
3:30 p.m. - 4:00 p.m.	Next Steps/Adjournment	COE

APPENDIX B

Washington County Health Department Organizational Chart